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**FROM THE GROUND UP:
ADDRESSING THE UNMET NEEDS OF
CHILDREN AFFECTED BY THE DRUG CRISIS**



**TABLE OF
CONTENTS**

3 ACKNOWLEDGEMENTS

4 ABOUT THE PROJECT

5 INTRODUCTION

6 DEMOGRAPHICS AND DATA

8 SURVEY RESULTS

14 PREVAILING THEMES

17 CHALLENGES

20 EMERGING ISSUES

22 RECOMMENDATIONS

25 ACCESS RESOURCES AND GET CONNECTED





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We are grateful to **TGKVF** for their financial support of this project.

The ideas and experiences shared in this report are often those of community members and participating organizations and are not meant to be construed as the ideas or experiences of everyone in the six-county region. This report is not meant to be comprehensive in sharing all relevant data, resources, or recommendations. It is our hope that as this project continues, collaborators will have more opportunities to engage and involve individuals and organizations in a meaningful dialogue around the unmet needs of this demographic of children. To those who shared their time, resources, and ideas with us, thank you.

ABOUT THE PROJECT

This report is the culmination of a year’s work on the project, “Addressing the Unmet Health Care Needs of Children Affected by the Drug Crisis.” This project was funded by The Greater Kanawha Valley Foundation, managed by Think Kids, and conducted with the help of dozens of volunteers.

The increase of parental drug misuse and abuse, impaired parenting, incarceration, extended separation from parents, overdose deaths, and introductions into the child welfare, court, and foster care systems have resulted in a children’s health crisis in our state.

Our goal was to articulate and contextualize the environment and experiences where these children are being raised in a way that would both generate a larger discourse around what can be done to help them and elevate the voices of those who, in their own communities, champion their cause.

To do this, Think Kids created and disseminated surveying tools, conducted phone interviews, and scheduled dozens of Listening Sessions across the six-county region. We also created a Facebook [project group](#) and encourage you to join the group and the conversation.

Read the op-ed, launching our project in the Charleston Gazette Mail:

[Megan Simpson, Kelli Caseman: Helping to fix local communities](#)

Listening Session reports are available upon request. Further project details can be found on our [website](#), www.thinkkidswv.org.



“Individually, we are one drop.
Together, we are an ocean.”
– Ryunosuk Satoro

INTRODUCTION

“What are we supposed to do with these kids?”

I was asked this by a principal in early 2013. The West Virginia Department of Education (WVDE) had recently passed a state policy – [Expected Behavior in Safe and Supportive Schools](#) – that, among other things, re-defined consequences for different levels of inappropriate behaviors. In short, it made it harder to give students out-of-school suspension.

As someone who advocated for comprehensive health care in schools, I was accustomed to school staff expressing interest in health initiatives to address things like obesity and chronic disease management. This was the first time someone had talked to me about trauma, mental health care, and how the effects of drug use in the home were creating real challenges for the school system. This principal wasn’t complaining; he was pleading for help. And I had no idea how to help him.

Seven years later, and we’re still struggling.

In that time, I’ve coordinated 17 policy roundtables around the state, held countless meetings, webinars, and have written blogs and op-eds in several state newspapers on this plight of these children. In 2020, we started a new nonprofit, Think Kids. One of our primary goals is to come at these challenges with a ground-up approach. What I mean by that is this: When it comes to responding to the needs of kids affected by the drug crisis, communities are the point at which a theory or idea is put to its practical test. A federal policy, state intervention strategy, evidence-based program – communities are where we learn the efficacy of the decisions made at the top of systems and bureaucracies. Often, things look different up there, rather than at the ground level.

A sense of community and belonging are so important to all of us, especially kids. We’ve expected communities to do much of the heavy lifting when it comes to responding to the drug crisis. And so to us, community members are experts on this issue.

Think Kids wanted to tap into their unmined data. And so, with the financial help of TGKVF, we conducted an informal community assessment in this six-county region. This included surveying tools, a Facebook group, dozens of scheduled Listening Sessions, phone interviews, and hundreds of emails. The pandemic often made our work difficult – for example, not everyone can or wants to participate in virtual meetings to discuss sensitive topics – but we forged ahead. I’m so pleased with the results and am very thankful to countless volunteers who shared the surveys, introduced us to community stakeholders, and supported our efforts.

We met a few cynical folks along the way. They said they’ve participated in focus groups, interviews, etc. for many years since the opioid epidemic began, and they’ve never seen it result in anything or change anything. For you, we present this report. We’ve listened, learned, and now, we hope to help you help the kids in your communities.

Kelli Caseman



Executive Director
Think Kids



DEMOGRAPHICS AND DATA

The data tell an important story about the children/youth and the counties where they live. This information isn't comprehensive but helps illuminate and contextualize the unique environments found in each county.

Boone County

Population estimate: [21,457 \(2019\)](#)
Persons under 18 years of age: [4,442 \(2019\)](#)
Percentage of people of color: [1.8% \(2019\)](#)
Percentage of children covered by Medicaid/CHIP: [52% \(2016\)](#)
Number of public schools: [16](#)
School Attendance Rate: [90.93% \(2019-2020\)](#)
Children in poverty: [27.6% \(2018\)](#)
Children in foster care under Medicaid: [6.4% \(2020\)](#)
Children living with grandparents: [12% \(2020\)](#)
Babies born exposed to drugs: [24% \(2020\)](#)
2019 Juvenile Case Filings: [432 \(2019\)](#)
Child Neglect/Abuse: [177 \(2019\)](#)
Delinquency: [75 \(2019\)](#)
Status Offenses: [180 \(2019\)](#)

Clay County

Population estimate: [8,508 \(2019\)](#)
Persons under 18 years of age: [1,889 \(2019\)](#)
Percentage of people of color: [1.9% \(2019\)](#)
Percentage of children covered by Medicaid/CHIP: [45% \(2016\)](#)
Number of public schools: [6](#)
School Attendance Rate: [93.8% \(2019-2020\)](#)
Children in poverty: [32.7% \(2018\)](#)
Children in foster care under Medicaid: [11.6% \(2020\)](#)
Children living with grandparents: [8% \(2020\)](#)
Babies born exposed to drugs: (Not available)
2019 Juvenile Case Filings: [54 \(2019\)](#)
Child Neglect/Abuse: [52 \(2019\)](#)
Delinquency: [0 \(2019\)](#)
Status Offenses: [2 \(2019\)](#)

Fayette County

Population estimate: [42,406 \(2019\)](#)
Persons under 18 years of age: [8,693 \(2019\)](#)
Percentage of people of color: [6.6% \(2019\)](#)
Percentage of children covered by Medicaid/CHIP: [52% \(2016\)](#)
Number of public schools: [13](#)
School Attendance Rate: [92.58% \(2019-2020\)](#)
Children in poverty: [28.5% \(2018\)](#)
Children in foster care under Medicaid: [5.4% \(2020\)](#)
Children living with grandparents: [5.8% \(2020\)](#)
Babies born exposed to drugs: [15.5% \(2020\)](#)
2019 Juvenile Case Filings: [224 \(2019\)](#)
Child Neglect/Abuse: [200 \(2019\)](#)
Delinquency: [23 \(2019\)](#)
Status Offenses: [1 \(2019\)](#)



DEMOGRAPHICS AND DATA (CONT.)

Kanawha County

Population estimate: [178,124 \(2019\)](#)
Persons under 18 years of age: [35,625 \(2019\)](#)
Percentage of people of color: [11.3% \(2019\)](#)
Percentage of children covered by Medicaid/CHIP: [41% \(2016\)](#)
Number of public schools: [75](#)
School Attendance Rate: [93.87% \(2019-2020\)](#)
Children in poverty: [26.0% \(2018\)](#)
Children in foster care under Medicaid: [5% \(2018\)](#)
Children living with grandparents: [7.1% \(2020\)](#)
Babies born exposed to drugs: [20% \(2020\)](#)
2019 Juvenile Case Filings: [824 \(2019\)](#)
Child Neglect/Abuse: [769 \(2019\)](#)
Delinquency: [40 \(2019\)](#)
Status Offenses: [15 \(2019\)](#)

Lincoln County

Population estimate: [20,409 \(2019\)](#)
Persons under 18 years of age: [4,531 \(2019\)](#)
Percentage of people of color: [1.8% \(2019\)](#)
Percentage of children covered by Medicaid/CHIP: [56% \(2016\)](#)
Number of public schools: [8](#)
School Attendance Rate: [90.4% \(2019-2020\)](#)
Children in poverty: [28.9% \(2018\)](#)
Children in foster care under Medicaid: [7.6% \(2018\)](#)
Children living with grandparents: [9% \(2020\)](#)
Babies born exposed to drugs: [11.8% \(2020\)](#)
2019 Juvenile Case Filings: [162 \(2019\)](#)
Child Neglect/Abuse: [118 \(2019\)](#)
Delinquency: [16 \(2019\)](#)
Status Offenses: [28 \(2019\)](#)

Putnam County

Population estimate: [56,450 \(2019\)](#)
Persons under 18 years of age: [12,363 \(2019\)](#)
Percentage of people of color: [3.7%](#)
Percentage of children covered by Medicaid/CHIP: [24% \(2016\)](#)
Number of public schools: [23](#)
School Attendance Rate: [94.19% \(2019-2020\)](#)
Children in poverty: [12.9% \(2018\)](#)
Children in foster care under Medicaid: [4.7% \(2020\)](#)
Children living with grandparents: [5.9% \(2020\)](#)
Babies born exposed to drugs: [8.1% \(2020\)](#)
2019 Juvenile Case Filings: [190 \(2019\)](#)
Child Neglect/Abuse: [82 \(2019\)](#)
Delinquency: [26 \(2019\)](#)
Status Offenses: [82 \(2019\)](#)

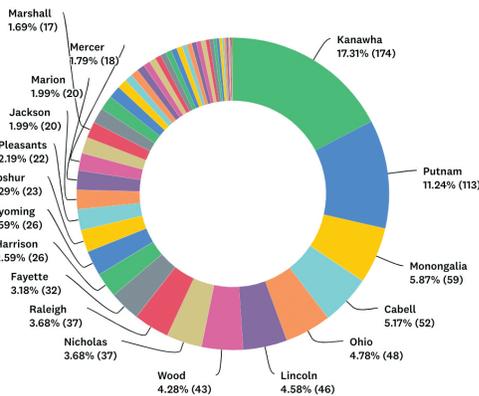
SURVEY RESULTS



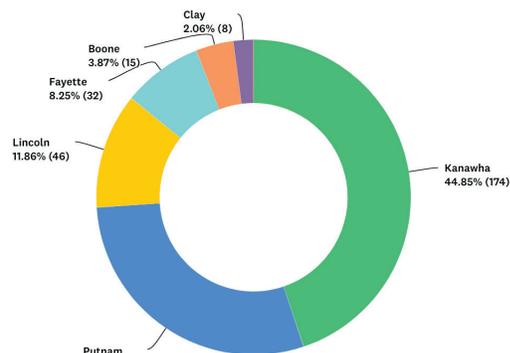
When the onset of the COVID-19 pandemic began in our state in early May, we realized how profoundly it would impact children, families, and this project. In May, we launched an online survey titled “Protecting Kids During the Pandemic.” Statewide, we received 1,005 responses. In the six-county project region, we received 388 responses. The goal was to try and capture a snapshot of how the COVID-19 pandemic was affecting WV families, with specific attention to those families affected by the drug crisis. Here’s how the results compare between the statewide responses, and the responses within the six-county region.

1. What county in WV do you live in?

RESULTS FROM ALL RESPONDENTS



RESULTS FROM 6 COUNTY REGION



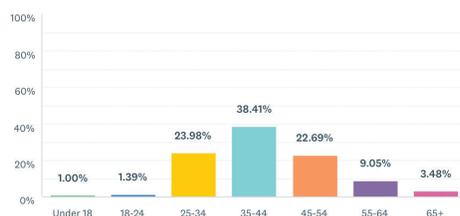
2. How old are you?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

RESULTS FROM ALL RESPONDENTS

My age is:

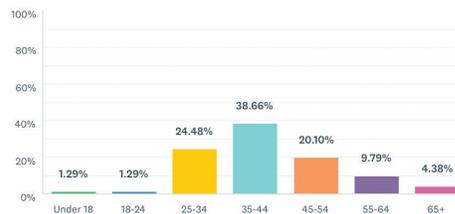
Answered: 1,005 Skipped: 0



RESULTS FROM 6 COUNTY REGION

My age is:

Answered: 388 Skipped: 0



SURVEY RESULTS (CONT.)

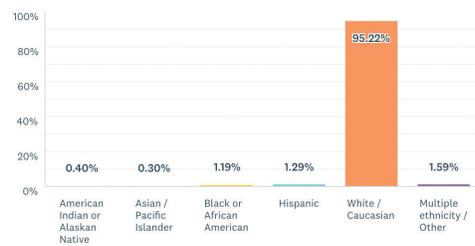
3. Which race/ethnicity best describes you? (Please choose only one.)

- American Indian or Alaskan Native
- Asian / Pacific Islander
- Black or African American
- Hispanic
- White / Caucasian

RESULTS FROM ALL RESPONDENTS

My race/ethnicity:

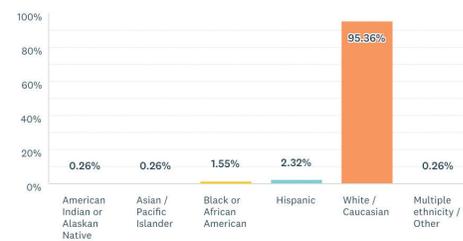
Answered: 1,005 Skipped: 0



RESULTS FROM 6 COUNTY REGION

My race/ethnicity:

Answered: 388 Skipped: 0



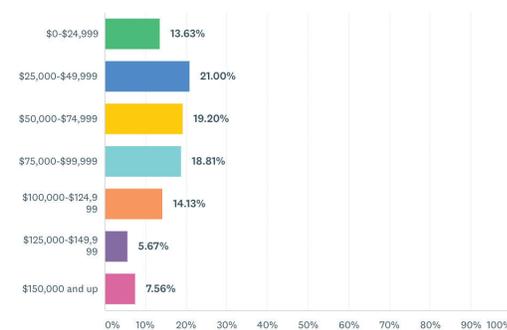
4. My approximate average household income is:

- \$0-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$124,999
- \$125,000-\$149,999
- \$150,000 and up

RESULTS FROM ALL RESPONDENTS

My approximate average household income is:

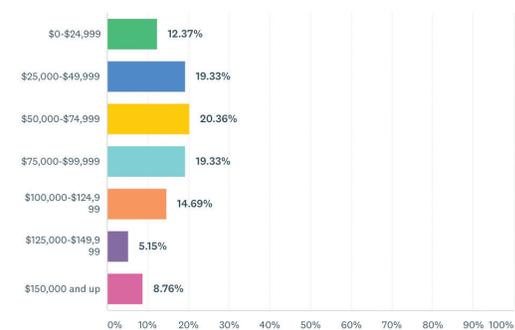
Answered: 1,005 Skipped: 0



RESULTS FROM 6 COUNTY REGION

My approximate average household income is:

Answered: 388 Skipped: 0



SURVEY RESULTS (CONT.)

5. The highest level of education I have completed is:

Did not attend school

11th grade or below

Graduated from high school

Attended college but did not graduate

Graduated from college

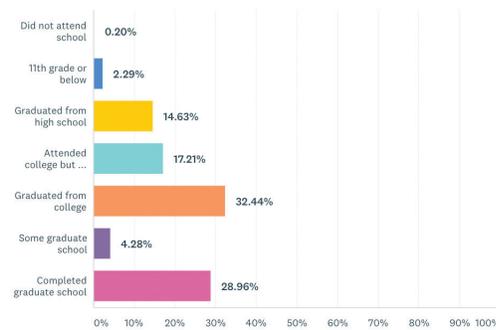
Some graduate school

Completed graduate school

RESULTS FROM ALL RESPONDENTS

The highest level of education I have completed is:

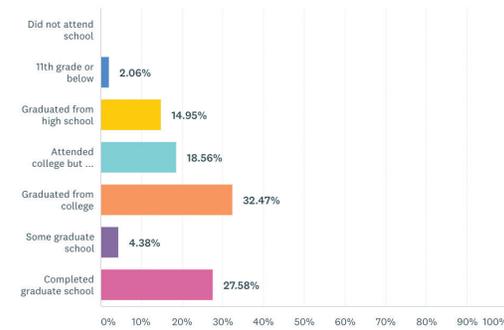
Answered: 1,005 Skipped: 0



RESULTS FROM 6 COUNTY REGION

The highest level of education I have completed is:

Answered: 388 Skipped: 0



6. How many children currently live with you?

1

2

3

4

5

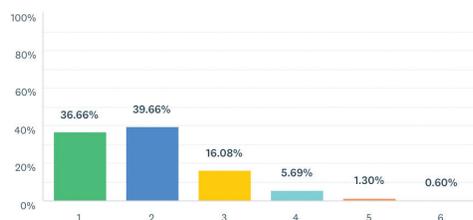
6

7 or more

RESULTS FROM ALL RESPONDENTS

The number of children currently living with me:

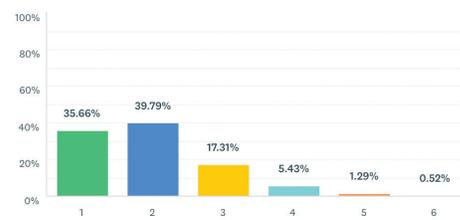
Answered: 1,005 Skipped: 0



RESULTS FROM 6 COUNTY REGION

The number of children currently living with me:

Answered: 388 Skipped: 0



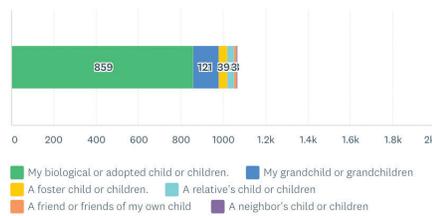
SURVEY RESULTS (CONT.)

7. These children are (check all that apply):
 My biological or adopted child or children.
 A foster child or children.
 My grandchild or grandchildren.
 A relative's child or children.
 A neighbor's child or children.
 A friend or friends of my own child.

RESULTS FROM ALL RESPONDENTS

These children are (check all that apply):

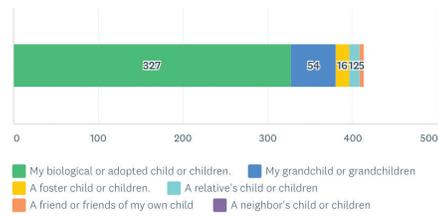
Answered: 1,005 Skipped: 0



RESULTS FROM 6 COUNTY REGION

These children are (check all that apply):

Answered: 388 Skipped: 0

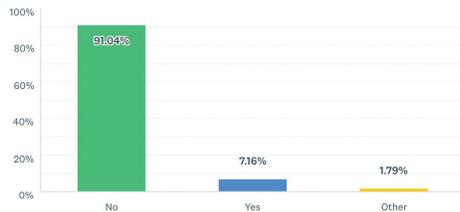


8. Are you caring for a child who is not in your legal custody, such as consent guardianship?

RESULTS FROM ALL RESPONDENTS

I am caring for a child who is not in my legal custody, such as consent guardianship.

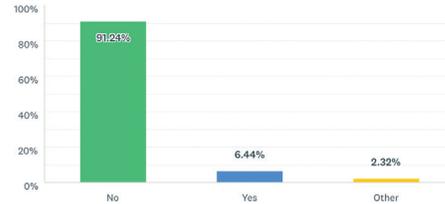
Answered: 1,005 Skipped: 0



RESULTS FROM 6 COUNTY REGION

I am caring for a child who is not in my legal custody, such as consent guardianship.

Answered: 388 Skipped: 0



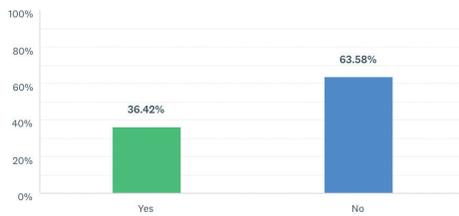
SURVEY RESULTS (CONT.)

9. Are you caring for a child under the age of 5?

RESULTS FROM ALL RESPONDENTS

I'm caring for a child/children under the age of 5.

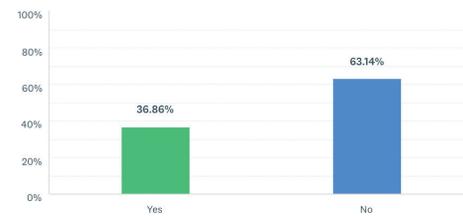
Answered: 1,005 Skipped: 0



RESULTS FROM 6 COUNTY REGION

I'm caring for a child/children under the age of 5.

Answered: 388 Skipped: 0

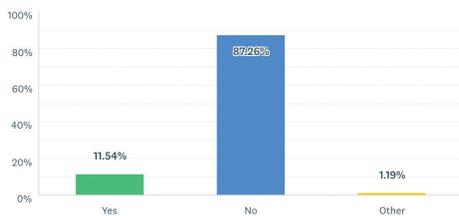


10. Is a child in your care due directly or indirectly to substance use within their family?

RESULTS FROM ALL RESPONDENTS

I have a child/children in my care due directly or indirectly to substance use within their family.

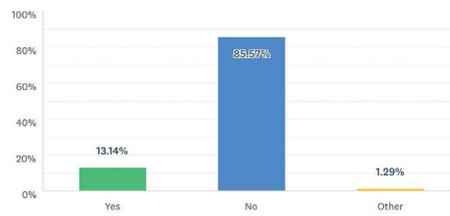
Answered: 1,005 Skipped: 0



RESULTS FROM 6 COUNTY REGION

I have a child/children in my care due directly or indirectly to substance use within their family.

Answered: 388 Skipped: 0



SURVEY RESULTS (CONT.)

11. Since the start of the pandemic, I have: (check all that apply)

Lost my income.

Lacked the ability to access food.

Lacked internet connectivity.

Lacked the ability for children to participate in remote learning.

Lost health insurance.

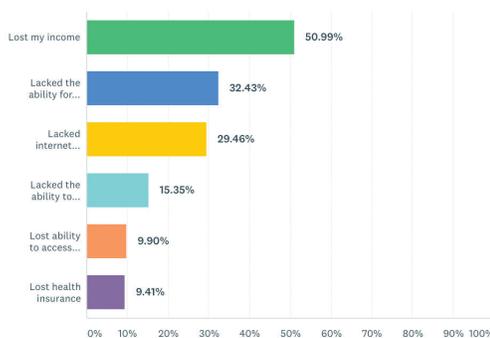
Lost ability to access health care.

Lost access to basic living needs, such as electricity, running water, natural gas, etc.

RESULTS FROM ALL RESPONDENTS

Since the start of the pandemic, I have: (check all that apply)

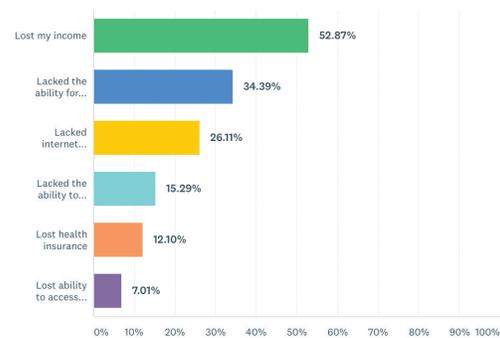
Answered: 404 Skipped: 601



RESULTS FROM 6 COUNTY REGION

Since the start of the pandemic, I have: (check all that apply)

Answered: 157 Skipped: 231



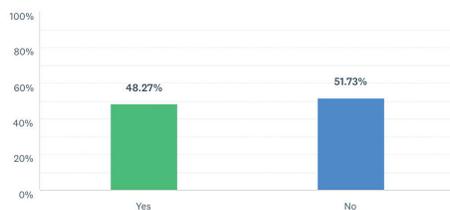
ANSWER CHOICES	RESPONSES
▼ Lost my income	50.99% 206
▼ Lacked the ability for children to participate in remote learning	32.43% 131
▼ Lacked internet connectivity	29.46% 119
▼ Lacked the ability to access food	15.35% 62
▼ Lost ability to access health care	9.90% 40
▼ Lost health insurance	9.41% 38
Total Respondents: 404	

12. Are you interested in becoming a part of this project, "Protecting Kids During the Pandemic?"

RESULTS FROM ALL RESPONDENTS

Are you interested in becoming a part of this project, "Protecting Kids During the Pandemic?"

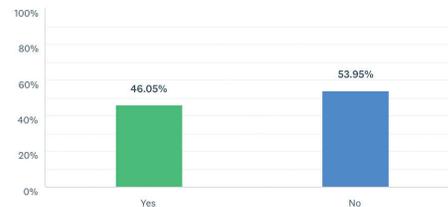
Answered: 984 Skipped: 21



RESULTS FROM 6 COUNTY REGION

Are you interested in becoming a part of this project, "Protecting Kids During the Pandemic?"

Answered: 380 Skipped: 8



PREVAILING THEMES

Prevailing Themes

Every Listening Session and phone interview began with the same question, **“What do you want for the kids in your community, as a community member?”** The answers were often similar. Respondents want children, youth, and teens in their communities to be **safe** – to feel safe, stable, do well in school, and experience a “normal” childhood.

Respondents expressed a desire to work collaboratively towards creating stability for children in their community. They described this as having **community-based, kid-specific programs, resources, and importantly, trusting adult figures who will serve as mentors and role models.** Some recalled these sorts of programs in their communities when they were growing and wondered where they had gone.



“Why aren’t we talking to the adolescents and teens about this stuff? Are we too afraid of what we’ll find out?”
– Kanawha County Listening Session

A common theme, expressed in different ways, was the feeling that communities were “turning their backs” on children who live in homes where substance use is ongoing. **“We’re turning our backs on it; we’re refusing to believe it,”** one respondent said. There were a variety of reasons given as to why counties, communities, stakeholders and policymakers refused to acknowledge the plight of children affected by

the drug crisis. By “plight,” we mean such things as parental disengagement, neglect, abuse, removal from the home by CPS, engaging with the court system and foster care system, discipline problems in school and introduction to the juvenile justice system.

Some speculated that if you live in a more affluent area of a county, or your children attend private school, or you’re older and do not interact with other people’s children, you simply aren’t exposed to the effects. You don’t see it. You don’t have a reason to get involved.

Others expressed cynicism that policymakers don’t want to “pull a thread” or broach the issue, in fear that the complexity and depth of the challenges would take too much time and financial support to address the problems. **Perhaps they believe that as long as West Virginia has a drug problem, children will inevitably be casualties.** Or they believe that children are the sole responsibility of their parents, and not the community.

Some expressed significant frustration with their county commissioners. They believe that their focus on improving the economic climate, not the conditions to improve the lives of the community’s kids. **They don’t see the connection between raising healthy children and cultivating a productive workforce.**

Others expressed that acknowledging and accepting that children are being raised in households where drug use is prevalent “normalizes” it. No one wants to believe that children live in varying degrees of active drug use in their own homes – that it’s prevalent and perhaps increasing.



“We are putting band-aids on an aortic rupture and looking the other way, and it isn’t making a difference.”
– Fayette County Listening Session



“I would characterize these children as very needy in pretty much every sense of the word. Needy in terms of attention, sometimes food, sometimes clothing. Sometimes care and just concern.”

– Kanawha County Listening Session

Simply put, perhaps none of us want to admit how bad things are. **We can rationalize that adults deserve the consequences of their drug use, but we know their children do not.** However, we also know that there simply aren’t enough beds or foster care parents in our state to pull every child out of homes where substance use disorder is prevalent. It could never be done. And importantly, it wouldn’t be in the best interest of the child or her/his family to do so-- unless the child was living in a risky environment. **Keeping families together is key; blaming parents for their disease is counterproductive and perpetuates stigma.**

The prevalence of drug use, having parents overdose or incarcerated, having the police frequently called to your home, living in a variety of homes or facilities – for some children, this is their realities. **Respondents believe that whether or not this makes us uncomfortable is a moot point; it’s their truth, and it deserves to be validated, heard, and acknowledged.**

Lady Bird Johnson once said that “children are apt to live up to what you believe of them.” A few respondents believed that expecting more from these children is important. **If we actively stigmatize a family, as sometimes small towns do, if we simply disparage them, expect nothing from them, or pity them, we do nothing to help children escape the situations in which they find themselves.** It’s not a self-fulfilling prophecy or foregone conclusion that they will follow down the same paths. We should expect them to participate in community and after school activities and get involved. We can help them aspire to do more.

But, as other respondents pointed out, it’s important to remember **that kids rarely have the autonomy to make their own decisions.** Sometimes parents or caregivers are disengaged and do not enroll their kids in activities; sometimes they are hesitant to allow their children to engage with other adults who may potentially report them to CPS.

One interviewee, an EMT in Lincoln County, shared that she often sees children while on call – psychiatric calls, domestic calls, and suicide calls. Children are frequently in the home for these visits. And so, while we want to encourage and expect more civic engagement in youth affected by the drug crisis, we have to remember that their home dynamics may be very different. **Sometimes, children play typically parental or caregiver roles, especially if there are younger siblings in the home.**

Which then begs the questions: How can we as communities “be there” for children affected by the drug crisis? If these children are genetically disposed to addiction, if their parents aren’t present and not around to help them make healthy choices, and drugs are easy to access while community programs and services are not, **what role can we as outsiders meaningfully play to break the cycle and ensure kids have a meaningful opportunity to thrive?** There are no easy answers.

Perhaps we would have more answers to this if we broached the subject more often. But this relates to another prevailing theme: Since we refuse to take an honest look at the plight of children affected by the drug crisis, communities and systems do little to adapt to their needs. We don’t respond to the things we refuse to see. **As one interviewee in Boone County put it, “We’re still living in the 1950s.”** On the one hand, we recognize that more children are born drug exposed, with neonatal abstinence syndrome (NAS), and are being diagnosed with developmental delays, our systems, in many ways, haven’t changed. Or at least, it’s perceived that they haven’t changed.

PREVAILING THEMES (CONT.)

How schools and county school systems are responding seems like a mystery to many respondents. **There’s no centralized data to tap into to learn how schools are responding – if they are trauma-informed, have additional health care staff, provide school-based mental health, etc.**

Inevitably, **our schools carry the burden of responding to the needs of these children.** As one respondent put it, “Our schools are blowing up.” All respondents who worked for the school system agreed that they received no special training to prepare for the adverse behaviors they now see. One respondent said that the students she teaches now are very different than the ones she taught just 10 years ago.

While school staff may receive continuing education or professional development around topics like trauma and adverse childhood experiences (ACEs), they’re not receiving information on how to refer students or families to community health care or social supports. **The complaints that our systems are siloed are expressed often, yet what are we doing as a state to bridge these systems? Has anyone taken a first step?** Some respondents wondered whose responsibility it is supposed to

be to coordinate the “gears” that turn between systems to synchronize services.

This lack of systemic adaptation includes a lack of aligning and maximizing resources across systems. Respondents didn’t express the need for more money as much as they did express the need for collaboration. In fact, more emphasized the fact that money was often wasted on duplication of efforts and

creation of programs that no one knew about, and therefore went underutilized. Folks complained that **families are often expected to go on “scavenger hunts,” given sheets of phone numbers and cumbersome application forms to complete,** even when it’s same information they may have submitted for another program.

When asked, no one believed that the drug crisis is going away. No one thought it was getting better. **While the national and state media may not show as much consideration to the epidemic as they did at the height of the opioid crisis, the problem has in no way subsided.** While communities and systems have been slow to acknowledge and even slower to act, many respondents were eager to share information about state and community resources that are included at the end of this report.

A final theme: **kids need more advocates.** We need to strategize, build social capital, and elevate our community champions. We know they’re out there; let’s empower them.



“We’re creating another generation that’s going to leave, or they are going to contribute to the drug problem.”
– Boone County Interview

Appalachian fatalism is real, and it's hard not to feel its hold on our communities when discussing the challenges kids affected by the drug crisis face. The pervasiveness of the addiction seems boundless. Even if a child doesn't have a parent, guardian, or caregiver who is an active user, she/he probably has a relative, neighbor, or a friend whose struggling at home with these issues. **One grandmother told us she knew of 11- and 12- year-olds who have already tried both methamphetamines and heroin. Another respondent told us that she has had students as young as second grade express concern for classmates who were dealing with substance abuse at home.**

An attendee who works with school systems said that when she asks middle school students if they know of anyone who has died of a drug overdose, almost every hand goes up.

Respondents theorized that younger generations seem more apt to accept substance use disorder as a disease, while older generations are more apt to perceive it as a moral failing. This was a subject of frequent discussion, considering the history of addiction in our state. One listening session group referred to the perpetuation of cultural behaviors as a "milestone environment." In their county, it isn't unusual for children to start drinking in their early teens. It's almost a rite of passage; initiation of use is expected.

How we perceive addiction will alter the way we respond to it. Our varying perceptions play into our inability to address substance use disorder in a cohesive manner.

There's an intersection between poverty and substance misuse, and both are prevalent in West Virginia in varying depending on where you live. Both are stigmatizing.

In some counties such as Boone and Putnam, there's a significant divide between the "have" and the "have nots." **Children are adept in realizing how they are classified at early ages, and this is hard to overcome as well.** Living in poverty often means having limited access to health care, food and housing security. It's usually quite stressful for families. Efforts to strategically address the challenges of the drug crisis should be coordinated with efforts to addressing poverty.

This is especially important when we consider the challenges grandparents and kinship care providers face. **Many didn't anticipate the financial burden, the learning curve of raising younger children, the social isolation, and if they are raising these children in connection and support of the child welfare system, the potential loss of control in raising them.** One respondent who is parenting her grandniece told us that she was encouraged to have her classified as "incorrigible." By doing this, she believed she would receive more assistance from the state, but instead, she lost even more control of the situation. For example, she was concerned that the State would have her grandniece's long-acting reversible contraceptives (LARCs) removed and asked that they leave it intact. A staffer with the State responded that it was no longer her decision to make.

"I think we (Putnam County) first had a health and wellness crisis, and it evolved to a disconnection crisis. People lost jobs, they lost hope, and found other ways to cope."
– Putnam County Listening Session





“Twenty-five-year-old mom is not able to care for children. Forty-five year-old grandma isn’t able to care for children, so 68-year-old great-grandma is raising the children. And I’m seeing that in a growing number of cases. And the world is very different than when 68-year-old great-grandma was raising her child.”

– Kanawha County Listening Session

Another unforeseen challenge is the lag in the health care system to adapt to the emerging needs of children who are born with neonatal abstinence syndrome (NAS) or exposed to drugs in-utero. **One respondent said that she’s worked with some rural pediatricians who still have a “wait and see” approach when a child exhibits developmental delays or potential need for referral services.** Rather than immediately referring children to such programs as Birth-to-Three or home visitation programs, they advise parents that the child may “grow out of it.” Of course, the pediatricians may not realize that the child was born with NAS or exposed to drugs in-utero. This may not have ever made it into the child’s medical record, and some mothers are hesitant to tell the child’s doctor that they used substances while pregnant.

Importantly, another challenge to accessing needed services is a lack of parental engagement and participation. Sometimes, this is due to stigma.

Stigma is as prevalent as the drug crisis. Its tentacles reach into every system and community. As one respondent said, “People could be terribly suffering due to a loved one’s addiction, yet no one would know until it was at a point of crisis.” We do not recognize and respond to the consequences of substance misuse until it reaches a crisis point, and that’s due largely to stigma. We ignore it, often due to our own discomfort. **Are we teaching kids about stigma? Do we have school curricula that addresses it?**

Perhaps stigma plays a role in the variations of policy implementation in systems across the state. Some respondents said that court system rarely responds consistently to the same types of cases in different counties. Whether a child is removed and how a judge rules varies. Some judges don’t support medication assisted treatment (MAT) and have been known to remove children from homes if parents are in treatment. One respondent told us that she temporarily lost custody of her grandchildren because she posted on Facebook that she’s in long-term recovery. A CPS worker, and Facebook friend, reported her.

Stigma challenges a community’s ability to engage parents. For example, we’ve all seen the negative, sometimes cruel, posts on social media that are meant to shame and embarrass those with SUD. If people in your community are openly disparaging you, why try to engage with them? Why subject your child to potential bullying?



“There’s no concept that there are all these different disciplines and jobs to pursue. Kids need a better picture of what they can achieve in their lives, so they don’t have to compromise with what’s just here.”

– Boone County Interview

Some respondents also expressed a level of skepticism in engaging government systems in collaborative efforts such as this project to discuss the challenges and recommendations discussed in this report. They expressed that decisions are made on system levels, not community levels, and that often the needs of the systems itself-- to make the systems function more smoothly-- are more important than the needs of the children. **Respondents didn't perceive the dynamic between government systems and communities to be an equitable one.**

For example, we had respondents who tried to engage with schools to talk about the drug crisis in their counties. The school system wouldn't respond to their requests. Others said that health care providers rarely left their offices to attend community meetings.

A lack of collaborative spirit was cited as a continuing challenge. To paraphrase one respondent: Affluent parents hold most leadership roles in the county, and so, they do not "see the need" for social groups and extracurricular activities for marginalized or vulnerable children. Key decision makers aren't championing these kids' cause, and they're not receptive to bringing voices to the table who will advocate for more resources to be dedicated for a smaller demographic of children. And so, it's often the same community champions tasked to address the unmet needs of these kids. While this may make them "experts" in the eyes of their communities, it doesn't mean that they have any input in how programming and services are implemented in their counties. This disconnect is often why grant-funded programs or health care services are under-utilized. No one worked with the community stakeholders to create and implement them.

Importantly, many respondents reported that there are "good things" going on in their communities. Many are listed in the "Resource" section. And across all counties, respondents felt as if recovery was being more openly celebrated, helping to cut through the challenge that stigma poses. Those in the recovery circles are forming their own community bonds.

"As a parent, you think someone taking your kids will wake you up. But when you don't get any guidance or support, there's very little you can do. Even those parents who took it as a wakeup call, they had no resources. Of course, they didn't succeed. Losing their kids hit so hard that the way they dealt with it was to keep using."

– Boone County Interview



Over the past 10 months, the pandemic has forced us into social isolation for prolonged periods of time. **Since one of our chief concerns for kids affected by the drug crisis is a lack of connectivity or support system, these isolation periods are troubling.** Undoubtedly, the COVID-19 pandemic has adversely affected kids, especially those who are living in high-risk households. This lack of interaction is especially concerning, knowing that the [overdoses rates have increased](#) during the pandemic. Caseworkers are not visiting homes; schools may not be able to locate children. Abuse, mental and emotional stress, increased depression – due to the lack of caseworkers and mandated reporters having an opportunity to physically interact with children – may go undetected. Kids also need to socialize and remain physically active. **Respondents repeated fears of children isolated in potentially unsafe homes, not exercising and without access to adequate healthy food, and with increased screen time that could make them vulnerable to online predators.**



“We know that drug use is up (during the pandemic), mental health issues abound, and domestic violence is up; we need to be seeing our kids.”
– Fayette Co Interview

The pandemic has caused many systems to shut down, limit services, or delay programs or proceedings. One respondent from Putnam County had been waiting for over a year for a date to finalize the adoption of her foster care son. She said that communication from the court system stopped when the pandemic began. Another attendee said that she has seen a few adoption ceremonies online, so whether proceedings are moving forward as scheduled seems to depend on the county in

which they’re scheduled. Similarly, attendees said that they hadn’t received any notification as to new policies employed by CPS in staying engaged with children and families -- whether they are checking-in with families in person, via Zoom, or postponing meetings.

Through the spring and early summer, virtual learning received more favorable opinions than in the fall, as did telehealth. Telehealth remains a viable option for when children and students cannot meet in person, but providers frequently expressed that it has limitations. For many months, providers saw a significant decrease in children accessing health care, including vaccinations and well-child care. In these circumstances, telehealth is beneficial. Is telehealth a viable option for primary and mental health services to children living in potentially at-risk households? Respondents weren’t sure.

Respondents also worried about kids getting enough to eat, and if counties were collaborating to ensure kids' needs were being met. Every county is different. For example, Putnam County opts out of the Community Eligibility Provision (CEP) program, which provides universal meals for all students. Attendees weren't sure if this would prohibit children from accessing food boxes prepared by the county school system. Again, attendees weren't sure where to access resource information such as this, or where to navigate families to access it. **We asked respondents if they had heard of any counties scheduling community meetings to discuss how children's services and programming were adapting during the pandemic. We learned of no meetings.**

Attendees agreed that the pandemic is shining a harsh light on the breakdown between systems. It highlights the work we should have been doing at the onset of the opioid epidemic over five years ago. We have no overarching or "umbrella" agency coordinating systems to develop strategies to ensure children have access to services and support as the pandemic continues.

The lack of county-level data collection and analysis is also obvious, in this moment. While some attendees were very pleased with their school's efforts to address the social and emotional well-being of students pre-pandemic, some didn't know if their schools currently offered any programs or services. **This information isn't collected, centralized, and shared.** Some wondered how schools planned to address the escalating need for these services once the school year resumes without an infrastructure in place to collect and share data to illuminate steps forward after the pandemic.

Finally, **respondents speculated that many of those who are serving children and families during the pandemic are experiencing burnout.** As mentioned, the needs of our most vulnerable children – a silent, voiceless demographic-- are often marginalized while our state responds to the more urgent needs of the drug crisis. This causes our direct service providers-- pediatricians, teachers, counselors, social workers, CPS workers, mentors, pastors, etc.-- to struggle. How frustrating it must be for them to see the increasing needs without the resources to help.

Respondents saw this as an opportunity to identify and learn from the challenges we see now, to address these challenges post-pandemic. **This could begin with more listening sessions with direct service providers and discussions around data collection.**

A photograph showing a person's hands typing on a laptop keyboard. The person is wearing a blue long-sleeved shirt and a gold watch on their left wrist. The background is blurred, showing a warm, golden light.

*"We don't have a source of data. We need a data repository and an ability to query that repository, and we just don't have it. It's not there."
– Kanawha County Listening Session*

RECOMMENDATIONS



All efforts for reform should begin by listening to and validating the children and youth in our communities. By this, we mean less talking about their needs, more willingness to listen. We know there are challenges to this; let's work on addressing them.

- From elementary to high school, ensure kids have meaningful ways to participate in their communities. Do not rely solely on sports to engage kids; not all kids are interested in sports, can afford to participate, and have transportation to practices.
- Coordination between systems-- health care, public education, child welfare, foster care, and the court systems-- is needed from the state to community level. To do this, we should start by sharing data between systems. Optimally, we should have a state run, county-specific dashboard of child and adolescent data that's relevant to this demographic of children.
- Seek funding to conduct qualitative research with teens who have aged out of foster care and the juvenile justice systems to learn about the prevalence of drug use, initiation of drug use (if applicable), and their experiences in relevant systems.
- Advocate for the creation of a WV Governor's Office for Children that focuses specifically on the coordination of efforts between affected systems – health care, public education, child welfare, foster care, and the court systems.
- Initiate a dialogue with community partners and affected systems--like health care organizations, child welfare, county school systems, and federal/state programs like Medicaid, CHIP, WIC and Birth to Three- that explains how siloed systems can and should share relevant data. This should be an equitable table of stakeholders and ideas. Find out what data we have and need, then determine how it can be centralized and shared.
- Our state should require state-funded programs to share outcomes. Programming should be evaluated for efficacy, and if it is not producing the intended results, it should no longer be funded. Fresh ideas should be nurtured and funded. Funding the same programs, if they're not producing outcomes, is a disservice to our children.
- Centralize an event calendar that lists outdoor recreational opportunities for children, adolescents, and families in one location and sort it by county. Kids need to get outside and exercise, especially during the pandemic.
- Increasingly, children are being raised in non-traditional homes, yet often, federal, state, and local policies are written with the traditional family unit in mind. Government systems need to be inclusive, and their policies should reflect the "new normal." Build a list of federal and state policies that need amended to include nontraditional families.
- Often, grandparents do not qualify for federal or state programs, even when they are supporting their grandchildren. We need responsive legislation on the federal and state levels to respond to the needs of grandparents who are raising grandchildren.
- It's time to move beyond awareness of just adverse childhood experiences (ACEs) and focus on resilience. They're equally important. Communities could collaborate with state organizations on a public awareness campaign around resilience.

- The Integrated Community Engagement (ICE) Collaborative was derived from the [Icelandic Model of Preventing Adolescent Substance Use](#) and has demonstrated effectiveness in reducing substance use in Iceland over the past 20 years. Recently, researchers at WVU have been working to implement it in a few counties, including Fayette County. We should work closely with the ICE Collaborative and if successful, advocate for its expansion.
- Expand school-based health centers and services. Every school should be connected to a health care provider. They can help ensure students are insured, accessing preventive health care, and when the time comes, assisting with the roll out of a pediatric COVID-19 vaccine.
- Every school should have a food pantry and hygiene closet. We currently don't know where these resources are located around counties and schools in our state. We should begin by assessing where they are, then collaborate with those who manage them to learn next steps to expanding services. They're the experts.
- Community health care providers should share "hub" space in local schools, where children and teens can seek counseling. Seeking mental health care can be challenging, and transportation is a historic problem in rural communities. With student enrollment decreasing, why not utilize the space in schools for these services?
- Researchers should consider studying the navigational paths as children move through these affected systems. Who are the gate keepers? Who make the most pivotal decisions that affect outcomes for children? And are they the ones who spend the most time with these children?
- Child Protective Services (CPS) workers play incredibly important roles, but they're often overworked and under-valued. More effort should be made to retain quality employees. "There's nothing like lived experience in this position."
- All systems, all stakeholders and advocates, should be looking at how we refer families, children, and adolescents to care-- whether this be health care, social support programs, or community interventions. Are referral policies in place in these systems? Are staff aware of services outside of their systems? What are the challenges to referring to care? As one respondent said, "We're shooting referrals off and getting no information back."
- More school staff, health care providers, and foster care parents should sit on multi-disciplinary teams (MDTs). The creation and cultivation of these teams should be more deliberate and considerate and not formed out of expediency.
- Station a WVDHHR-employed social worker in every school, or at the very least, in every county school office. Some respondents recommended a CPS worker in every school; others believed that this could have a "chilling effect" in parental engagement in schools.
- Hold a statewide conference to discuss challenges to parental engagement-- in health care, school system, and community support programming. How do we better engage parents? How do we ensure that children can still engage with their communities if their parents are not supportive? How can we address community stigma that may discourage participation? Invite parents in recovery to serve as panelists.

- While many respondents were complimentary of the PRIDE program that informs families to be foster care parents, some believed it isn't being uniformly implemented in the state. The state should work to ensure all training providers are implementing the program as it is intended to maintain fidelity.
- Pilot a program that connects senior citizens and children/youth who need more trusting adults in their lives. Both could learn from one another. For example, the older generation could learn about technology, and the younger generation could learn practical skills, like cooking and gardening. And as one respondent put it, "And they could have someone. They could have one another."
- Collaborative efforts to address the needs of this demographic of children and youth should involve be a public and private partnership, and importantly, should include the faith-based community. Especially in our more rural towns, they provide much needed services and programming. They need a seat at the table.
- Place an emphasis on all advocacy efforts on equity. For example, not all children in Kanawha County have the same access to early childhood care before they attend school. Not all children have access to a school-based health center. Not every school is a trauma-informed school or has a food pantry. As this effort moves forward, we need to ensure that our goals are inclusive and equitable.
- Tie efforts to raise community awareness with economic development. Community leaders often focus on bringing in new business, and they will need a drug-free workforce. Community efforts to help kids thrive and become responsible citizens is directly connected to their effort to improve the economic climate. If we want their help, we have to cater our message to their mindset.
- In this moment of COVID-19, communities should virtually bring together staff from affected systems on the community level and ask, how are you adapting to the pandemic? Are you still running programs? Make a revised list of what's available for children and get it out into the community and social media.
- Listen to new ideas. Encourage new faces and voices at the planning tables. Some respondents expressed that they felt unwelcomed or unheard when working to address the needs of this demographic of children in their communities. Considering the challenges and complexities before us, and limited resources, adopting a "all hands on deck" mentality is important. No one owns this issue; no one system or community will solve these problems. It will take a compassionate, collaborative approach.



ACCESS RESOURCES AND GET CONNECTED

- Visit our website at <http://thinkkidswv.org/drug-crisis/>.
- Take our most [recent survey](#) and share your thoughts.
- Join our Facebook group, [Kids and the Drug Crisis- From the Ground Up](#).
- Check out the [events schedule](#) on our website for the next Facebook Live event or Listening Session in your county.
- Prefer to discuss these issues one-on-one? Email kelli@thinkkidswv.org.
- Spread the word. Share information about the project with neighbors, colleagues, family, and on social media.
- Volunteer. Let us know if you'd like to help in our efforts to engage communities.
- [Subscribe to our newsletter](#).

National Resources

Al-aTeen

<https://al-anon.org/for-members/group-resources/alateen/>

Similar to alcoholics anonymous, Al-Anon is an organization of support groups for family members of addicts. Al-aTeen meetings are specifically for teenagers whose parents are addicts. These support groups provide a safe space to share stories and experiences with others who have gone through similar experiences.

Guide for Children of Addicted Parents

<https://americanaddictioncenters.org/guide-for-children>

“Regardless of our age, we are always deeply influenced by the people who raise us.” This guide offers practical advice and resources to help children seek help for themselves and family members.

NACoA

<https://nacoa.org/>

The National Association for Children of Addiction is an organization that helps support families of addiction by providing resources and information.

State Resources

Handle with Care is a program that facilitates a network of coordinators who work collaboratively with law enforcement and West Virginia public schools. If a law enforcement officer encounters a child during a call, that child's name is forwarded to the school and delivered to the child's teacher before the school bell rings the next day. It encourages schools to implement individual, class and whole school trauma-sensitive curricula so that traumatized children are “Handled With Care.” To see if the program is running in your county, visit <http://www.handlewithcarewv.org/contact-map.php>.

Healthy Grandfamilies (<http://healthygrandfamilies.com/>) is a free initiative led by West Virginia State University to provide information and resources to grandparents who are raising one or more grandchildren. Designed as a series of nine discussion sessions and follow-up services, Healthy Grandfamilies is taught by volunteer professionals and paraprofessionals that are knowledgeable of each topic. Upon completion of the program, participants receive a certificate of completion and three months of follow-up services with a social worker.

The Help and Hope WV (<https://helpandhopewv.org>) initiative was created by a collaborative team to prevent prescription misuse and reduce the stigma against people with substance use or mental health disorders.



Mission West Virginia (<https://www.missionwv.org/>) promotes positive futures by recruiting foster families, providing life skills education and creating community connections.

The mission of Reclaim WV (<https://wvde.us/reclaimwv/>) is to advance the wellness and resilience of West Virginia students so they may become lifelong learners, productive citizens, and successful individuals.

To The Moon And Back (www.2themoonandback.org) provides caregiver education and support to those families raising a child born substance exposed. Email Cindy Chamberlin at Cindy@2themoonandback.org.

At SHIELD Task Force (www.shieldwv.com), our mission is to end child abuse. We believe this can be done by mobilizing a statewide coalition of law enforcement agencies, nonprofit organizations, faith communities, professionals, and volunteers to educate the public, empower victims, stop predators, and support survivors.

The WV ACES Coalition (www.wvaces.org) includes over 400 different organizations and individuals working together to improve the health and well-being of all West Virginians by reducing the impact of Adverse Childhood Experiences (ACEs) and preventing their occurrence.

The West Virginia CASA Association (<http://wvcasa.org/>) partners with counties in West Virginia to develop programs to create a network of these CASA volunteers. A Court Appointed Special Advocate (CASA) is a volunteer that provides a voice for abused and neglected children who find themselves in the court system.

The West Virginia Drug Intervention Institute (www.wvdii.org) is to reduce deaths in West Virginia from opioid and drug abuse by being (a) an independent advocate for life-enhancing drug policies and practices, (b) a hub for coordinating drug response activities, and (c) an educational center to address the prevalence of drug abuse and the stigma of drug addiction.

The West Virginia Foster Care Ombudsman (<https://www.wvdhhr.org/oig/fco.html>) is an independent, impartial, and confidential resource that advocates for the rights of foster children and foster/kinship parents, investigates and resolves complaints, and makes recommendations and proposals for systemic reform. If you have a concern, complaint, or suggestion regarding the foster care system, please contact Pamela M. Woodman-Kaehler, Foster Care Ombudsman, West Virginia Office of Inspector General at 304.558.1117 or email: FosterCareOmbudsman@wv.gov.

The West Virginia Department of Education Office of Student Support and Well-being (<https://wvde.us/student-support-well-being>) coordinates services for the whole child and ensures each student has at least one caring adult that keeps them connected to the school system.

WVPath (www.wvpath.org) is where you can go to see if you qualify for assistance such as SNAP, child care support, and health care. There is a screen for assistance wizard that makes the process easy.

West Virginia SADD Chapters (www.wvsadd.org) serve as agents of change in local schools and communities – creating healthier, happier lifestyles for students. You can find Chapters around the state.



The West Virginia Statewide Afterschool Network (<https://extension.wvu.edu/youth-family/youth-education/statewide-afterschool-network>) is one of fifty afterschool networks across the country funded in part by the C.S. Mott Foundation. The WVSAN works to sustain a statewide partnership to raise awareness of:

- the importance and accessibility of high-quality afterschool and summer learning programs for all school age children
- share criteria of effective programs and best practices among providers and the public, and
- promote the sustainability of such programs throughout the state.

A Family Resource Network (FRN) is the primary coordinating and planning body for local services for children and families in West Virginia. Although the FRN does not provide direct services, they represent an important partnership between state government and local communities. Find your county FRN here: <http://wvfrn.org/>.

County Resources

Boone County

Generations Saved is changing things across the board in this drug epidemic. They are an educational Primary Prevention project set out to slow down the NAS rate while healing and rebuilding our community through the arts. Visit <https://www.facebook.com/Generations-Saved-292387011560248>.

Barn Community Center in Nellis has started their own nonprofit. Currently, they operate a food bank, clothes closet, and programming for kids. Visit <https://www.facebook.com/barngroupinc/>.

Prestera Center (www.prestera.org) offers a family-centered, strength-based approach to services to children and adolescents experiencing behavioral, emotional, substance abuse or problems with addictions. Services include: case management, outpatient, intensive outpatient, school-based, intensive care coordination, in-home, addictions treatment, psychiatric services and psychological evaluations.

Clay County

Prestera Center (www.prestera.org) offers a family-centered, strength-based approach to services to children and adolescents experiencing behavioral, emotional, substance abuse or problems with addictions. Services include: case management, outpatient, intensive outpatient, school-based, intensive care coordination, in-home, addictions treatment, psychiatric services and psychological evaluations.

The WVU Clay County Extension Service brings popular programs, such as 4-H, and faculty expertise in agriculture and families and health to Clay County. Find them on Facebook at <https://www.facebook.com/WVUClayCountyExtensionService>.



Fayette County

Adventure: Fayette County (<https://www.projectadventurefayette.com/>) provided around 900 Fayette County 4th and 5th grade students a hands-on introduction to experiences and opportunities in Fayette County. More than a field trip, it is the first step to a long-term evidence-based drug prevention initiative based on the successful Iceland Model.

Active Southern WV (<https://activeswv.org>) is a collaboration of Public and private partners to support this non-profit organization, focused on improving those statistics and assisting local communities to improving health, increasing activity, and becoming the model for active living.

FMRS (www.fmrs.org) provides an array of children's behavioral health, including: The RAPP Project, Parent-Child Interaction Therapy (PCIT), Trauma Focused Cognitive-Behavioral Therapy (TF-CBT), adolescent substance abuse services, children's mobile crisis response services, children's wraparound services, and school-based mental health. Call 888-811-1844.

The WVU Fayette County Extension Service brings popular programs, such as 4-H, and faculty expertise in agriculture and families and health to Fayette County. Find them on Facebook at <https://www.facebook.com/WVUFayetteCountyExtensionService/>.

Kanawha County

Active Southern WV (<https://activeswv.org>) is a collaboration of Public and private partners to support this non-profit organization, focused on improving those statistics and assisting local communities to improving health, increasing activity, and becoming the model for active living.

The Fun Fitness Kids Club (<https://funfitnesswv.com>) is a nonprofit organization formed in May 2018 in Charleston with the goal to help curb the adult and childhood obesity rate in West Virginia by providing fun fitness activities thus burning calories with exercise.

Kanawha Communities That Care (<https://www.kctcwv.com/>) is committed to investing their expertise and resources in order to further achieve their cause. Since 2000, they've been supporting the Kanawha Valley community members in a variety of ways and measuring success not by monetary size, but by more qualitative measurements such as the scale and effectiveness of their efforts.

Legal Aid of West Virginia's Lawyer in the School (www.lawv.net) program works to stabilize the lives of children enrolled in participating schools by providing on-site family legal assistance on issues like eviction, poor housing conditions, disrupted economic support, and lack of secure legal custody for children not living with biological parents. The project currently operates in Mary C. Snow West Side Elementary School and is expanding through the county and into other schools across the state.

KEYS 4 HealthyKids (<http://keys4healthykids.com>) focuses on creating environments that support healthy habits and behaviors. KEYS 4 HealthyKids has a mission to make the healthy choice, the easy choice.



ACCESS RESOURCES AND GET CONNECTED (CONT.)

Kanawha County (Cont.)

Prestera Center (www.prestera.org) offers a family-centered, strength-based approach to services to children and adolescents experiencing behavioral, emotional, substance abuse or problems with addictions. Services include: case management, outpatient, intensive outpatient, school-based, intensive care coordination, in-home, addictions treatment, psychiatric services and psychological evaluations.

The YMCA of the Kanawha Valley's mission is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. Their focus areas include youth development. Visit <https://ymcaofkv.org/>.

Lincoln County

The WVU Lincoln County Extension Service brings popular programs, such as 4-H, and faculty expertise in agriculture and families and health to Lincoln County. Find them on Facebook at <https://www.facebook.com/wvulincolncountyextension/>.

Lincoln County Starting Points is located at the Board of Education in Hamlin and offers a variety of services that are not income based. Visit them on Facebook at <https://www.facebook.com/lcspstartingpoints/>.

Prestera Center (www.prestera.org) offers a family-centered, strength-based approach to services to children and adolescents experiencing behavioral, emotional, substance abuse or problems with addictions. Services include: case management, outpatient, intensive outpatient, school-based, intensive care coordination, in-home, addictions treatment, psychiatric services and psychological evaluations.

Putnam County

Camp Appalachia (<https://www.campappalachia.org/>) works to enrich the lives of vulnerable youth in the areas of dynamic character and leadership development, spiritual growth, substance abuse prevention, and social and educational advancement.

The Putnam County Wellness Coalition (www.putnamwellnesscoalition.org) engages communities within Putnam County in ongoing efforts to eliminate substance abuse by creating and maintaining a safe and healthy environment that inform, advocate, and support youth and adults.

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THINK KIDS

Think Kids launched in 2020 with the mission of “Fostering ingenuity, inspiring change and cultivating generations of healthy, happy kids.” We work to ensure that generations of West Virginia’s kids grow up healthy. We work to connect parents, guardians, and care providers with resources and services that ensure that kids are raised in healthy environments. And we inform and promote changes to local policies, systems, and environments to foster healthy living and prevent health inequities. Kids are the most important investment we can make to change the trajectory of poor health outcomes in our state.

A better West Virginia begins with its kids.

Check out our bimonthly newsletter, our website, our blog, and find us on our social media sites.

The Greater Kanawha Valley Community Foundation

The Foundation was created in 1962 by and for the people of the Greater Kanawha Valley area. This area encompasses the following six county region: Kanawha, Putnam, Boone, Clay, Lincoln and Fayette. The Greater Kanawha Valley Foundation is the largest Community Foundation in the State of West Virginia and celebrated its 50th year anniversary in 2012.

The Foundation helps individuals, families, businesses, and nonprofits improve the lives within the community now and for generations to come. **TGKVF** assists donors in creating charitable funds, each with its own philanthropic purpose, and provide grants to nonprofits that meet the needs of the community.

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