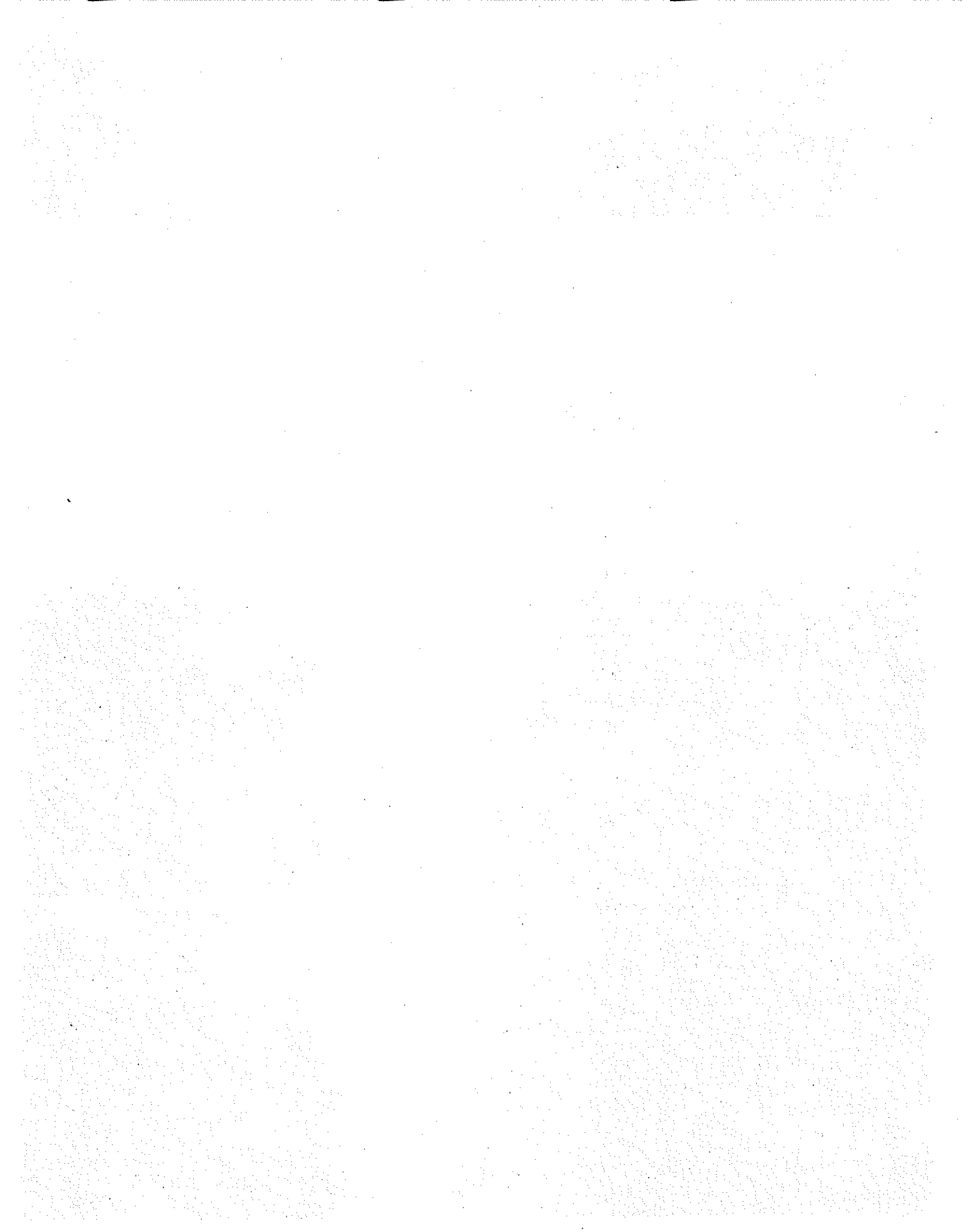


Our Children Our Future Policy Symposium



September 24 and 25, 2013
West Virginia Culture Center
Capitol Complex
Charleston, West Virginia



INTRODUCTION

Child Poverty in West Virginia: A Growing and Persistent Problem

Thank you for your giving your attention today to some of the poor and working class kids and families in West Virginia, who are not only fighting for their own futures but are also advocating for a better future for our state.

We are failing our kids in West Virginia. But we do not have to.

Each generation is supposed to have it better than the one that came before. That's not true for my one year-old son's generation. So, why has the child poverty rate risen steadily over the last 40 years?

The answer is simple. There are fewer jobs than there were back then. Those jobs pay less. They are much harder to get than they used to be. And they are much, much harder to keep. Meanwhile, costs have gone up for families – especially medical, child care, and food costs. Families facing increased pressures at work, and increase pressures to make ends meet, tend to move around more, which in turn tears at the social fabric. As families move to find work, extended families, churches, unions, and neighborhoods become weaker. Is it any wonder the increased divorce rates and addiction rates we see?

Before you hear from our presenters today, we wanted to take a moment to dig into the statistics a little bit and share a few other key findings from our child poverty report issued earlier this year by the Center on Budget and Policy and the WV Healthy Kids and Families Coalition (which is available at wvpolicy.org).

Here are six key findings:

1. Living at or near poverty is the norm for kids in West Virginia. 1 in 4 kids live below the poverty line and 48 percent live below the “self-sufficiency standard,” the income level where a family has enough to get by without outside assistance. This problem is not about trying to rescue a few kids and families who live at the margins; it's about fixing an entire system where working parents can no longer afford to support their kids.
2. Poverty is crueler than it used to be. Not only are child poverty rates the highest in two generations, the experience of poverty is also tougher because families are now contending with a much weaker informal safety net – church participation, union participation, and extended families have all shrunk. That's why we see the accompanying rise in the rates of addiction, incarceration, divorce, and kids being raised by adults other than their parents.
3. Poverty is not inevitable. Just ask our seniors. West Virginia slashed its population of poor seniors from 39 percent to 10 percent in the last generation. Now we must make the same commitment for our kids.
4. An ounce of prevention is worth a pound of cure. For every \$1 we spend on quality early childhood education and care, we get back at least \$7 in savings from future crime, unemployment, and poor health.

5. The solutions are simple, but hard. There are only 3 ways society can fix child poverty. One, increase the income and benefits that go to working families. Two, reduce the basic costs of life – food, clothing, rent, health care, etc. Three, invest in human development – so the next generation fairs better. The challenge we have is to generate the political and social will to do those things. Just as seniors organized locally and nationally, so must we all organize to make our most vulnerable kids a priority in our communities, in our private sector, and in our government. It will not happen overnight.

6. Parents are part of the solution, not the problem. We just completed a campaign of community meetings about child poverty (with business groups, faith leaders, social workers, kids, prison administrators, and so on). Parents now have lower wages, higher costs (especially health care and child care), fewer adults in the home, more unstable jobs, and fewer supporting institutions than they did 40 years ago – but they were by far the most resourceful groups we spoke to. No one matched their creativity or their commitment to their kids. History teaches us the same thing: the times when child poverty has been the lowest were the times when poor and working parents were the most organized and engaged.

That is why this report, and this symposium, are part of a statewide, community-led campaign to engage parents and kids, business and labor leaders, ministers, social workers, and educators. We have held 48 community meetings and over 200 stakeholder meetings across the state, to begin to identify leaders and issues we can begin to make a difference on.

We now have over 160 partners, and our Steering Committee includes representation from the WV Council of Churches, the WV Chamber of Commerce, the WV AFL-CIO, Catholic Charities WV, and more than a dozen other strong local leaders and families affected by poverty.

Last year, we set our sights on 5 main issues in the legislature, and with your help, we achieved victories on all of those issues. This year, we are researching and crafting even more issues, as you see in the coming pages.

(We will not necessarily take on all of these issues, this week was a chance for us to all come together to research and debate and vet these issues before we take action. The work contained in these pages, this is what democracy looks like. Each one of these pages is the result of weeks and months of research, of house meetings, of discussions with neighbors and families and experts.)

But we are also hitting the streets.

Our goal is to register and turn out more than 7,500 new voters and connect more than 7,500 working families to crucial services they may not know they are eligible for, like Medicaid. With those new recruits, we will also be knocking on your doors again this fall and next spring, to keep

For more information about our campaign, called Our Children, Our Future, please contact Stephen Smith at ssmith@wvhealthykids.org. We would welcome the chance to help you organize a Community Meeting in your district.

*Stephen Smith, Executive Director
West Virginia Healthy Kids and Families Coalition*

In-Home Family Education Programs

Jim McKay, Prevent Child Abuse West Virginia

Michele Baranaskas, Partners in Community Outreach

How do you reduce child abuse by 40%?

Expand In-Home Family Education (early childhood home visitation) statewide!

We recommend establishing a statewide system of early childhood home visitation, so every WV family has the opportunity to participate in a high quality In-Home Family Education program in their local community, from pregnancy until children are at least three years of age.

In-Home Family Education programs provide parenting education and support to families with young children in their homes. Services are voluntary and are available from before birth to age three. Trained home visitors, who are familiar with, and trusted by, the communities they serve, work with families to provide these services at a time when parents need them most. Programs are required to use a research-based model with evidence-based curriculum and be credentialed by a national or multi-state organization. In-Home Family Education programs are an essential component of a comprehensive early child development system.

We propose that the State make a firm commitment to invest in our most precious resource – our children. We call on the State to increase support for In-Home Family Education to \$25 million during the next 3-5 years to help communities establish or expand high-quality In-Home Family Education programs to every county throughout West Virginia.

- National and state research shows that In-Home Family Education improves child health, increases school readiness, reduces child abuse, and enhances parenting skills.
- Research indicates that a statewide system of In-Home Family Education in West Virginia could save \$250 million/year by reducing the number low birth weight babies, increased immunization rates, and reductions in child maltreatment.
- The Centers for Disease Control and Prevention, National Conference on State Legislatures, and National Governor's Association, and many other groups have all endorsed these programs for their effectiveness in promoting child well-being and preventing adverse childhood experiences such as child abuse and neglect.
- In-Home Family Education programs have broad bi-partisan support at the state and federal level.
- Despite their effectiveness, In-Home Family Education programs are currently only serving families in 30 counties in West Virginia.
- To enhance program quality, effectiveness and accountability, professional standards have been established for In-Home Family Educators serving families in West Virginia.
- Additional research and authentic stories of personal transformation have been compiled and are available online at <http://www.wvpartners.org>.



Giving Credit to West Virginia's Working Families: A State Earned Income Tax Credit (EITC) for West Virginia

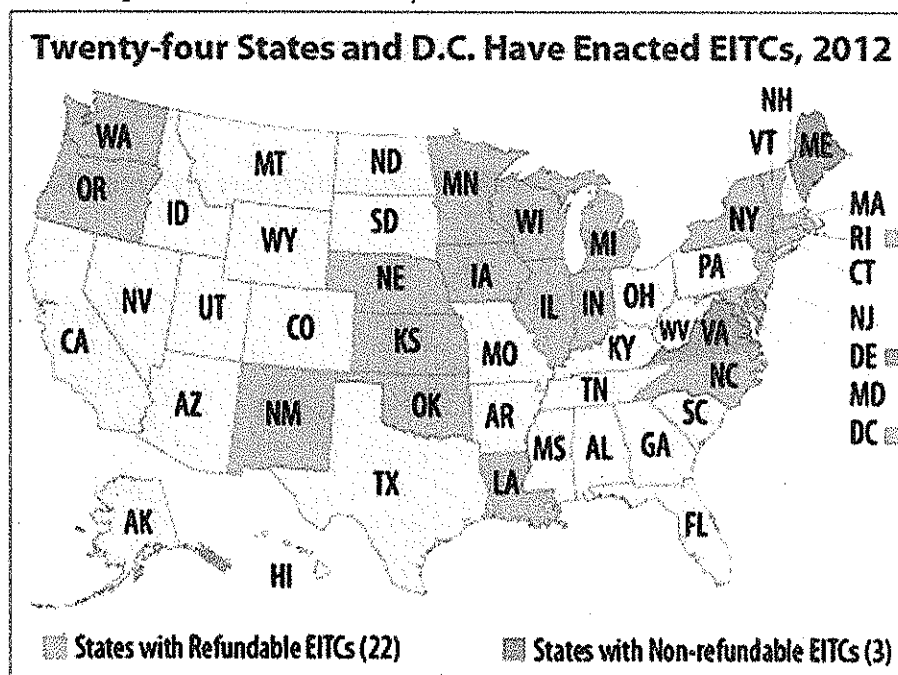
Ted Boettner, West Virginia Center on Budget and Policy

Ed Davis, United Way

Today, almost half of all children live in families that do not make enough money to cover their basic needs. This is largely because families in West Virginia have seen their purchasing power shrink as real wages have stagnated and the cost of basic needs has grown. At the same time, low-income families pay a larger portion of their income in taxes (sales, property, income, payroll) than the high income families. Of the states with incomes taxes, 25 have a tax threshold higher than West Virginia for a family of four.

A West Virginia State Earned Income Tax Credit (SEITC) would boost the incomes of more than 144,000 working West Virginia families, providing an average credit of \$413 based on 20 percent of the federal credit. Recipients could use their credit to pay off debts, for home repairs, childcare and groceries. So far, 24 states have implemented SEITC's.

- A Refundable SEITC Makes a Difference for Working West Virginia Families. Offsets the high cost of payroll and sales taxes, creates an incentive for individuals to join the workforce and reduces poverty.
- The EITC Program Receives Bi-Partisan Support. President Reagan called the EITC "The best anti-poverty, the best pro-family and the best job creation measure to come out of Congress." The program was enacted in 1975 under President Ford. Due to the EITC's overwhelming success, it was expanded under President's Reagan, Bush and Clinton and today 24 states have enacted their own EITC.
- SEITC's Provide a Vehicle to Build Assets. Recipients can use their credit to pay off debts, open savings accounts and advance their education, which may lead to a higher paying job.
- How Does a SEITC Work? SEITC's piggyback on the federal EITC and are set at a fixed percentage of the federal credit—ranging from 3.5-percent to 40-percent. Working families with incomes below \$50,270 would qualify for a SEITC. Families that qualify for the federal EITC would also be eligible for the SEITC, making it very simple to administer.
- Who Benefits From a SEITC? One out of five West Virginia working families would qualify for a SEITC, 71 percent of these participants earn less than \$20,000 annually. Ninety-seven-percent of the tax credit would go to families with children. Approximately 60 percent of eligible parents would be full-time workers. Communities and businesses would benefit as low-income families spend their refunds locally.



Removing Soft Drinks from SNAP Benefits

Richard Wittberg, Dana Singer, and MaryBeth Shea - Mid-Ohio Valley Health Department

Proposal: Petitioning the Federal Government to allow WV to be the first state to experiment with removing soft drinks from SNAP benefits.

West Virginia leads the nation in poor oral health. Most people cannot afford dental care, and Medicaid only pays for emergency extractions. We regularly see adults in what free dental clinics exist with multiple oral health issues, waiting lists to be seen by these clinics are long, and most people only have the hospital Emergency Department as recourse when they are in pain. And the hospital cannot fix the problem. They can supply antibiotics to reduce infection and sometimes pain pills which can feed addictions. Some areas of the State have held mass free dental clinics (called "Missions of Mercy"), seeing over 1000 adults in two days, but MOMs force volunteer dentists to use unfamiliar equipment leading to suboptimal outcomes, infection control measures are inadequate, and it is unreasonable to make citizens wait through the night to get care once per year as opposed to when it is needed.

Most people think it is sugar that cause cavities. This is true. What most people don't know is that the acids in soft drinks are worse than the sugar they may contain. Acids erode tooth enamel, and many people drink nothing but acidic beverages all day long as their only source of liquids. This ends up bathing teeth continuously in acid, giving the mouth no chance to recover its proper pH. And it often starts at a very young age. We regularly see WIC mothers putting pop in sippy cups for their infants. Diet soft drinks are every bit as bad as regular, sugared drinks. Also, the type of acid is important. Citric acid (i.e., Mountain Dew, Sprite, Gatorade) is more than five times more erosive on tooth enamel than the phosphoric acid found in colas, hence the term dentists often use: "Mountain Dew Mouth". We know that the population who visit free dental clinics are twice as likely to only consume acidic beverages as their sole source of liquids when compared to people who have a dental home.

SNAP, or the Supplemental Nutritional Assistance Program, is what used to be called Food Stamps. We currently allow SNAP recipients to purchase soft drinks with their benefits. Approximately \$4 billion per year of SNAP benefits are spent on soft drinks, an unbelievable amount. Allowing this gives the very false impression that these products are somehow nutritious, when they certainly are not. We continue to allow our tax dollars to be spent on a product that damages oral health and that has been linked to other chronic diseases (obesity, diabetes, heart disease, and more). We allow these dollars to be spent on non-nutritive products that end up causing these unbelievable oral issues and we then spend more tax dollars trying to fix them, often clogging our Emergency Rooms. We allow these dollars to be spent ruining the economic potential of SNAP recipients, because you cannot get a good job with bad teeth.

Most people are not aware that SNAP benefits can be used to purchase soft drinks, and when told, readily agree that their tax dollars should not go there. While this is certainly a waste of tax dollars, it is also a social justice issue. We should not be condemning a class of West Virginia citizens to dental pain, poorer overall health, and limited economic potential. The USDA allows soft drinks to be purchased with SNAP benefits, but West Virginia can request them to allow us to exempt soft drinks. Certainly we can draw the line for a supplemental NUTRITIONAL assistance program at a "no nutrition" level! We would urge everyone to support this issue. There is nothing that would have a bigger beneficial impact on the oral health of West Virginians.

Cost of policy proposal: \$0

Food Policy

Savanna Lyons, West Virginia Food & Farm Coalition

Linda Bunn, AARP West Virginia

Overview

Poor access to fresh healthy food is not only part of the experience of poverty, but it is also essential part of the cycle of poverty. The WV Food & Farm Coalition and the West Virginia Food Policy Council propose two (2) strategies to increase access to healthy food.

The West Virginia Food Policy Council (WVFPC) is a diverse group of partners including hunger relief groups, social services organizations, faith-based groups, and food assistance, housing and agriculture agencies. In order to lift inhibitions on donating fresh to food pantries and food banks, the WVFPC proposes an expansion to existing Good Samaritan laws that would protect individuals and groups transporting individuals to food pantries and farmers markets, as well as those who transport food to homebound seniors and the disabled.

The WV Food & Farm Coalition in partnership with the West Virginia Farmers Market Association proposes to promote accessibility of farmers markets by growing and streamlining existing voucher and incentive programs for farmers markets (including Senior Farmers Market Nutrition Program, Farmers Market Nutrition Program, and SNAP dollar match programs) and supporting a statewide media campaign promoting how low-income families can use SNAP and other benefits to shop at farmers markets.

Cost of policy proposals: Minimal cost to the State of West Virginia

Key allies/ champions / partners:

Lawmakers/champions: Sen. Ron Miller, Sen. John Unger, Sen. Bill Laird, Del. Nancy Guthrie, Del. Mike Manypenny, Del. David Walker

Allies/partners: West Virginia Farmers Market Association (Larry Lower and Susan Maslowski), WVDHHR / Bureau of Public Health / Change the Future (Bob Wines, Carrie Brainard and Janet Heiney), WVDHHR EBT Office (Pam Santone), Mountaineer Food Bank (Chad Morrison)

Key Statistics:

Food insecurity among WV children grew 32% from 2005-2010 and now affects 23% of our children

- Childhood hunger is linked to low academic achievement, depression, headaches, and higher sickness and hospitalization rates
- There are now 92 farmers markets in the state, almost triple the number seven years ago; however transportation remains a barrier to low-income families wishing to access farmers markets
- National statistics indicate that 92% of farmers markets have vendors that sell fresh fruits and vegetables, and virtually all WV farmers markets fall under this category.
- In North Carolina, proximity to farmers markets was associated with lower body mass index (BMI) among North Carolina youth

Bullet points:

We propose two strategies to help improve access to fresh, healthy food for West Virginian children and families.

1. Promote WV farmers markets providing healthy, local food in a way that is inclusive of all West Virginians.
2. Lift bureaucratic barriers that inhibit food pantries and food banks from accepting fresh food donations from farmers markets, businesses and other donors.

Affordable Housing: Quality Homes, Quality Jobs Act

Brandon Dennison, Coalfield Development Corporation

Reggie Jones, PRIDE Community Services

Mary Skeens, CommunityWorks in West Virginia

Dave Clarke, Woodlands Development Group

Overview

Housing is the foundation for a good quality of life. Without a quality home, children do poorly in the classroom and employees do not perform well in the workplace. We propose combining housing and job training opportunities for young adults in West Virginia. We firmly believe that giving low-income young adults a true opportunity for advancement means first providing a quality, affordable home. Then, we propose providing on-the-job training combined with community college education for them as a way to eventually pull themselves out of poverty, break free of government assistance, and provide for their families.

Key Allies, Champions, Partners:

Delegate Don Perdue (D-Wayne), Lisa Bell (Wayne County Habitat for Humanity executive director), Joyce Clark (Huntington city councilwoman), Marlena Mullins (West Virginia Affordable Housing Trust Fund executive director)

Key Statistics

Sixteen percent of West Virginia's housing structures were built in 1939 or earlier. Five thousand lack complete plumbing facilities, and four thousand lack complete kitchen facilities.

Almost 10 percent of West Virginians age 15-19 are not enrolled in school and are not in the labor force. Fifty-six percent of West Virginians 18-24 have never attended college, and 17 percent of this age group has less than a high school education.

What Our Policy Does

- Appoints a housing liaison staff position within the governor's office. This position would promote efficiency and responsiveness to the housing community's needs. Estimated cost: \$60,000.
- Develops land banking programs. Estimated cost: Existing resources can be utilized.
- Expands funding sources for preservation and rehabilitation of existing housing stock. Estimated cost: \$500,000 for pilot program.
- Increases access to capital and technical assistance to non-profit housing organizations. Estimated cost: Existing resources can be utilized.
- Reforms existing state assisted-living funding programs to expand access to non-institutional, community housing options. Estimated cost: Existing resources can be utilized.
- Promotes housing for special populations with accessibility and transportation resources. Estimated cost: Existing resources can be utilized.
- Addresses specialized housing populations re-entering into communities. Estimated cost: Existing resources can be utilized.
- Generates job and personal development opportunities for residents of low-income housing and incentivizes housing strategies that couple housing development with workforce development. Estimated cost: \$350,000 for pilot program.
- Develops a comprehensive "dilapidated properties program" which incentivizes the more labor-intensive deconstruction -- systematically taking apart dilapidated structures -- over demolition. Estimated cost: Existing resources can be utilized.
- Increases funding to the West Virginia Affordable Housing Trust Fund. Estimated cost: \$2 million.

Total Cost: \$2,910,000

Expanding Minds: The Synergy of Afterschool

Gayle Manchin, West Virginia State Board of Education

Chris Kimes, West Virginia Statewide Afterschool Network

West Virginia faces a number of challenges involving its children, especially those in poverty, truancy, dropouts, and childhood obesity. During the 2011-2012 school year, one in three students in the state were truant, meaning they had at least five unexcused absences from school. More than one in three children are obese, which puts them at risk for heart disease, diabetes, and other health issues both as children and adults. West Virginia has the 20th highest dropout rate among high school students, which causes the state to have difficulties in meeting the demands of employers for skilled and trained staff.

Although many programs have been created throughout the state to address these issues, one model has received little attention: afterschool programs. According to the Afterschool Alliance, only 13 percent of West Virginia's K-12 student population attends an afterschool program, compared to 30 percent who would attend if a program was available in their region.

Afterschool programs can play an important role in reducing truancy, childhood obesity, and dropout rates. They can improve a student's behavior and grades, and can close the achievement gap. Students that perform better academically have increased self-esteem, are more engaged in learning, and are less likely to avoid coming to school. Afterschool programs can tackle obesity by getting children more physically active and teaching them good nutritional habits with healthier snacks, drinks, and supper. Since children typically attend these programs nearly every weekday for several hours at a time, the potential influence an afterschool program can have on the life and health of a child is immense.

Two thirds of all afterschool programs in West Virginia are supported by federal funding. The increasing volatility of federal funding makes it imperative that West Virginia step forward with state funds to meet communities' needs. It approximately takes \$50,000 a year to run a high quality school-based afterschool program. Please note community-based programs have an increasing cost due to costs incurred by physical space, etc. Therefore, we are proposing that West Virginia look at investing \$4.75 million dollars which would account for the need in afterschool programs in our rural areas along with those counties who have lost federal funding.

Additionally, we are proposing an additional \$250,000 for the West Virginia Statewide Afterschool Network to ensure programs are meeting the newly created WV Afterschool Program Standards and are of high quality. Currently, the Network relies on private foundation contributions and matching funds from various state departments that is inconsistent from year to year. This allocation would provide for a consistent funding stream that could ensure programs remain of high quality.

Our Kids Need Physical Activity and Recess

Jamie Jeffery, M.D., *Keys 4 Healthy Kids*

Emily Murphy, *Obesity Prevention, West Virginia University Extension Service*

Laura Dice, *Keys 4 Healthy Kids*

Our children are facing one of the largest public health threats to date: childhood obesity. Children who live in poverty are at a significantly increased risk of food insecurity and lack of physical activity opportunities that further increases their risk of childhood obesity and adult diseases like hypertension and diabetes. One simple solution is increasing the amount of physical activity during the school day. Daily physical activity promotes not only health benefits, but is also linked with enhanced academic performance.

Background

- In 2005, WV passed the Healthy Lifestyles Act which required “not less than 30 minutes of physical education, including physical exercise and age appropriate physical activities, for not less than 3 days a week.”
- There is no minimum requirement for daily physical activity such as recess.
- The WV Board of Education Wellness Committee’s position statement calls for “at least sixty minutes of physical activity everyday through a combination of physical education, recess, and before/after school activities.” But there is no policy or accountability for implementation.

Rationale (data from activelivingresearch.org)

Kids who are more physically active perform better academically.

- Multiple studies have found physical fitness scores to be significantly and positively associated with academic performance.
- A 2008 survey found that a statewide policy requiring at least 30 minutes of daily physical activity improved students’ focus and alertness.
- Children who perform better on physical fitness tests are more likely to earn higher reading and math scores.

Daily physical activity results in better attendance, improved student behavior, and fewer disciplinary problems.

- In a 2007 study, higher physical fitness results were associated with better school attendance and fewer incidents of drugs, alcohol, violence or truancy.
- Another study found that physical activity breaks improved student behavior by 20%.

Recommendations:

Training

Establish requirements for competencies in physical education and physical activity and offer professional development and training for teachers, PE teachers, wellness champions, and school administrators.

Physical Activity

- An additional 30 minutes of physical activity time such as recess, dedicated physical activity time at the beginning of school, before lunch, at the end of the day and/or active academics during classroom in addition to PE as outlined by the Healthy Lifestyle Act of 2005
- $\geq 50\%$ of PE class time is spent in moderate to vigorous physical activity

Accountability

The school master schedule should reflect planned physical education and physical activity for monitoring and accountability.

Community Revitalization

Reverend Matthew J. Watts, HOPE CDC

Mr. Robert "Bob" Hardy, Charleston Economic & Community Devel. Corp.

Mr. Kenneth Hale, Charleston Branch NAACP

Mr. Robert Hardy, Charleston Economic & Community Development Corp

Proposal - The West Side Revitalization Transformation Project (West Side Revive) on the West Side of Charleston as a Demonstration - Pilot Project to address child poverty in the context of a low income community with concentrated child and family poverty.

Nearly 3,000 children from infants to age 17 live on the West Side of Charleston. Fifty-five (55%) percent of all children under 5 live in poverty. Forty percent (40%) of all children on the West Side live in poverty. Thirty-Eight (38%) of all crimes committed in Charleston occur on the West Side of Charleston. The West Side of Charleston has four of the poorest performing schools in WV.

By addressing child and family poverty in the context of comprehensive community development and revitalization, child poverty will be alleviated in the short term by improving employment, opportunities for parents of poor children, housing, health and social services for children and parents, improving educational outcomes for children better preparing them for post-secondary education that will lead to a livable wage job. Finally, improving the overall quality of life of the community will make it a healthy and desirable place for the children to live and to raise their families in after they become adults.

The Pilot Project will cost \$300,000 per year for the next four years. The project would pay for itself each year by simply keeping three youth per year from being placed in juvenile confinement or one year of being placed in out of home, out-of-state confinement if the money saved could be diverted to fund the pilot project. Other potential funding sources are the Mary Reynolds Babcock Foundation, WV Chamber of Commerce, Benedum Foundation, WV Governor's Contingency Fund.

The legislative structure for this project is already in place with six (6) different piece of legislation: Senate Bill 573 - Economic and Workforce Development, House Bill 2950 - Housing, Senate Bill 611 - Social Service Coordination, Senate Bill 2009 - Education, Senate Bill 228 - Education, Senate Bill 359 - Education Reform - Community Development Pilot Project.

Lawmakers/champions: Senate President, Jeff Kessler (Marshall County); Senator John Unger (Berkley County); Senator Brooks McCabe (Kanawha County); Senator Corey Palumbo (Kanawha County); Senator Ron Miller (Greenbrier/Fayette County); Delegate Meshea Poore (Kanawha County); Delegate Nancy Guthrie (Kanawha County); Delegate Doug Skaff (Kanawha County).

Advocates: Charleston Branch NAACP, Charleston Economic and Community Development Corporation, Charleston Family and Community Development Corporation and New Covenant Community and Development Corporation

Experts: Marshall University Center for Business and Economic Research, West Virginia University Land Grant, Marshall University June Harless School for Rural Educational Excellence, Governor's State Workforce Investment Division.

Unlikely Allies: West Virginia Chamber of Commerce

Economic Diversification

Steve Kominar, Mingo County Redevelopment Authority
Peni Adams, McDowell Economic Development Authority

Policy Proposal

Through the lens of energy and using both Mingo and McDowell Counties as a case study, this strategy session will focus specifically on economic diversification as an essential component to addressing the growing concern of poverty in our state.

While considering the ever changing political landscape when this session occurs, this panel may discuss the merits of West Virginia developing an all-the-above energy strategy founded upon stimulating the research and development of novel approaches to energy integration. If viable, this proposal will look at existing and potential policies that may work in a synergistic manner to encourage economic diversification in Southern WV, home to some of the most economically distressed counties in the state. One example that may be considered during this session is the development of legislation that encourages the emergence of Integrated Energy Park (IEP) clusters throughout Southern WV that directly relate to existing post-mine land use projects such as the King Coal Highway. IEPs will build from many energy resources including:

- Coal
- Biomass
- Natural Gas
- Solar

When considering this potential legislative avenue as well as others, this session will emphasize the importance of energy integration which encourages technological linkages between a variety of resources (both Fossil Fuel and RE) with the end goal of stimulating technological innovation – the foundation of developing a culture of entrepreneurship.

Relationship to Child Poverty

As one of the root causes of poverty, the lack of economic diversification has been a thorn in the side of southern West Virginia arguably since the birth of our state. Our hope through this strategy session is to identify specific steps to build upon existing energy resources in a manner which spurs a diverse economic landscape – the basic infrastructure which may provide a robust entrepreneurial eco-system for generating local wealth that will in turn rebuild the institutional landscape (e.g., schools) that either encourages or discourages child poverty.

Potential Cost

At this juncture, we only want to consider market-driven models rooted in restructuring the existing regulatory framework in a manner that encourages new markets to emerge.

Substance Abuse

Reverend James Patterson, Partnership of African American Churches

Margaret O'Neal, United Way of Southern West Virginia

An Army For Recovery

This session addresses the substance abuse issue that is prevalent in the State of West Virginia. There are not any families in the state that are not impacted in some way by substance abuse. West Virginia has approximately 10,000 individuals incarcerated and 85% of those individuals indicate that substance abuse played a role in their incarceration. While West has 153,000 people waiting for treatment, the state has only 220 in-patient treatment beds. A study done in 2009 reported that the direct cost of substance abuse to the State was 1.6 billion annually, and if corrective measures were not taken, that cost would grow to \$2.16 billion by 2017. We are proposing to address the substance abuse issue by focusing on training, facilitating certification and funding for an army of individuals with lived experience to assist those in or seeking recovery from substance abuse. These individuals will be Para-professionals and provide Peer-Based Recovery Support Services.

Cost

\$8,000,000 Annually

Possible Funding

Medicaid

Patient Care and Affordability Act

Private Insurance Plans

Key Allies

Stephanie Copley

Stacy Archer

- 153,000 waiting for treatment
- State has approximately 220 treatment Beds
- Substance abuse cost the State \$1.6 billion annually
- Peer Based Recovery Support Services have been proven effective

This policy is intended to increase by two hundred the number of individuals certified and providing Peer-Based Substance Abuse Recovery Support Services. These services providers will expand the Substance Abuse Treatment System in the State, and reduce the 153,000 individuals currently waiting for services, as well as assist those in or presently seeking recovery. This initiative will cost approximately \$8,000,000 annually. However, its goal is to reduce the \$1.6 billion that substance abuse cost the State each year by 5 percent. This would result in a saving of \$80,000,000 annually.

Prison Reform

Mr. Kenneth E. Hale, Charleston Branch NAACP

Reverend James Ealy, Tuesday Morning Group

Reverend Matthew J. Watts, HOPE CDC

Policy Proposal: To implement additional prison reform initiatives that will include more community-based alternatives to incarceration and that will include more community-based transition and re-entry initiatives.

It is estimated that there are nearly 7,000 children with an incarcerated parents in West Virginia. According to the U.S. Justice Department these are among the poorest children in America. They are also often trapped in a cycle of poverty because their parents are unable to find employment after they are released from prison. According to the Justice Department, 70% of these children will end up in prison themselves. There are over 800 individuals incarcerated in WV prisons from Kanawha County and over 800 are release back to Kanawha County each year. The policy proposal to provide alternate sentences to incarceration for non-violent offenders with children would allow the parents to continue to work and provide for their children and families. The policy proposal to provide more community based re-entry initiative would assist parents returning from prison to find employment that would allow them to provide support for their children.

Monies could be redirected from the savings of not incarcerating non-violent offenders in the amount of \$250,000 per year to fund a pilot project in Kanawha County. This project could also connect to the work that KISRA is already doing in Kanawha County.

Lawmakers: Senator Bill Laird, Member, Select Committee on Child Poverty,

Senator Corey Palumbo, Member, Select Committee on Child Poverty

Champions: Tuesday Morning Group, Charleston Branch NAACP, WV ACLU, Kanawha Public Defender Office, WV Council of Churches

Advocates: Local Community-Based Organizations, Local Churches,

Experts: KISRA, HOPE CDC

Unlikely Allies: WV Alliance for Sustainable Families, WV Chamber of Commerce, WV American Friends Service Committee

Foster Care Reform

Angie Hamilton, Pressley Ridge

Steve Tuck, Children's Home Society

Overview

Children and youth living in foster care can be among the most vulnerable to experience the impact of poverty. Trauma experiences, challenges displayed in several life domain areas (family, education, mental health, medical health, legal, etc.), preparing for adulthood as well as other factors, all lead to high risks for children and youth. Our policy session will explore some of the critical issues around foster care and possible areas of focus when considering the need for system reform. In the work leading up to the symposium; child advocates, child welfare professionals and key stakeholders in support of foster children/families and those affected by foster care have come together to create dialogue about this critical issue facing our youth and those held accountable for their care.

Issues related to the following have all been the topic of discussion:

- *kinship care/needs and supports
- *youth aging out of foster care/needs and supports
- *a continuum of care model including community-based and treatment foster care to serve as alternatives to residential care/high end out of home placements/out of state placements
- *building of in- state resources to meet specified needs of WV children/ youth
- *flexible funding models that allow for individualized treatment and supports
- *support of best practice integrated models/practices with proven outcomes integrating trauma informed/sensitive practices

It is anticipated that a policy draft will emerge from the symposium that may integrate these issues and will be supported by those who continue to advocate on behalf of our at-risk WV children youth and families.

The following are Key Stakeholders/Supporters:

- *Delegate Don Perdue: a long standing champion of WV youth in foster care and participant in the Three Branch Institute issued by the National Governor's Program and the Casey Family Program
- *Delegate Barbara Fleischaer: a long standing champion of WV youth in foster care
- *Senator John Unger: Chair of the Children Living in Poverty Campaign and active participant in the Three Branch Institute issued by the National Governor's Program and the Casey Family Program
- *Delegate Ruth Rowan: a long standing champion of WV youth in foster care
- *Additional Senators and Delegates that are advocates on this topic
- *CASA (Court Appointed Special Advocates)
- *Child Mentoring Programs
- *Guardian Ad Litem and Legal Aid
- *Child Welfare Non-Profit Organizations
- *Child Advocacy Centers
- *Many additional community supporters of WV children/youth/families

Speaking at our session on September 24th will be Jessica Ritchie, a former foster youth, now working for Pressley Ridge as a Treatment Coordinator. She will speak of her experiences in foster care; particularly the support received and needed as she "aged out" of the system and began her adult life. We anticipate additional parents/youth to share experiences as well. This will be a critical element of the session and will add value, as in past collaborative efforts of this nature; youth/family voice has been lacking.

Piecing Together the Puzzle on Teen Pregnancy in West Virginia

Lida Shepherd, American Friends Service Committee

Pam Van Horn, Planned Parenthood Health Systems

Rachel Huff, WV FREE

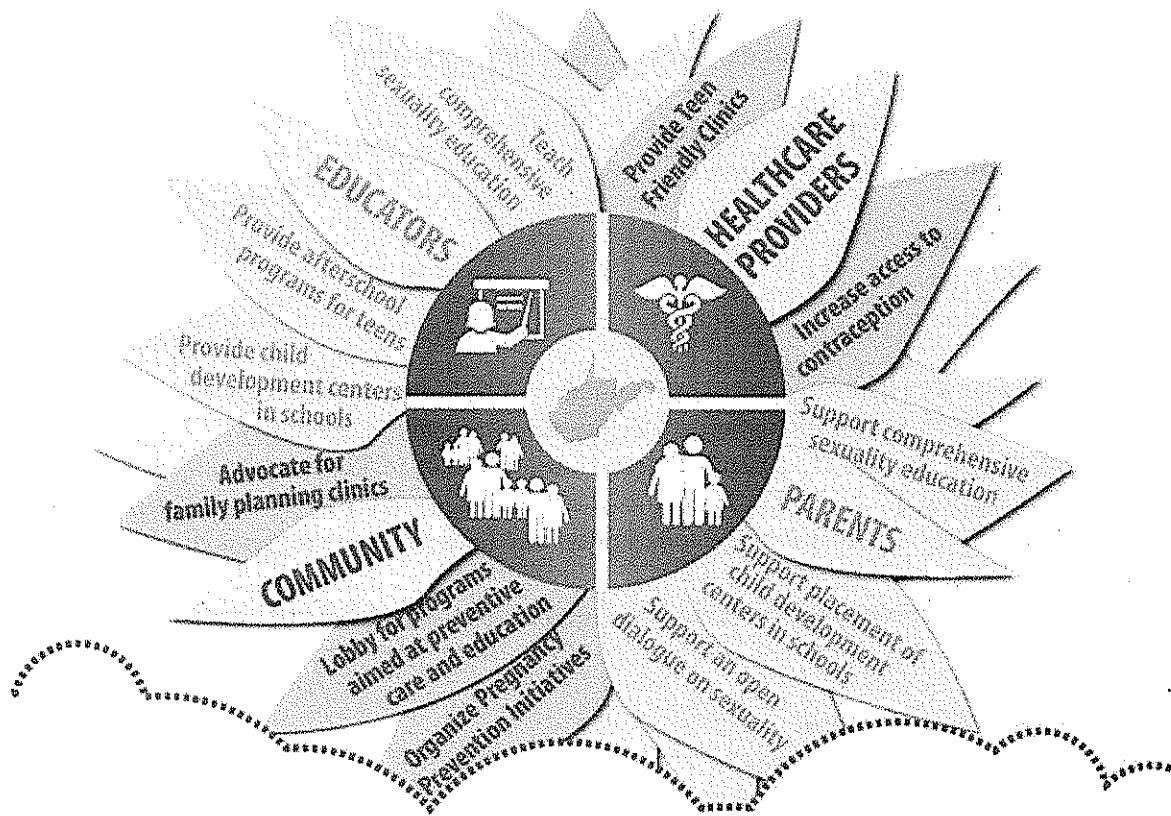
What are the missing pieces in solving the puzzle on West Virginia's teen pregnancy rate?

This forum will discuss the role educators, health care providers, parents, community organizations and young people can play in reducing the teen pregnancy rate and improving adolescent health in West Virginia.

Facilitators will lead the group in an open discussion on the intersection of teen pregnancy, youth health and child poverty. West Virginia experiences a high dropout rate due to teenage pregnancy rates that exceed the national average. Academic achievement has been linked to improved socio-economic and health outcomes and a break in the cycle of poverty. Educators, health care professionals and policymakers will take a serious look at ways in which West Virginia can reduce our teen pregnancy rate to reduce child poverty and improve youth health.

Special guests will speak on local initiatives that provide resources, services and education to reduce teen pregnancy. Special focus will be on campaigns that involve educators, health care providers, community members, parents and youth.

At the end of the conversation, participants will be better able to understand the complex circumstances that contribute to West Virginia's high teen pregnancy rate and what can be done through local communities to reduce the rate and improve youth health and well-being.



Juvenile Justice Reform Initiative

Paul Sheridan, ACLU-West Virginia

Senator William Laird

The closure of the Industrial Home for Youth in Salem provides a unique opportunity for larger systemic reform of the West Virginia's juvenile justice system. Nearly 72 percent of youth incarcerated in the state's juvenile facilities have been convicted of non-violent, low-level crimes and do not need to be confined in locked facilities. Other states have significantly reduced youth crime, improved outcomes for juvenile offenders and save millions of tax dollars by investing in community-based alternatives to incarceration. The community-based treatment and intervention programs cost significantly less than incarceration and are much more effective in addressing the underlying issues that led to young people's involvement with the juvenile justice system. For example, after Ohio created a range of community treatment programs, the state reduced the number of young people incarcerated in its juvenile facilities by 80% from 1992 to 2012.

Costs of the Policy Proposal

This policy proposal will save tax dollars. Although community-based services will require funding, these alternatives to incarceration are significantly cheaper than juvenile incarceration. This proposal would involve a reallocation of funding, with an over-all savings. According to a report by the Justice Policy Institute, it costs \$227 a day or \$82,855 a year to incarcerate a young person in a West Virginia Division of Juvenile Services (DJS) juvenile placement facility. In contrast, an evidence-based alternative-to-incarceration program such as multi-systemic therapy costs \$7,370 per participant. In addition, because community-based alternatives are more effective in reducing crime and in improving school completion and labor market participation rates, these programs provide future cost savings.

Key Partners in the Process

- Senator William Laird
- Cindy Largent Hill, Juvenile Justice Monitor for WV Supreme Court
- Division of Juvenile Services
- Department of Community and Justice Services
- Department of Health and Human Services
- ACLU of West Virginia
- Legal Aid of West Virginia
- Public Defenders

Key Statistics

- West Virginia has seen a 60 percent increase in the number of children confined in juvenile residential facilities from 1997 to 2010, and is tied for the sixth highest youth incarceration rate in the country.
- The state spends \$227 a day (\$82,855 a year) to incarcerate a youth in a DJS facility and up to \$288 per day (\$105,120 a year per youth) in a privately operated residential facility contracted with the WV Department of Health and Human Services (DHHR). Effective, evidence-based community-based intervention programs cost less than \$60 per day per youth.
- Nearly 72 percent of youth committed to juvenile facilities in 2011 were convicted of non-violent offenses or technical violation of probation.

A Proposal for Comprehensive Reform

1. Limit unnecessary placements of youth
2. Create a State Fund for Community-based Alternatives
3. Create a Pilot Program to Restructure DJS Youth Reporting Centers
4. Better engage parents in the juvenile justice process

Workforce Development

Reverend Matthew J. Watts, HOPE Community Development Corporation

Senator John Unger, Chairman Senate Select Committee on Child Poverty, Senate Majority Leader

Mr. Robert Hardy, Charleston Economic & Community Development Corp.

Mr. Kenneth Hale, Charleston Branch NAACP

Proposal: Establish a Pilot Workforce Development Job Training & Job Placement Project to increase workforce participation among parents of poor children with a specific target of 16 - 24 year old unemployed parents in Kanawha County. West Virginia has the lowest workforce participation rate in the nation at less than 54% ten percent below the national average. The main contributors to WV's low Workforce participation rate is the low workforce participation rate among 16-24 year olds and the low workforce participation rate among woman. A report released by the Annie E. Casey Foundation on youth and work reports that there are over 56,000 16-24 year old teens and youth in WV that are out of school and not working and nearly 25% of these young people are already parents.

Poor children live in poverty because their parents are either unemployed, under-employed and often lack the skills to obtain a livable wage job. The key to moving children out of poverty is to improve the employability and employment outcomes opportunities for the parents of poor children. This policy initiative will connect parents with specific job training that will prepare them for employment for a livable wage job.

Much of the cost is covered by the existing state and local Workforce Investment Systems. An additional \$200,000 per year for four (4) years would be required to fund a pilot in the Region 3 - Kanawha County Workforce Investment Region. Possible funding sources include the Mary Reynolds Babcock Foundation who have expressed interest in the project, the WV Chamber of Commerce, private business and the Governor's Contingency Fund.

Lawmakers/champions: Senate President, Jeff Kessler (Marshall County); Senator John Unger (Berkley County); Senator Brooks McCabe (Kanawha County); Senator Corey Palumbo (Kanawha County); Senator Ron Miller (Greenbrier/Fayette County); Delegate Meshea Poore (Kanawha County); Delegate Nancy Guthrie (Kanawha County); Delegate Doug Skaff (Kanawha County).

Advocates/experts: WV Chamber of Commerce, WV Alliance for Sustainable Families, WV American Friends Service Committee, Tuesday Morning Group

Experts: Marshall University Center for Business and Economic Research, Bridgemont and Kanawha Valley Community and Technical Colleges, Region 3 Workforce Investment Board of Kanawha County.

Families: Families from Kanawha County have been identified.

Unlikely Allies: WV Chamber of Commerce

Increasing the Minimum Wage

Sean O'Leary, West Virginia Center on Budget and Policy

Jennifer Thacker, West Virginia Alliance for Sustainable Families

Josh Sword, West Virginia AFL-CIO

Overview

Our policy proposal is an increase in the state's minimum wage and then indexing it to inflation. The value of the minimum wage has been declining for over 40 years, falling 32% since 1968. The minimum wage has not kept pace with inflation, nor has it grown to reflect increases in worker productivity. The current minimum wage of \$7.25 an hour is insufficient to keep a working family out of poverty. Raising the minimum wage will restore its lost value and make it easier for working families to support themselves, while indexing it to inflation will prevent it from losing value in the future.

The WV House endorsed an increase in the federal minimum wage to \$9.00 an hour and two bills were introduced last session to raise the state's minimum wage, one to \$9.00 an hour (HB 3102) and one to \$9.50 an hour (HB 2953).. Legislation was introduced in Congress to raise the national minimum wage to \$10.10 an hour over three years.

19 states have a minimum wage higher than the federal minimum of \$7.25, ranging from \$7.35 to \$9.19. It is unlikely that the Legislature would support an increase making West Virginia one of the highest states, making a smaller increase to \$8.25-\$8.50 more likely.

Cost

The cost of a minimum wage increase to the state is small. According to the fiscal notes prepared for the bills last session, an increase to \$9.00 an hour would cost the state \$659,256, while an increase to \$9.50 would cost \$1,573,103 including salaries, social security, workers compensation, and retirement contributions. The costs would likely be offset by increased tax collections through induced economic activity. Increasing the minimum wage to \$10.10 over three years would increase state GDP by \$228 million, or \$76 million per year. This translates into roughly \$3.4 million in increased state tax revenue.

Allies

WVCBP, AFL-CIO, Alliance for Sustainable Families

HCR 107, Expressing support for the President's proposal to increase the minimum wage to \$9 per hour from \$7.25 per hour passed the House 87-11.

Legislation increasing the state's minimum wage (either HB 3102, HB 2953, or both) was sponsored by Delegates Skinner, Barrett, Lawrence, Marshall, Reynolds, Poore, Miley, Morgan, Fleischauer, Lynch, Young, Tomblin, Caputo, and Longstreth.

Statistics

Raising the minimum wage would to \$10.10 would benefit:

- 191,000 workers in WV
- 112,000 full time workers
- The parents of 97,000 children

Paying It Forward: A Future Fund for West Virginia

Rick Wilson, American Friends Service Committee

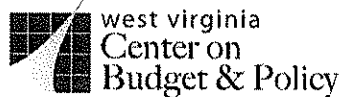
Misty Peal, West Virginia Education Association

West Virginia stands at a crossroads. We are now facing a natural gas boom similar to that of the coal industry in the last century. But the experience of 100 years has taught us that shared prosperity and natural resource extraction don't necessarily go hand in hand. Without a plan for the future, we are likely to continue to experience a lack of economic diversity, cycles of boom and bust, and poor economic outcomes.

Rather than repeat the past, we propose to move forward by creating a Future Fund for West Virginia, as several other mineral producing states have done. The Future Fund will be created from a portion of natural resources severance taxes and will turn a one-time source of revenue into a permanent source of wealth for our state.

We propose that the principal of such a fund should be untouchable and allowed to grow. It should be prudently invested and the income gained would provide an ongoing stream of revenue to help meet the challenges of the future as we build a more prosperous and secure economy.

States with Permanent Mineral Trust Funds						
	Alaska	Montana	New Mexico	North Dakota	Utah	Wyoming
Trust fund name(s)	Alaska Permanent Fund	Coal Severance Tax Trust Fund	Severance Tax Permanent Fund	Legacy Fund	State Endowment Fund	Permanent Mineral Trust Fund
Year(s) created	1976 by constitutional amendment	1976 by constitutional amendment	1976 by constitutional amendment	2010 by constitutional amendment	2008 by constitutional amendment	1976 by constitutional amendment
Principal	\$45.4 billion (August 28, 2013)	\$900 million (FY 2012)	\$4.1 billion (June 30, 2013)	\$1.3 billion (June 31, 2013)	\$23 million (December 31, 2010)	\$6.3 billion (May 31, 2013)
Source of Revenue	At least 25% of mineral-related (oil) income and legislative appropriations	50% of coal severance collections on coal	12.5% of severance tax collections on coal, oil, natural gas, and other minerals	30% of oil production tax revenues	Severance tax revenues in excess of \$71 million from oil & gas, and \$27.6 million from coal	1.5% severance tax on coal, oil, and natural gas.
Annual Tax Inflows	\$915 million (FY 2012)	\$26 million (FY 2012)	\$104 million (CY 2012)	\$1.7 billion (FY 2013-15)	\$0 (FY 2011)	\$366 million (FY 2013)
Investment Return Rate	10.4% (FY 2010-12)	4.9% (FY 2010)	3.0% (5-year)	n/a	2.1% (FY 2011)	7.7% (FY 2011-2012)
Asset Allocation	Stocks, bonds, real estate, infrastructure, other	In-state investments, loans, bond pool, other	Equities, real estate, fixed income, and state investments	Fixed income, equities, real estate	Local government investment pool (money markets)	Equities, fixed income, cash, other.
Amount Distributed	\$605 million (FY 2012)	\$37 million (FY 2012)	\$170 million (FY 2014)	n/a	\$0 (FY 2011)	\$232 million (FY 2013)
Disbursement Formula	Average investment income earned on 5 previous years	Various formulas	4.7% of 5-year average market value	All interest earnings	n/a	5% of 5-year average market value
Use of Earnings	Citizen dividends, inflation-proofing, and general fund	General fund, education, infrastructure, remediation, and economic development	General fund, education, infrastructure, and economic development	General fund (beginning FY 2018)	Economic diversification, capital and infrastructure	General fund
Action required to disperse principal	Public Vote	3/4 of legislature	Public Vote	Public Vote	Public Vote	Public Vote



For more information go to www.wvpolicy.org

Medicaid Enrollment

Brandon Merritt, West Virginia Center on Budget and Policy

Renate Pore, West Virginians for Affordable Health Care

Overview

The most recent census data shows that there are over 260,000 West Virginians without health insurance, including more than 15,000 children. The consequences of being uninsured are dire, especially for children as they are more likely to miss wellness checkups, lack routine immunizations, and delay seeking care when ill, increasing the likelihood of more serious illness and costly treatment. In addition, children of uninsured parents are less likely to have a medical home or seek routine care, even if they have health insurance themselves. Children who grow up in households with parents who are also protected by health insurance have a lower chance of ending up in poverty than children with uninsured parents, who may face serious financial difficulties as a result of illness.

The Affordable Care Act and the expansion of Medicaid present an unprecedented opportunity to reduce the number of uninsured children and adults throughout the Mountain State. However, outreach to promote enrollment and educate state residents poses a significant challenge and will require a tremendous effort on the part of many organizations across the state.

Cost

The cost of enrollment outreach will be minimal as it can be accomplished through existing organizations and their partnerships by way of local press and social media campaigns. However, the future cost of NOT reaching out and ensuring the success of Medicaid expansion and the Marketplace is tremendous, as more West Virginians will lose health insurance. Healthy children today are imperative if we want a healthy, productive workforce tomorrow!

Key Allies

Many groups and partners will play an integral role in ensuring the success of reaching out to the uninsured and getting them enrolled in expanded Medicaid or the Marketplace. This includes Federally Qualified Health Centers (FQHCs), community health clinics, hospitals, individual providers, churches and other community groups, and statewide non-profits like West Virginians for Affordable Health Care. Who is missing? Champions! We need West Virginia legislators who are willing to stand up and say that every West Virginian deserves access to quality, affordable health care.

Health Insurance By the Numbers

263,809 - The total number of uninsured West Virginians in 2012, according to the most recent U.S. Census Data

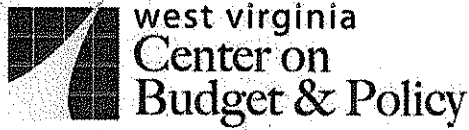
15,037 - The number of uninsured West Virginia children in 2012.

114,398 - The number of uninsured West Virginians in 2012 who earn less than 138% FPL and will therefore be Medicaid eligible in 2014.

76,000 - The estimated number of uninsured in West Virginia by 2016

71% - The percent decrease in uninsured state residents by 2016

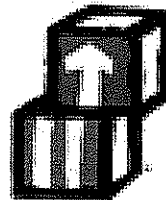
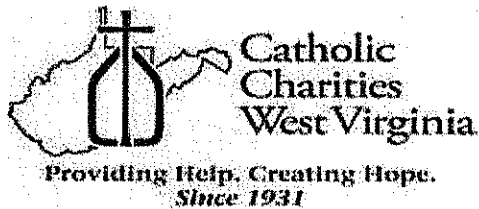
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