



Moving Upstream

2023

Improving
Child Welfare
in West Virginia
Requires Addressing
Root Causes of Hardship

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SECTION I

Overview

West Virginia's future depends on our ability as a state to nurture the health and well-being of the next generation of West Virginians—our children.

Essential to that goal is building supports and investing in high-quality, evidence-based programs to reduce and prevent child abuse and neglect. That means supporting families *before* they are in crisis.

Currently, West Virginia places four times as many children per capita in the foster care system as the United States as a whole.^{1,2} The Mountain State permanently terminates parental rights faster and more often than any other state in the country. While the child welfare system is designed to protect children, foster care involvement can have harmful effects on children and their families. Separating children from their families is a traumatic event for everyone involved and can lead to toxic stress for children, attachment problems, and feelings of loss and grief.³

Recognizing the trauma of separation and the important bonds that children share with their families, federal law requires states to enact reasonable efforts through services and supports to preserve and reunify families. However, West Virginia's high per capita rates of children

¹ Administration for Children and Families. "The AFCARS Report." No. 29, US Department of Health and Human Services, 28 June 2022, www.acf.hhs.gov/sites/default/files/documents/cb/afcars-report-29.pdf.

² Williams, Sarah Catherine, et al. "State-level Data for Understanding Child Welfare in the United States." *Child Trends*, 27 Apr. 2023, www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states. Retrieved on July 20, 2023.

³ Sankaran, Vivek, et al. "A Cure Worse Than the Disease? The Impact of Removal on Children and Their Families." *Marquette Law Review*, vol. 102, no. 4, Jan. 2019, pp. 1161–94. <https://repository.law.umich.edu/articles/2055>.

in foster care and the frequency and speed with which parental rights are terminated suggest that our state is falling short of its obligation to make reasonable efforts and help children remain with their families.

“Reasonable efforts” refers to activities of state social services agencies that aim to provide the assistance and services needed to preserve and reunify families. The Federal Title IV-E program requires states to make reasonable efforts to preserve and reunify families (I) prior to the placement of a child in foster care, to prevent or eliminate the need for removing the child from the child’s home; and (II) to make it possible for a child to safely return to the child’s home.⁴

Child welfare system involvement is strongly associated with economic insecurity and cumulative material hardship.⁵ In fact, the majority of families investigated by Child Protective Services (CPS) are low-income, and most children entering foster care in West Virginia are removed at least in part due to parental disordered

substance use or neglect.^{6,7} Both are systemic challenges that can be addressed more effectively through policies and programs that promote economic security, prevent and treat substance use disorder, and help build family protective factors.

Effective research-based prevention approaches help strengthen families, reduce parental stressors, prevent child maltreatment, and help children thrive. Unfortunately, state and national child welfare systems historically have been reactive rather than proactive, primarily providing economic and social supports to children only after they have entered foster care rather than supporting biological families while the child is still in the home, which can prevent the hardship chain reaction and avoid child welfare involvement entirely.

Research shows there are more effective approaches to addressing child maltreatment, like providing prevention services earlier—before child abuse or neglect occurs in the first place.⁸ These include universally available interventions, not just resources for children once they enter foster care, including family strengthening programs that build protective factors and policies that provide concrete economic supports for families.⁹ Robust economic

⁴ 42 U.S.C. § 671(a)(15) (2018).

⁵ Conrad-Hiebner, Aislinn and Elizabeth Byram. “The Temporal Impact of Economic Insecurity on Child Maltreatment: A Systematic Review.” *Trauma, Violence, & Abuse*, vol. 21, issue 1, Jan. 2020, p. 157-178, <https://journals.sagepub.com/doi/epub/10.1177/1524838018756122>.

⁶ Thomas, Margaret M.C. and Jane Waldfogel. “What kind of “poverty” predicts CPS contact: Income, material hardship, and differences among racialized groups.” *Children and Youth Services Review*, 2022 May; 136: 106400. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8972944/>.

⁷ US Department of Health and Human Services, Administration for Children and Families, Children’s Bureau. “The AFCARS Report: West Virginia.” Preliminary FY 2021 Estimates as of June 28, 2022.

⁸ Centers for Disease Control and Prevention (2019). Preventing Adverse Childhood Experiences: Leveraging the Best Available Evidence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

⁹ Centers for Disease Control and Prevention. “Prevention Strategies.” www.cdc.gov/violenceprevention/childabuseandneglect/prevention.html. Accessed 1 Aug. 2023.

supports that can reduce child maltreatment and, in some cases, speed up family reunification include the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Child Tax Credits (CTC), Earned Income Tax Credits (EITC), and others.

Five Protective Factors

HELP FAMILIES MITIGATE RISK AND PROMOTE HEALTHY DEVELOPMENT

-  **PARENTAL RESILIENCE**
-  **SOCIAL CONNECTIONS**
-  **KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT**
-  **CONCRETE ECONOMIC SUPPORTS**
-  **SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN**

A Note on Terminology

As you read this report, you will see both "substance use" and "substance abuse" used throughout. As an organization, the West Virginia Center on Budget and Policy prefers to use the term "substance use" in order to minimize stigmatizing sentiments; however, when referring to research or publications from another source, the term "substance abuse" may be used for the sake of consistency.

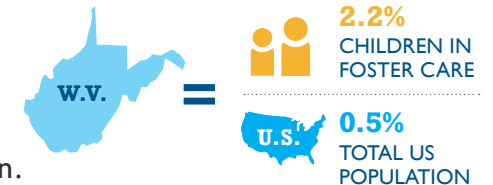
SECTION 2

Key Findings

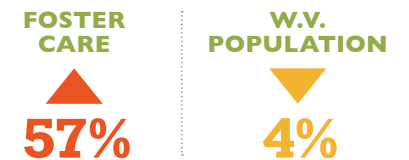
WEST VIRGINIA PLACES THE MOST CHILDREN IN FOSTER CARE OF ANY STATE IN THE COUNTRY, WITH FOUR TIMES AS MANY CHILDREN IN FOSTER CARE PER CAPITA AS THE UNITED STATES AS A WHOLE. West Virginia's rate of 13.0 children in foster care per 1,000 children is nearly double that of the next highest state, Alaska, at 7.4 per 1,000 children.

IN 2021, 2.2 PERCENT OF ALL CHILDREN NATIONWIDE WHO ENTERED FOSTER CARE WERE FROM WEST VIRGINIA

despite the state only having 0.5 percent of the total US population.



THE NUMBER OF CHILDREN IN FOSTER CARE IN WEST VIRGINIA INCREASED BY 57 PERCENT BETWEEN 2012 AND 2021, while the state's overall population declined by four percent.



WEST VIRGINIA PERMANENTLY TERMINATES PARENTAL RIGHTS MORE OFTEN THAN ANY OTHER STATE, at a speed nearly 40 percent faster than the national average.

FAMILIES OF COLOR ARE DISPROPORTIONATELY IMPACTED BY CHILD WELFARE SYSTEM INVOLVEMENT. The rate of foster care entry per 1,000 children in West Virginia is 14.6 for Black children, 22.0 for children of two or more races, and 13.6 for white children.

KEY FINDINGS, Continued

THE MAJORITY OF CHILDREN WHO ENTER FOSTER CARE PLACEMENTS DO SO, AT LEAST IN PART, BECAUSE OF PARENTAL SUBSTANCE ABUSE OR NEGLECT, both of which are correlated with poverty and can often be addressed through social and economic supports rather than drastic family separation measures.



Families that experience material financial hardship are **THREE TIMES MORE LIKELY TO BE REPORTED FOR NEGLECT AND FOUR TIMES MORE LIKELY TO BE REPORTED FOR ABUSE.**

WEST VIRGINIA HAS NOT ENACTED STATE-LEVEL, REFUNDABLE CHILD TAX CREDITS OR EARNED INCOME TAX CREDITS despite studies showing the impact of these credits on reducing child welfare involvement.

WEST VIRGINIA CONTINUES TO PLACE 44 PERCENT MORE CHILDREN IN GROUP HOMES AND INSTITUTIONS THAN THE REST OF THE COUNTRY, despite recent progress in reducing those numbers as the result of an agreement with the US Department of Justice (DOJ).



WEST VIRGINIA HAS SOME OF THE HARSHTEST TANF SANCTIONS IN THE NATION, despite a growing body of research confirming that reductions in access to TANF are associated with child welfare involvement.

CHILDREN WHO HAVE BEEN INVOLVED IN THE CHILD WELFARE SYSTEM HAVE POORER PHYSICAL HEALTH, mental health, educational attainment, and future earning outcomes.



SECTION 3

West Virginia's Over-reliance on Foster Care

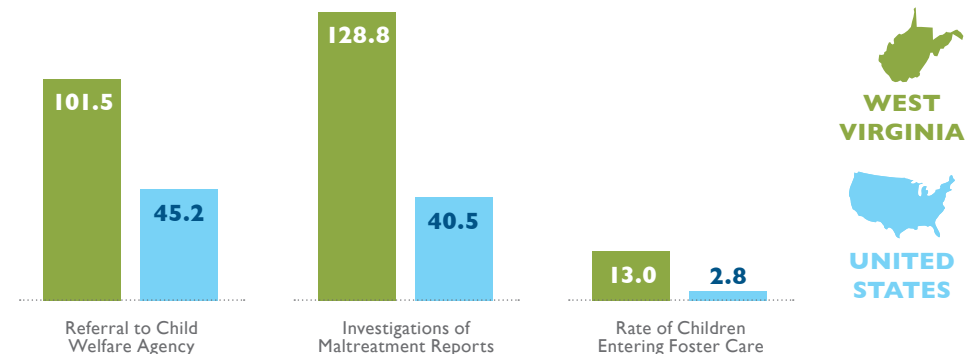
West Virginia dramatically over-relies on the activation and deployment of Child Protective Services and is an outlier nationally, even compared to similarly situated states.

West Virginia families are 2.3 times more likely than families nationally to be referred to child welfare, 3.2 times more likely to be investigated, and 4.6 times more likely to have a child enter foster care.¹⁰ As of June 2023, there were 6,456 children in the state's foster care system.¹¹

FIGURE 1

FAMILIES IN WEST VIRGINIA FACE SUBSTANTIALLY HIGHER REFERRALS, INVESTIGATIONS, AND FOSTER CARE ENTRY THAN FAMILIES NATIONALLY
RATE PER 1,000 CHILDREN OF CHILD WELFARE METRICS, WEST VIRGINIA AND US, FY 2021

Source: Child Trends



¹⁰ Williams, Sarah Catherine, et al. "State-level Data for Understanding Child Welfare in the United States." *Child Trends*, 27 Apr. 2023, www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states.

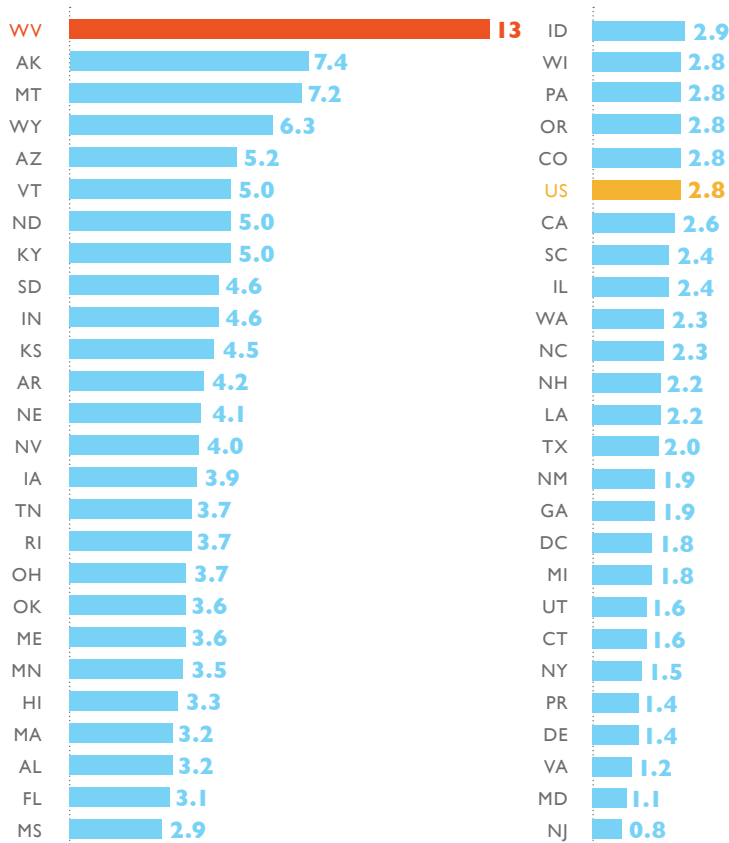
¹¹ West Virginia Department of Health and Human Resources. "Child Welfare Dashboard." West Virginia. Accessed 14 June 2023. dhhr.wv.gov/Pages/childwelfareadatadashboard.aspx.

SECTION 3 West Virginia's Over-reliance on Foster Care

The rate of children entering foster care in West Virginia is dramatically higher than any other state in the country. Alaska's foster care entry rate, the second highest rate of any state, is just over half that of West Virginia.

FIGURE 2
WEST VIRGINIA SENDS FAR MORE CHILDREN INTO FOSTER CARE THAN ANY OTHER STATE BY A WIDE MARGIN
RATE OF FOSTER CARE ENTRY PER 1,000 CHILDREN, ALL STATES AND US, FY 2021

Source: Child Trends

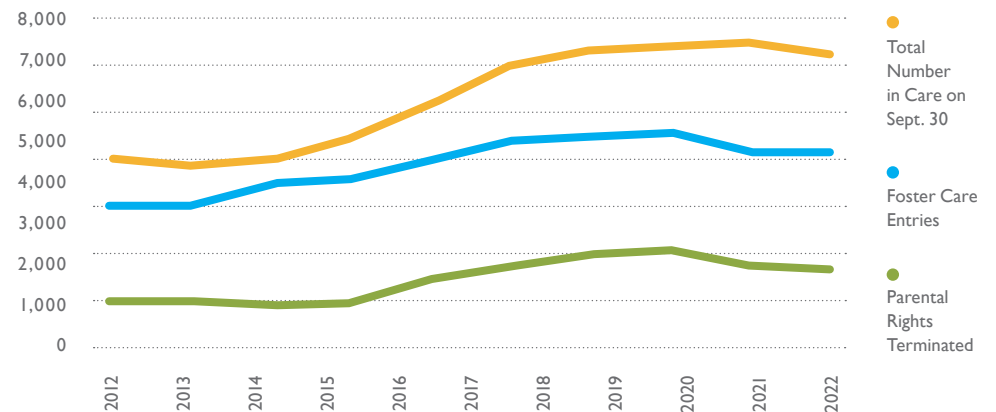


In West Virginia, Black families and other families of color are more likely to experience child welfare involvement and removal. The rate of foster care entry per 1,000 children for white children is 13.6, while it is 14.6 for Black children and 22.0 for children of two or more races.¹² While Black families and families of color are disparately impacted in West Virginia, all of these entry rates far outpace the national average and other states' practices for foster care entry.

The number of children in West Virginia's foster care system exploded between 2012 and 2021. Over that period, the total number of children in foster care increased by 57 percent, and the number of children whose parents had their parental rights permanently terminated increased by 71 percent, with 1,774 families affected in 2021 alone.

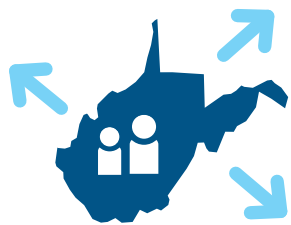
FIGURE 3
NUMBER OF CHILDREN IN FOSTER CARE SYSTEM GREW SIGNIFICANTLY OVER LAST DECADE
TOTAL NUMBER OF CHILDREN IN FOSTER CARE AND ENTERING FOSTER CARE, AND TOTAL INSTANCES OF PARENTAL RIGHTS TERMINATED, WEST VIRGINIA, 2012-2021

Source: AFCARS Trends Report 2012-2021



¹² Children's Bureau: An Office of the Administration for Children & Families. "Entry and Disproportionality Rates - FY 2021." *State-Specific Foster Care Data 2021*, Administration for Children and Families, 4 May 2023, www.acf.hhs.gov/cb/report/state-foster-care-data-2021.

More than half of children in foster care in West Virginia are placed with family in kinship or relative care. Another 29 percent are in non-relative foster homes and 13 percent are in group homes or institutions. Of those in group homes or institutions, 38 percent reside in out-of-state facilities. In 2019, the West Virginia Department of Health and Human Resources (DHHR), the state's child welfare agency, entered into an agreement with the US Department of Justice (DOJ) after a multiyear investigation into the state's failure to comply with Title II of the Americans with Disabilities Act (ADA) requiring agencies to serve children with serious mental health conditions in the most integrated setting possible.¹³



38%

**OF WEST VIRGINIANS IN
GROUP HOMES RESIDE IN
OUT-OF-STATE FACILITIES**

As part of the agreement with the DOJ, the DHHR committed to “prevent children with serious mental health conditions from being needlessly removed from their family homes in order to obtain treatment... and to transition children who have been placed in these settings back to their family homes and communities.”¹⁴ Despite these efforts, West Virginia's reliance on group homes and institutions remains 44 percent higher than the national average. As of June 2023, more than one in three West Virginia children ages 13-17 who are in the foster care system are in group homes or

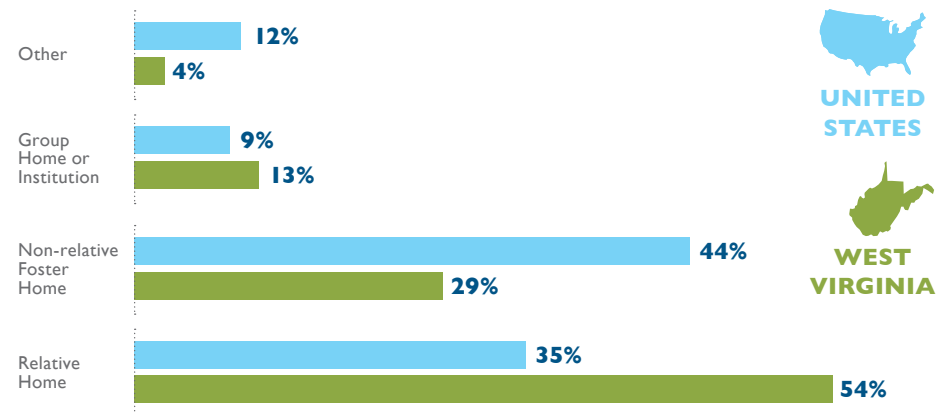
institutions, and the agency reported that the number has risen since December 2022.^{15,16}

FIGURE 4

MOST WEST VIRGINIA CHILDREN IN FOSTER CARE ARE IN RELATIVE OR KINSHIP HOMES, BUT STATE STILL OVER-RELIES ON GROUP AND INSTITUTIONAL SETTINGS COMPARED TO OTHER STATES

PLACEMENT SETTING, US AND WEST VIRGINIA, FY 2021

Source: West Virginia DHHR Foster Care Dashboard and AFCARS Report



In West Virginia, the two most common reasons associated with a child's removal to foster care according to the child welfare agency are parental substance abuse and neglect—not physical abuse. Physical abuse is far less common, appearing in 11 percent of cases of children entering foster care. Six percent of children entering foster care have an incarcerated parent as a reason for their placement in foster care.

¹³ “Agreement Between United States Department of Justice and the State of West Virginia.” *Kids Thrive*, 19 May 2019, [kidsthive.wv.gov/Documents/WV%202019.05.14%20DOJ%20Agreement.pdf](https://www.kidsthive.wv.gov/Documents/WV%202019.05.14%20DOJ%20Agreement.pdf).

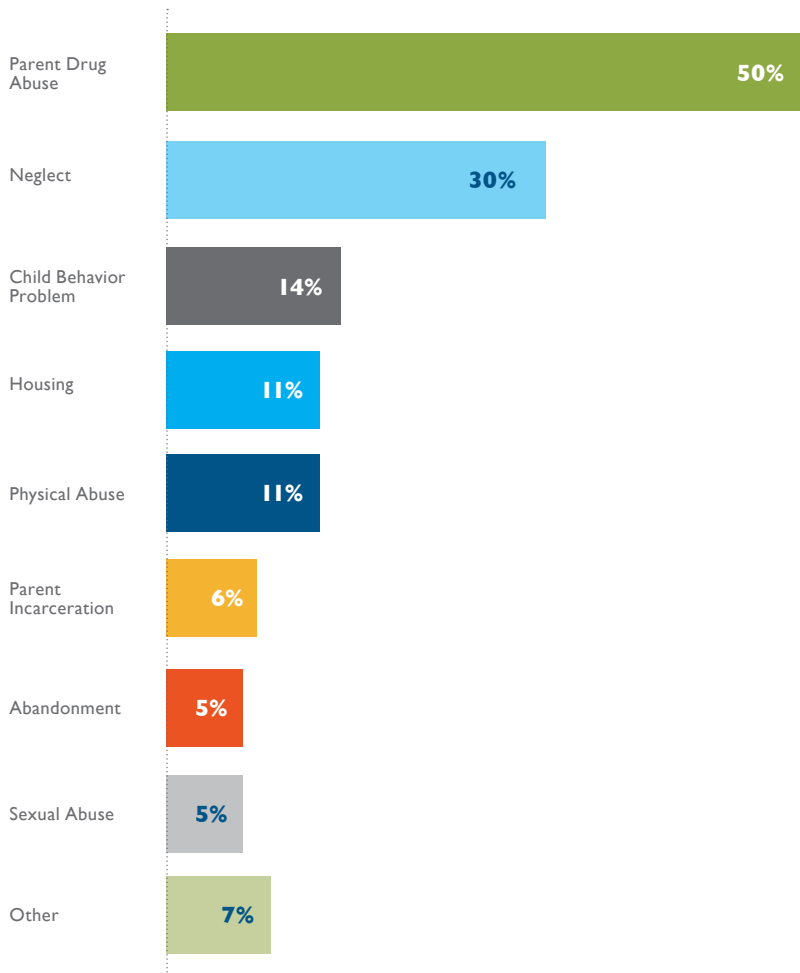
¹⁴ Ibid.

¹⁵ West Virginia Department of Health and Human Resources. Child Welfare Dashboard. <https://dhhr.wv.gov/Pages/childwelfaredata/dashboard.aspx>. Retrieved on July 20, 2023.

¹⁶ Knisely, Amelia. “State Tries to Address Growing Number of Foster Kids in Residential Care.” *West Virginia Watch*. August 9, 2023. <https://westvirginiawatch.com/2023/08/09/state-tries-to-address-growing-number-of-foster-kids-in-residential-care/>.

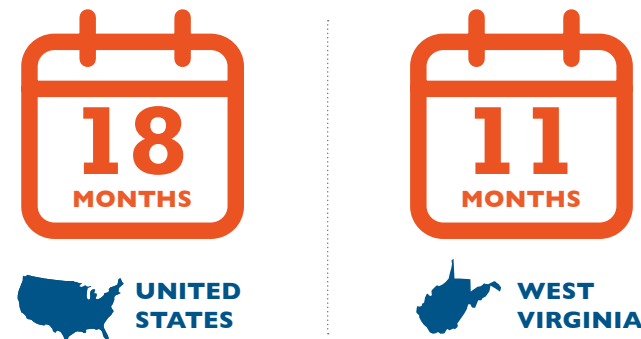
FIGURE 5
MAJORITY OF WEST VIRGINIA FOSTER CARE ENTRIES RELATED TO
SUBSTANCE ABUSE AND NEGLECT
REASONS FOR CHILD'S PLACEMENT INTO FOSTER CARE, WEST
VIRGINIA, FY 2021

Note: Categories are not mutually exclusive, so percentages will total more than 100 percent
 Source: US Department of Health and Human Services, Administration for Children and Families AFCARS Report



In 2021, 1,774 children in West Virginia had parents whose parental rights were permanently terminated, a rate higher and faster than any other state in the country.¹⁷ While the national average for terminating parental rights is 1.6 years after a child is removed from the home, the average time frame for permanent termination in West Virginia is just 11 months, with some terminations reportedly taking place as early as 5 months after the child is removed from the home.¹⁸ In January 2021, the Trump Administration's Administration for Children and Families cautioned state child welfare agencies against rushing to achieve permanency by terminating parental rights. Per a January 2021 memo, "Children have inherent attachments and connections with their families of origin that should be protected and preserved whenever safely possible... [M]ore meaningful efforts toward [family] reunification should be an urgent priority."¹⁹

AVERAGE PARENTAL RIGHT TERMINATION TIMELINE



¹⁷ Mei-Ling, Agnel Philip Eli Hager; Suzy Khimm, Stephanie. "In Six Months or Less, Some Parents Lose Their Kids Forever." *ProPublica*, 20 Dec. 2022, www.propublica.org/article/six-months-or-less-parents-lose-kids-forever.
¹⁸ Ibid.
¹⁹ Administration for Children and Families. "Letter log No. ACYF-CB-IM-20-09. Issuance Date: January 5, 2021. Retrieved from: <https://www.cwla.org/wp-content/uploads/2021/01/ACYF-CB-IM-20-09.pdf>.

SECTION 4

Failure to Adequately Provide Substance Use Treatment is Connected to Foster Care Entries

Half of family separations and foster care entries in West Virginia are related to parental substance use.²⁰

West Virginia has been disproportionately impacted by the substance use epidemic, with the highest substance overdose death rate in the US, at nearly 91 deaths per 100,000 people.²¹ Nationwide, it is estimated that over 10 percent of children live with at least one parent who has a disordered relationship with drugs or alcohol, with more than one-third of affected children under the age of six.²²



WEST VIRGINIA HAS THE HIGHEST SUBSTANCE OVERDOSE DEATH RATE IN THE UNITED STATES.

Currently there are far too few treatment options in West Virginia to accommodate the high level of need, particularly when considering the specific needs of parents with substance use disorder. Integrating substance use disorder treatment and parenting supports has been proven to reduce child welfare involvement while significantly

²⁰ US Department of Health and Human Services, Administration for Children and Families. The AFCARS Report: West Virginia FY 2021. <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-tar-wv-2021.pdf>. Retrieved on August 22, 2023.

²¹ Centers for Disease Control and Prevention, National Center for Health Statistics. West Virginia Key Health Indicators 2021. <https://www.cdc.gov/nchs/pressroom/states/westvirginia/wv.htm>. Retrieved August 22, 2023.

²² Neger, Emily N. and Prinz, Ronald J. "Interventions to Address Parenting and Parental Substance Abuse: Conceptual and Methodological Considerations." *Clinical Psychology Review*. Volume 39, July 2015.

improving parenting skills. A 2015 meta-analysis of research on parenting and substance use found that programs that address both effective parenting and substance use treatment are more likely to be successful, particularly when family members can be engaged in treatment.²³ Unfortunately, existing treatment programs in West Virginia have limited options for child care or visitation with children, creating significant barriers for parents to enter and complete treatment. Just 1.6 percent of facilities in West Virginia offer child care for clients' children and only 4.8 percent have residential beds for clients' children, allowing the family to stay together while a parent is undergoing treatment.²⁴



In addition to increasing treatment options that allow families to stay together, families who have children in the foster care system need the resources and time necessary for successful reunification. Substance use recovery takes time, with sustained recovery taking one to five years for some people to achieve.²⁵ As previously mentioned, the average amount of time from child removal to

termination of parental rights in West Virginia is just 11 months.²⁶ The rush for permanency via termination of parental rights over reunification can impede successful substance use disorder recovery and even set parents up for failure, as research shows that reunification is a powerful motivator for substance use recovery and the strongest predictor of reunification is successful completion of treatment.²⁷

²³ Ibid.

²⁴ Substance Abuse and Mental Health Services Administration, "National Survey of Substance Abuse Treatment Services (N-SSATS): 2020: Data on Substance Abuse Treatment Facilities." June 2021, www.samhsa.gov/data/sites/default/files/reports/rpt35313/2020_NSSATS_FINAL.pdf.

²⁵ Martinelli, Thomas F., et al. "Comparing Three Stages of Addiction Recovery: Long-term Recovery and Its Relation to Housing Problems, Crime, Occupation Situation, and Substance Use." *Drugs-education Prevention and Policy*, vol. 27, no. 5, Taylor and Francis, June 2020, pp. 387–96. <https://doi.org/10.1080/09687637.2020.1779182>.

²⁶ Mei-Ling, Agnel PhilipEli Hager, Suzy Khimm, Stephanie. "In Six Months or Less, Some Parents Lose Their Kids Forever." *ProPublica*, 20 Dec. 2022, www.propublica.org/article/six-months-or-less-parents-lose-kids-forever.

²⁷ Casey Family Programs. Issue Brief: Strong Families. https://www.casey.org/media/SF_State-gies-to-Reunite-families.pdf. Retrieved August 20, 2023.

SECTION 5

Poverty and Neglect are Intertwined in Child Welfare System

Given neglect is one of the most common reasons for foster care entry, it is necessary to examine how neglect is defined and how poverty impacts reports and investigations of suspected abuse and neglect.

A meta-analysis of child welfare research shows significant linkages between economic insecurity and investigations of suspected child maltreatment.²⁸ Households that experience a material hardship, defined as difficulty paying for housing, utilities, food, or medical care, are three times more likely to be investigated for neglect and four times more likely to be investigated for physical abuse than households without material hardships.²⁹

According to West Virginia Statute, a neglected child is one whose “physical or mental health is threatened by a present refusal, failure, or inability of the child’s parent, guardian, or custodian to supply the child with necessary food, clothing, shelter, supervision, medical care, or education, when that refusal... is not due primarily to a lack of financial means...”³⁰

²⁸ Conrad-Hiebner, Aislinn, and Elizabeth Byram. “The Temporal Impact of Economic Insecurity on Child Maltreatment: A Systematic Review.” *Trauma, Violence, & Abuse*, vol. 21, no. 1, SAGE Publishing, Feb. 2018, pp. 157–78. <https://doi.org/10.1177/1524838018756122>.

²⁹ Anderson, Clare, et al. “Child and Family Well-being System: Economic and Concrete Supports as a Core Component.” chaphall.org, www.chaphall.org/wp-content/uploads/Economic-Supports-deck.pdf.

³⁰ West Virginia Legislature. §49-1-201. Chapter 49 Child Welfare, <https://code.wvlegislature.gov/49-1-201/>.

While the definition in state code seemingly aims to ensure poverty alone does not subject a family to a child welfare investigation, the current language leaves broad discretion to an investigator to assert a parent's primary reason for failure or inability to provide. For example, an inability of a parent to provide adequate food is not the same as an *unwillingness* to do so, and an investigator could have a difficult time ascertaining whether a parent's inability to do so is due to a lack of financial means or not.

Mandated reporter guidelines are even more subjective, stating that mandated reporters must report suspected abuse or neglect or “observation of a child being subjected to conditions that are likely to result in abuse or neglect.”³¹

Again, these vague and subjective guidelines could easily disproportionately ensnare poor families and families of color in the child welfare system due to implicit and explicit bias.

Several states have addressed this tension in part by implementing differential response, a system that establishes multiple pathways to respond to child maltreatment reports which allows families considered at lower risk of maltreatment to be routed to services that will help them keep their children safe in the home rather than

designated for investigation.³² West Virginia does not have a differential response or alternative pathway option to connect families with services as an alternative to a traditional investigative response.

Due to a federal class action lawsuit settled via consent decree in 1984, the DHHR, the state's child welfare agency, must explore providing resources to families as an alternative to removal to foster care. The consent decree is known as the Gibson Decree, and services provided under it are known as “Gibson payments.” In order to comply with the Gibson Decree, the state is expected to assist those at risk of child removal and those awaiting reunification with their children by providing financial aid in cases where lack of financial resources is the only factor to a pending removal or reunification.³³ Per West Virginia Child Protective Services (CPS) Policy, Gibson payments are expected to be the payer of last resort, meaning that CPS workers must exhaust all other options before requesting that the state pay in accordance with the Gibson Decree. It also requires that the child protection worker and supervisor explicitly write the need for financial support via the Gibson Decree into the case plan.³⁴ It is unclear if there is adequate funding set aside to support families who need this assistance or if frontline workers are adequately aware of its existence. A request for the amount spent on Gibson payments in recent years was not fulfilled at the time of publication.

³² Administration for Children and Families: Children's Bureau. “Differential Response: A Primer for Child Welfare Professionals”. Retrieved on September 19, 2023 from https://www.childwelfare.gov/pubPDFs/differential_response.pdf.

³³ West Virginia Department of Health and Human Resources Bureau for Children and Families. “Safe at Home West Virginia Title IV-E Waiver Application.” <https://dhhr.wv.gov/bss/services/Documents/West%20Virginia%20IV-E%20Waiver%20application%202.24.14.pdf>. Accessed 10 August 2023.

³⁴ West Virginia Department of Health and Human Resources: Bureau for Children and Families. Child Protective Services Policy.

³¹ Rape, Abuse & Incest National Network. “Mandatory Reporting Requirements: Children West Virginia.” Rape, Abuse & Incest National Network, April 2023.

SECTION 5 Poverty and Neglect are Intertwined in Child Welfare System

Data shows significant links between poverty, race, and representation in child welfare systems. This is of particular concern in West Virginia, where poverty rates are among the highest in the nation. Twenty-one percent of West Virginia families with children are considered low-income and more than half of West Virginian children are at or below 250 percent of the poverty line.³⁵ Black West Virginians, Hispanic West Virginians, and West Virginians of two or more races are disproportionately affected by poverty, with median incomes at 58 percent, 75 percent, and 52.6 percent respectively of the median income of white West Virginia households with children.³⁶



³⁵ Annie E. Casey Foundation “Low-Income Working Families With Children in West Virginia.” *West Virginia: Statistics on Children, Youth and Families in West Virginia From the Annie E. Casey Foundation and West Virginia’s KIDS COUNT*, , Nov. 2022, <https://datacenter.aecf.org/data/line/10381-low-income-working-families-with-children?loc=50&loct=2#2/50/false/2048,1729,37,871,870,573,869,36,868,867/asc/any/20053>.

³⁶ Anne E. Casey Foundation “Median Family Income Among Households With Children by Race and Ethnicity in West Virginia.” *West Virginia: Statistics on Children, Youth and Families in West Virginia From the Annie E. Casey Foundation and West Virginia’s KIDS COUNT*, , Apr. 2023, <https://datacenter.aecf.org/data/tables/8782-median-family-income-among-households-with-children-by-race-and-ethnicity?loc=50&loct=2#detailed/2/50/false/2048,1729,37,871,870,573,869,36,133,35/4038,4040,4039,2638,2597,4758,1353/17618>.

SECTION 6

Universal Economic Supports Buffer Against Child Welfare Involvement

In alignment with economic instability being a predictor of child welfare involvement, research shows that sufficient public benefits and cash assistance effectively buffer against the risk of child welfare involvement.

Robust, concrete economic supports are associated with decreased risk for both neglect and physical abuse.

Similarly, access to public benefits reduces the amount of time to achieve reunification for parents whose children are in foster care.³⁷ A study published by the American Academy of Pediatrics found that states' total spending on primary supports (cash assistance, housing infrastructure, child care assistance, refundable tax credits, and medical assistance programs) was inversely associated with all child maltreatment outcomes.³⁸ In other words, states that dedicate more resources to these supports have lower rates of child welfare involvement.

³⁷ Conrad-Hiebner, Aislinn, and Elizabeth Byram. "The Temporal Impact of Economic Insecurity on Child Maltreatment: A Systematic Review." *Trauma, Violence, & Abuse*, vol. 21, no. 1, SAGE Publishing, Feb. 2018, pp. 157–78. <https://doi.org/10.1177/1524838018756122>.

³⁸ Puls et al. "State Spending on Public Benefits Programs and Child Maltreatment." *American Academy of Pediatrics Journal*. Volume 148, Issue 5.

Families who lose Temporary Assistance for Needy Families (TANF) assistance while separated are less likely to be reunified.³⁹

One analysis estimated that enacting anti-poverty policies including an Earned Income Tax Credit (EITC), Child Tax Credit (CTC), housing vouchers, and Supplemental Nutrition Assistance Program (SNAP) benefits could decrease CPS investigations by 11-20 percent annually.⁴⁰

EITC and CTC payments, which support low- and middle-income families with household costs, are associated with near immediate reductions in child maltreatment reports. Indeed, each additional \$1,000 in EITC and CTC payments per child is associated with a 7.7 percent decline in maltreatment reports in the four weeks following payment.⁴¹

TANF utilization and TANF caseload increases are associated with reductions in out-of-home placements⁴² and maltreatment

risk.⁴³ Increases in TANF payment dollar amounts have been linked to a reduction in mothers' self-reporting of physical maltreatment⁴⁴ and a reduction in out-of-home placements.⁴⁵ Furthermore, when states adopt and enforce restrictions on TANF like lifetime limits and work requirements, there are increases in substantiated maltreatment⁴⁶ and foster care entries.⁴⁷

Additionally, increasing the minimum wage is associated with reductions in mothers' self-reporting of neglect⁴⁸ and official reports of neglect.⁴⁹ Every one dollar increase in the minimum wage is associated with a 9.6 percent reduction in neglect reports.⁵⁰

39 Kang, JiYoung et al. "Dual-System Families: Cash Assistance Sequences of Households Involved with Child Welfare". <https://linkages.cfpic.org/wp-content/uploads/2022/03/1.0-Kang-et-al.-2016-Dual-System-Families-Cash-Assistance-in-Child-Welfare.pdf>.

40 "A Roadmap to Reducing Child Poverty." *National Academies Press eBooks*, 2019, <https://doi.org/10.17226/25246>.

41 Kovski, Nicole L. et al. "Short-Term Effects of Tax Credits on Rates of Child Maltreatment Reports in the United States." <https://publications.aap.org/pediatrics/article/150/1/e2021054939/188244/Short-Term-Effects-of-Tax-Credits-on-Rates-of-autologincheck=redirected>.

42 Ginther, Donna, and Michelle Johnson-Motoyama. "Associations Between State TANF Policies, Child Protective Services Involvement, and Foster Care Placement." *Health Affairs*, vol. 41, no. 12, Dec. 2022, pp. 1744–53. <https://doi.org/10.1377/hlthaff.2022.00743>,

43 Berger, Lawrence M. "Income, Family Structure, and Child Maltreatment Risk." *Children and Youth Services Review*, vol. 26, no. 8, Elsevier BV, Aug. 2004, pp. 725–48. *Science Direct*, <https://doi.org/10.1016/j.chilcyouth.2004.02.017>.

44 Shrivastava, Aditi, and Urvi Patel. "Research Reinforces: Providing Cash to Families in Poverty Reduces Risk of Family Involvement in Child Welfare." Center on Budget and Policy Priorities, 1 May 2023, www.cbpp.org/research/income-security/research-reinforces-providing-cash-to-families-in-poverty-reduces-risk-of.

45 Paxson, Christina, and Jane Waldfogel. "Welfare Reforms, Family Resources, and Child Maltreatment." *Journal of Policy Analysis and Management*, vol. 22, no. 1, 2003, pp. 85–113. *JSTOR*, www.jstor.org/stable/3325847?seq=18.

46 Paxson, Christina, and Jane Waldfogel. "Welfare Reforms, Family Resources, and Child Maltreatment." *Journal of Policy Analysis and Management*, vol. 22, no. 1, 2003, pp. 85–113. *JSTOR*, www.jstor.org/stable/3325847?seq=18.

47 Shrivastava, Aditi, and Urvi Patel. "Research Reinforces: Providing Cash to Families in Poverty Reduces Risk of Family Involvement in Child Welfare." Center on Budget and Policy Priorities, 1 May 2023, www.cbpp.org/research/income-security/research-reinforces-providing-cash-to-families-in-poverty-reduces-risk-of.

48 Ash, Marcia J., et al. "The Impact of Increased Minimum Wage on Child Neglect Varies by Developmental Age of Child." *Journal of Interpersonal Violence*, vol. 38, no. 13–14, SAGE Publishing, Jan. 2023, pp. 7893–910. <https://doi.org/10.1177/08862605221150458>.

49 Raissian, Kerri M., and Lindsey Rose Bullinger. "Money Matters: Does the Minimum Wage Affect Child Maltreatment Rates?" *Children and Youth Services Review*, vol. 72, Elsevier BV, Jan. 2017, pp. 60–70. <https://doi.org/10.1016/j.chilcyouth.2016.09.033>.

50 Ibid.

SNAP utilization is also proven to reduce child welfare involvement. States with more generous SNAP policies experienced large reductions in CPS reports, fewer substantiated reports for neglect, and fewer foster care placements. For every five percent increase in the number of families receiving SNAP benefits, there is an 8-14 percent reduction in CPS and foster care caseloads.⁵¹



Other policies that reduce child welfare involvement include generous unemployment insurance compensation, which is associated with reductions in maltreatment that is typically attributed to unemployment benefits increasing child care affordability and access, and providing support to individuals experiencing housing instability.^{52,53} One study found that difficulty finding child care was a stronger predictor of maternal neglect than mental health or disordered substance use.⁵⁴

51 Johnson-Motoyama, M., Ginther, D., Oslund, P., *Chung, Y., *Phillips, R., *Beer, O. W., *Davis, S., & *Sattler, P. L. (in press). Association between State Supplemental Nutrition Assistance Program (SNAP) Policies and Child Maltreatment Victimization and Removals to Foster Care in the US, 2004- 2016. JAMA Network Open.

52 Hong, Saahoon, and Kristy Piescher. "The Role of Supportive Housing in Homeless Children's Well-being: An Investigation of Child Welfare and Educational Outcomes." Children and Youth Services Review, vol. 34, no. 8, Elsevier BV, Aug. 2012.

53 Brown, Dan, and Elisabetta De Cao. "Child Maltreatment, Unemployment, and Safety Nets." Social Science Research Network, RELX Group (Netherlands), Jan. 2020, <https://doi.org/10.2139/ssrn.3543987>.

54 Anderson, Clare, et al. "Child and Family Well-being System: Economic and Concrete Supports as a Core Component." chapinhall.org, www.chapinhall.org/wp-content/uploads/Economic-Supports-deck.pdf.

SECTION 7

Foster and Adoptive Family Supports Have Grown While Supports for Biological Families Have Been Slashed

Despite ample evidence of the importance of family economic supports in reducing child welfare involvement, West Virginia policymakers have reduced public benefits and restricted access to cash assistance, while neglecting to enact policies that would increase economic security for families.

In recent years, almost all child welfare policymaking at the state level has focused on post-intervention policies, those that come after children have been removed from the home and placed in the foster care system. Certified foster and kinship families receive between \$790 and \$942 in monthly “boarding payments,” which are intended to pay for the “ordinary basic maintenance and childcare needs of the child placed in foster/adoptive family care.” Foster families are also eligible for transportation assistance, child care and respite care, college tuition assistance, and school clothing allowances.⁵⁵ In 2023, the West Virginia Legislature passed a bill increasing the tax credit for adoption from \$4,000 to \$5,000.⁵⁶

⁵⁵ West Virginia Department of Health and Human Resources, Bureau for Social Services, Office of Children and Adult Services. Foster Care Policy. West Virginia Department of Health and Human Resources, Bureau for Social Services, May 2022. <https://dhhr.wv.gov/bcf/policy/Documents/Foster%20Care%20Policy%20May%202022.pdf>. 17 July 2023.

⁵⁶ West Virginia code. §11-21-10a. Adoption tax credit.

Similar levels of support are simply not available to biological families experiencing economic hardships or at risk of child welfare involvement. West Virginia does not have a state-level EITC or CTC, both of which have been proven to increase economic security for families while reducing incidences of child maltreatment.^{57,58} Additionally, 64 percent of West Virginia families live in a child care desert—areas where there is no child care availability or too few child care slots for the number of children who need care.⁵⁹

While federal COVID stimulus funds increased the number of families that qualified for subsidized child care and subsidized child care providers to increase supply, those funds are expiring and state lawmakers have not increased funding to fill the gap. In the fall of 2022 alone, 6,000 children whose parents are essential workers lost their child care assistance.⁶⁰

Temporary Assistance for Needy Families (TANF) is a federal block grant enacted in 1996, which provides cash assistance to families in need. The primary statutory purpose of TANF set out in the 1996 law is to “assist families in need so children can be cared for in their own homes or the homes of relatives.” Unfortunately, West Virginia’s TANF program has some of the strictest restrictions in the country, sanctioning—or eliminating benefits—when a parent refuses suspicion-based drug testing, tests positive for a substance, or fails to meet stringent work requirements.

The state spends only 34 percent of its TANF block grant funds on basic cash assistance for families. Of these funds, 19 percent go toward child welfare expenses and none goes toward family tax credits. Nationally, nine percent of TANF funds go toward tax credits.⁶¹ States are not required to spend their full TANF block grant allocations each year, which has resulted in many states accumulating significant TANF reserve funds over multiple years.⁶² As of 2021, West Virginia had \$110 million in unspent TANF funds—equal to an entire year’s worth of federal funding for the program—while it also had the highest rate of any state of children in foster care.⁶³



57 “Earned Income Tax Credit Overview: State Earned Income Tax Credits.” National Conference of State Legislatures, National Conference of State Legislatures, 27 Jan. 2023, www.ncsl.org/human-services/earned-income-tax-credit-overview#state. Accessed 30 May 2023.

58 National Conference of State Legislatures. “Child Tax Credit Overview.” 27 Jan. 2023, www.ncsl.org/human-services/child-tax-credit-overview.

59 Bonitatibus, Steve. “Mapping America’s Child Care Deserts.” Center for American Progress, 20 May 2022, www.americanprogress.org/article/mapping-americas-child-care-deserts.

60 Lawton, Dan. “I feel hopeless: Thousands of West Virginia essential workers will lose child care subsidies as federal pandemic relief runs out”. *Mountain State Spotlight*. <https://mountainstatespotlight.org/2022/11/01/wv-essential-worker-child-care/>.

61 Center on Budget and Policy Priorities. “West Virginia TANF Spending.” 17 Mar. 2023, www.cbpp.org/research/income-security/state-fact-sheets-how-states-spend-funds-under-the-tanf-block-grant.

62 Azevedo-McCaffrey, Diana and Ali Safawi. “To Promote Equity, States Should Invest More TANF Dollars in Basic Assistance.” *Center on Budget and Policy Priorities*, January 12, 2022.

63 Center on Budget and Policy Priorities. “West Virginia TANF Spending.” www.cbpp.org/sites/default/files/atoms/files/tanf_spending_wv.pdf. Accessed 25 July 2023.

At the federal level, there has been a marked shift and recognition of the need to prioritize support for families before they are separated and to implement family preservation services to help children remain with their families and avoid entering foster care. In February 2018, the Family First Prevention Services Act was signed into law. Its purpose was to shift the focus of child welfare away from removing children from their homes and toward supporting birth families in order to keep children in their homes and lessen the trauma those involved in the system endure.⁶⁴ The law enables states and territories to use funds for services, such as:

- 💰 **Evidence-based mental health programs;**
- 💰 **Substance abuse prevention and treatment;**
- 💰 **In-home parent skill-based programs; and**
- 💰 **Kinship navigator programs.**

In West Virginia, several changes were made to better align the child welfare system's actions with the federal law. According

to “West Virginia Families Come First - a Five Year Plan for Title IV-E Prevention Services: 2019-2024,” families are referred for services if they meet certain criteria and are identified as a “candidate for foster care.” Evidence-based early childhood home visiting programs, Healthy Families Mountain State and Parents as Teachers, are approved for funding due to their effectiveness and inclusion in the Title IV-E Prevention Services Clearinghouse, a federal database of evidence-based practices approved for funding under provisions of the Family First Prevention Services Act. **Through the federal law, families are offered functional family therapy if they have youth ages 11-18 with behavioral or emotional disturbances or who are involved with the juvenile justice system.** West Virginia also has a free service referral line for families to call if they are experiencing difficulties in their homes.⁶⁵

Unfortunately the promise of the Family First Prevention Services Act is hindered by its focus on children and families who are already involved with the child welfare system, as eligibility for Family First services depends on determination as a candidate for foster care.

⁶⁴ Family First Prevention Services Act - Child Welfare Information Gateway. www.childwelfare.gov/topics/systemwide/laws-policies/federal/family-first.

⁶⁵ “West Virginia Families Come First - a Five Year Plan for Title IV-E Prevention Services: 2019-2024.” *Familyfirstact.org*, West Virginia Department of Health and Human Resources, 14 Sept. 2020, <https://familyfirstact.org/resources/west-virginia-families-come-first-5-year-plan-title-iv-e-prevention-services-2019-2024>.

SECTION 8

Child Welfare Involvement Creates Trauma and Other Harms

Child development experts stress the importance of consistency, predictability, and attachment to a caring adult in order for a child to thrive.

In recent years, much research has been done on the trauma caused by placement in the foster care system itself and its impact on predictability and attachment. A *Marquette Law Review* article detailed the effects of complex trauma—which is experienced by many youth in the child welfare system—as often causing emotional and body dysregulation, negative health outcomes, cognitive impairment, poor self-regulation, poor self-concept, and dissociation.⁶⁶ One of the specific traumas that youth in out-of-home care experience is ambiguous loss. This trauma occurs because removal from their primary caregiver triggers a loss similar to that of the death of a parent, but in the case of youth removed from the home, the parents are still living. Ambiguous loss often causes confusion, anxiety, and despair.⁶⁷ Additionally, the amount of stress youth experience in the foster care system causes an extreme release of cortisol that has the potential to damage the brain.⁶⁸

⁶⁶ Sankaran, Vivek, et al. “A Cure Worse Than the Disease? The Impact of Removal on Children and Their Families.” *Marquette Law Review*, vol. 102, no. 4, Jan. 2019, pp. 1161–94. <https://repository.law.umich.edu/articles/2055>.

⁶⁷ Ibid.

⁶⁸ Ibid.

Youth with a history in foster care are more likely than the general population to be diagnosed with PTSD, major depressive disorder, social phobia, panic disorder, generalized anxiety disorder, alcohol or drug dependence, and bulimia. Current or former foster youth are over five times more likely to experience these conditions than the general public.⁶⁹ Foster youth are also at a much higher risk of attempting or completing suicide than the general public.⁷⁰

In addition to physical and mental health outcomes, research has found that foster youth often experience negative outcomes in the areas of education, employment, delinquency, and teen pregnancy. As many as 50 percent of foster youth do not graduate high school and only between two and nine percent successfully earn a bachelor's degree.⁷¹ Youth involved in the foster care system are more likely to get pregnant as teens, interact with the juvenile justice system, and receive lower earnings later in life.⁷²



In West Virginia, nearly 300 youth in foster care ran away from state care in 2022, with the highest percentage of kids who ran away having had 10 or more placements.⁷³ Multiple placements lead to delayed permanency, academic difficulty, and challenges developing meaningful attachments.⁷⁴

While much research has been completed regarding the traumas youth experience while in foster care, there has been less focus on the traumas parents experience through involvement with the child welfare system. In Candace Berry's dissertation titled "A Mother's Trauma Experience in the Face of Child Removal," a group of child welfare-involved mothers shared their experiences with the system. The mothers described feelings of confusion, fear, and anger throughout their experience with the child welfare system. **Nearly every mother interviewed had a significant Adverse Childhood Experiences (ACEs) score, meaning that they had experienced significant adversity in their own childhoods.**⁷⁵ This is important to note because parental reactions to trauma are often interpreted by caseworkers as disengaged and unsympathetic behavior.⁷⁶

69 "Mental Health and Foster Care." *National Conference of State Legislatures*, 1 Nov. 2019, www.ncsl.org/human-services/mental-health-and-foster-care.

70 McKenna, Sarah, et al. "Experience of Child Welfare Services and Long-term Adult Mental Health Outcomes: A Scoping Review." *Social Psychiatry and Psychiatric Epidemiology*, vol. 56, no. 7, Springer Science+Business Media, Mar. 2021, pp. 1115–45. <https://doi.org/10.1007/s00127-021-02069-x>.

71 Pawlowski, Alanna. "Improving Education Outcomes for Foster Youth." *American Bar Association*, 1 Apr. 2014.

72 Doyle, Joseph. "Child Protection and Child Outcomes: Measuring the Effects of Foster Care." *The American Economic Review*, vol. 97, no. 5, American Economic Association, Nov. 2007, pp. 1583–610. <https://doi.org/10.1257/aer.97.5.1583>.

73 Ferrell Knisely, Amelia. "Nearly 300 Foster Children Ran Away From State Care Last Year in West Virginia, Report Shows." *The Cumberland Times-News*, 22 July 2023, www.times-news.com/news/nearly-300-foster-children-ran-away-from-state-care-last-year-in-west-virginia-report/article_29c77cda-2638-11ee-83b6-2ba283bcd5e1.html.

74 Dubois-Comtois, K., Bussi eres, E.-L., Cyr, C., St-Onge, J., Baudry, C., Milot, T., & Labb e, A.-P. (2021). Are children and adolescents in foster care at greater risk of mental health problems than their counterparts? A meta-analysis. *Children and Youth Services Review*, 127, 106100. <https://doi.org/10.1016/j.chilyouth.2021.106100>.

75 Berry, Candace. *A Mother's Trauma Experience in the Face of Child Removal*. Liberty University, 2020.

76 Spinazzola, Joseph, et al. "The Heart of the Matter: Complex Trauma in Child Welfare." *ResearchGate*, Jan. 2013, pp. 10–11. *ResearchGate*, www.researchgate.net/publication/264227666_The_Heart_of_the_Matter_Complex_Trauma_in_Child_Welfare.

Another study found that more than half of mothers seeking substance use treatment reported having been abused by their parents.⁷⁷ Furthermore, research has found that in the two years following their child going into child protective custody, parents experience an increase in anxiety, depression, substance use disorders, and mental health-related hospitalizations.⁷⁸

⁷⁷ Neger, Emily N. and Prinz, Ronald J. "Interventions to Address Parenting and Parental Substance Abuse: Conceptual and Methodological Considerations." *Clinical Psychology Review*. Volume 39, July 2015.

⁷⁸ Wall-Wieler, Elizabeth, et al. "Maternal Health and Social Outcomes after Having a Child Taken into Care: Population-Based Longitudinal Cohort Study Using Linkable Administrative Data." *Journal of Epidemiology and Community Health (1979-)*, vol. 71, no. 12, 2017, pp. 1145–51. *JSTOR*, <https://www.jstor.org/stable/26896114>. Accessed 20 June 2023.

SECTION 9

Recommendations to Address Root Causes of Hardship

The issues within our child welfare system are systemic in nature rather than the result of individual moral failings among parents who are struggling.

Poverty and substance use disorder—factors in most West Virginia foster care entries—require broad-based support and solutions. Fortunately, there are several evidence-based measures that can be implemented to support families before they are in crisis and reduce the immense and growing pressure on the state’s foster care system.

One of the most effective ways to reduce systemic harm is to focus attention and efforts on preventing families from encountering the child welfare system in the first place. While West Virginia enacted a plan to provide family preservation services to candidates for foster care through the Family First Prevention Services Act, our state has continued to have high rates of child removals to foster care and permanent parental terminations. For West Virginia to better serve families, help children thrive, and reduce the number of children being placed in our foster care system, we must prioritize policy change upstream of the foster care system. Families need supports *before* they are in crisis. By providing concrete economic and social supports to households broadly, fewer families will become involved in the child welfare system.



West Virginia policymakers can tighten the state’s legal standards for abuse and neglect to ensure economic insecurity or substance use are not the sole reasons for removal, and place into code requirements for the state’s child welfare agency to provide economic supports when doing so can keep children at home.

Introduced legislation in Montana prohibits child removal solely due to parental substance use or economic status and adds language requiring the state child welfare agency to actively assist parents in identifying and obtaining community resources, including housing, financial, transportation, mental health, substance use, and peer support services.⁷⁹ Additionally, at least 29 states have statutorily enacted an alternative pathway for reports of maltreatment to be assigned differential or alternative response to investigation when children have a low to moderate risk of maltreatment. West Virginia, however, does not have a differential response program that reroutes families to the supports needed to keep their children safely in the home. Creating an alternative pathway was a recommendation of a 2022 West Virginia ACES workgroup report, but has not yet been enacted.⁸⁰

⁷⁹ Montana 68th Legislature. House Bill 0037. <https://lawfilesexternal.leg.wa.gov/biennium/2021-22/Pdf/Bills/House%20Passed%20Legislature/1227-S2.PL.pdf#page=1>.

⁸⁰ West Virginia Department of Health and Human Resources: Bureau for Public Health. “Pathways to Progress: Moving Toward a Healing-Centered State.” June 22, 2022.



Policymakers can provide funding and resources to help families overcome material hardships that put them at risk of investigation or child removal.

Oftentimes, a material hardship or economic shock—difficulty paying for food, housing, utilities, or medical care—increases the risk of child welfare involvement. There are many ways state policymakers could increase concrete economic supports ahead of investigation or removal. Some states direct flexible funds to Child Protective Services to use in instances where addressing a financial hardship has the potential to keep families together.

In West Virginia, local community support agencies are often filling this role, but with far too few resources to serve the number of families experiencing hardship and income shocks. For example, West Virginia has 40 Family Support Centers (FSCs) created to address risk factors that impact family wellness and stability. FSCs provide services intended to prevent situations that lead to child abuse and neglect.⁸¹ An approach that increases flexible funding for these agencies—who are already frontline providers for families experiencing hardship ahead of involvement with the child welfare agency—and provides CPS leaders with flexible funds would help keep more families economically secure and together, reducing the trauma associated with family separation and the untenable flow of families into the foster care system.

⁸¹ West Virginia Department of Health and Human Resources. DHHR Announces Funding Opportunity for Expansion of Family Support Centers. May 10, 2023, <https://dhhr.wv.gov/News/2023/Pages/DHHR-Announces-Funding-Opportunity-for-Expansion-of-Family-Support-Centers.aspx#:~:text=Successful%20applicants%20may%20be%20awarded,community%2Dbased%20supports%20and%20services.>



West Virginia can increase the number of substance use treatment beds that provide child care, child visitation, and other family-based supports.

Half of children entering foster care in West Virginia have a parent with a substance use disorder. To address parental substance use and mitigate child welfare involvement in these families, many places are investing in increasing treatment capacity, specifically via family-based residential treatment opportunities. To simultaneously address parental substance use and improve parenting skills in the effort to mitigate child welfare involvement in these families, many places are investing in increasing treatment capacity, specifically via family-based residential treatment opportunities.⁸²



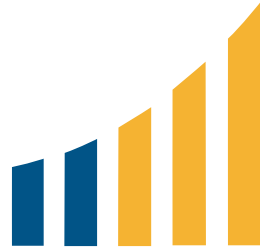
Finally, lawmakers must preserve and expand access to vital family support programs.

First, West Virginia can remove harsh TANF sanctions for parents who fail to meet strict work reporting requirements and stop taking assistance away from people with substance use disorders. Further, the state should spend more of its TANF funding on direct cash assistance, including the significant TANF reserves which are sitting unspent amid an ongoing child welfare crisis.

Other safety net programs that reduce child welfare involvement are SNAP and Medicaid, which should be protected and expanded when possible to reach more families with fewer restrictions and administrative burdens. Additional policies that would help reduce child welfare interactions include enacting a state-level EITC and CTC, both of which have been found to directly reduce child welfare allegations. West Virginia's ACEs workgroup, created by West Virginia lawmakers, recommends increasing economic supports by supporting policies that strengthen household financial security including tax credits, child care subsidies, other forms of temporary assistance, and livable wages. They also recommend enacting Paid Family and Medical Leave.⁸³

⁸² Neger, Emily N. and Prinz, Ronald J. "Interventions to Address Parenting and Parental Substance Abuse: Conceptual and Methodological Considerations." *Clinical Psychology Review*. Volume 39, July 2015.

⁸³ West Virginia Department of Health and Human Resources: Bureau for Public Health. "Pathways to Progress: Moving Toward a Healing-Centered State." June 22, 2022.



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