

# Our Children Our Future Policy Symposium



September 9 and 10, 2014  
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.

Right now, 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 two 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 last year by the Center on Budget and Policy and the WV Healthy Kids and Families Coalition (which is available at [www.wvpolicy.org](http://www.wvpolicy.org)).

Here are 6 key findings:

- 1. Living at or near poverty is the norm for kids in West Virginia.** 1 in 4 kids lives 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 all 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 122 community meetings and dozens of forums and conferences across the state, to begin to identify leaders and issues we can begin to make a difference on.

We now have over 177 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.

In 2013, we set our sights on six main issues in the legislature, and with your help, we achieved victories on all of those issues.

This year, again with your help, we added 8 more victories – on issues ranging from physical activity in schools to raising the minimum wage to piloting the Parents as Mentors program in low-income schools to restoring funding to children's programs.

Now, you have 22 more proposals in front of you. This work does not stop.

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.

This year we are launching a voter turnout operation called Our Vote, Our Future – where we will have 8 full-time workers, and plenty of volunteers, knocking on doors and turning out voters in this election. We will also be looking for new leaders and allies.

For more information about our campaign, called Our Children, Our Future, please contact Stephen Smith at [ssmith@wvhealthykids.org](mailto:ssmith@wvhealthykids.org). We would welcome the chance to help you organize a Community Meeting in your district or arrange a meeting with you about any of these issues.

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

## Workforce Bullying

Lana Cooke

Sabrina Shrader

Dr. Gary Namie, Director of the National Workplace Bullying Institute

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### **How can you help to ensure a stable, Secure family life for West Virginia's children?**

**By incentivizing employers to prevent and correct abuse in the workplace by passing The Healthy Workplace Bill (The Healthy and Safe Workplace Act).**

How would the bill help to ensure a stable, secure family life for West Virginia's children?

"A bullied parent stands 80% chance of losing job. Without income, family suffers. Children are thrown into poverty for reasons completely out of their control.

If the Healthy Workplace Bill were to be in place, incentivizing employers to prevent and correct the abuse in the first place, parents would not lose their jobs at the current rate. Children would experience a more financially stable home life. Desperate choices between lodging and food would not have to be made"

#### **Facts to Remember:**

- Workplace Bullying is more than incivility, rudeness or misperceptions. It is defined as Malicious, repeated, health-harming mistreatment: verbal abuse, threats, humiliation, intimidation, work sabotage or exploitation of a known vulnerability. All of which prevent work from getting done, undercut employer productivity and harm employee health.
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- Harassment Laws are Insufficient. Current laws are "status based" in that the target of bullying must be a member of a protected status group in order for the harassment to be illegal.
- Employers Wait on Laws before Acting. Though bullying is costly, U.S. employers choose to ignore it until a law compels corrective action.
- The bill does NOT Increase cost of doing business in the state or Incur costs for adopting states
- The bill protects conscientious employers from vicarious liability risk if internal correction and prevention procedures are practiced.
- The U.S. is the last Western Democracy to enact laws to protect its workers from health harming abuse.
- 27% of Americans have suffered abusive conduct at work another 21% have witnessed it
- 72% are aware that workplace bullying happens
- Some known health problems from being a target of bullying: PTSD, anxiety, depression, cardio problems and hypertension leading to possible stroke. Bullying has led to suicide and homicide.
- Legislators have the power to eliminate immeasurable suffering and keep families secure.

**WORK SHOULDN'T HURT!!**

2014 Our Children Our Future Policy Symposium

## In-Home Family Education Programs

*Michele Baranaskas, Partners in Community Outreach*

*Rick Wilson, American Friends Service Committee*

*Delegate Barbara Evans Fleischauer*

*Stormy Matlick*

*Suzanne Smart*

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### **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>.



**Our Policy Recommendation:** To stop local, domestic meth labs in West Virginia by requiring drug products that can be easily converted for use in the making of methamphetamine to be sold by prescription only while allowing over the counter sales of tamper (conversion) resistant drug products.

**State prescription laws at work  
METH LAB INCIDENTS**

| Mississippi                                    |     | Oregon   |     |
|--|-----|--|-----|
| 2009 (before law)                              | 692 | 2004 (before law)  | 448 |
| 2010   | 698 | 2005   | 192 |
| (Rx only law effective July1)                  |     | (Placed behind counter)  |     |
| 2011   | 309 | 2006   | 63  |
|  |     | (Rx only law effective July1)  |     |
| 2012   | 253 | 2007   | 20  |
| 2013   | 114 | 2008   | 21  |
| 2014 (Through June)                            | 21  | 2009   | 13  |
|  |     | 2010   | 13  |
|  |     | 2011   | 10  |
|  |     | 2012   | 7   |
|  |     | 2013   | 9   |
| <b>97% Reduction</b>                           |     | <b>98% Reduction</b>   |     |
| <b>81% decline in drug-endangered children</b> |     | <b>Not a single child removed from a meth lab house since law passed</b> |     |

**FACT:** Many pharmacies have stopped selling single-ingredient PSE products but continue offering multi-ingredient PSE products, such as Claritin-D and Allegra-D. **HOWEVER:** WV Board of Pharmacy reports 70% of recent meth lab arrests had purchased multi-ingredient PSE products.

**FACT:** Yes, NPLEx is the best system available to track statistics for PSE sales.

**HOWEVER:** It is NOT traditionally used by law enforcement to locate meth labs...it is most often used to strengthen case after arrests.

**FACT:** There is a fear that healthcare costs will skyrocket. **HOWEVER:** This hasn't been the case in Oregon or Mississippi. Oregon's Medicaid costs attributed to prescription PSE went up a little under \$8,000 per year for the entire state---less than the cost of a single day of burn unit care for one child.

**FACT:** Crystal meth from Mexico has already found its way to West Virginia.

**HOWEVER:** Prescription-only laws are about stopping local, domestic meth labs to protect our children. You won't find West Virginian children near Mexican meth labs. Plus, by stopping local meth labs, law enforcement can use their resources to fight drug trafficking on a larger scale, rather than one meth lab at a time.

# Stop Meth Labs in WV

## Who needs this policy?

### Our Children:

- Children injured by burns and developing respiratory illnesses
- Children removed from meth homes, placed in care of others
- Unborn children of pregnant mothers exposed to meth labs

### Our First Responders:

- Hospitalized after exposure to meth
- Must wear Haz-Mat suites and use special trucks and decontamination equipment to deal with meth
- Ambulances "shut-down" for decontamination

### Our Families, Friends & Neighbors:

- Law-abiding residents who live beside homes where meth is cooked are forced to abandon their own homes and personal belongings
- Innocent homeowners, apartment dwellers, hotel residents, exposed to meth

### Cost to West Virginia Communities

#### Local Government:

Counties board up properties which are condemned after a meth lab is discovered and must then ensure that the house is either decontaminated or demolished

**Property Owners:** Facing loss in property values for being near meth labs

#### Businesses:

Owners of hotels, apartments, rental property, storage units forced to pay for remediation (clean-up) which can exceed \$8,000 - \$10,000 for a single house. And this cost doesn't even account for the loss of income for rental property or loss of personal property inside the home \*As of March 2014, the WV Crime Victims Compensation Fund no longer pays for meth related claims.

#### Safety Net Agencies:

Increased burden on social service agencies (e.g. child protective services, foster care, food and utility assistance organizations)

### A Common Industry Tactic is to tell citizens their rights to cold & sinus meds are being threatened.

#### THE TRUTH IS:

- Newly engineered, innovative pseudoephedrine products that cannot be easily converted for making meth, such as Nexafed and Zephrex-D, are now readily available to consumers at competitive prices.
- The pharmaceutical industry is facing BIG losses in revenue when sales of their pseudoephedrine products that can be used to make meth plummet due to prescription-only laws and as consumers switch to other meth-resistant pseudoephedrine medications.

**West Virginia Intervention on Meth Labs Committee  
304-388-7557**

## Supporting West Virginia Farmers Market Growth

*Kelly Crane, WV Market Association*

*Susan Maslowski, WV Farmers Market Association*

*Brandon Holmes (WV Food and Farm Coalition)*

*Jean Smith (WV Department of Agriculture)*

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# Farmers Market Permitting Issues

## Introduction

Throughout the summer and fall of 2013 the West Virginia Food & Farm Coalition and West Virginia Farmers Market Association policy team worked to survey and interview farmers market vendors, managers, and other stakeholders to identify regulatory hurdles affecting West Virginia's local food economy. Finding that serious regulatory inconsistency among local health departments and compounding health permit fees were hindering farm businesses in several counties, the policy team worked with stakeholders to approach the West Virginia Legislature for a solution.

## What's the issue?

- Current farmers market vendor permits weren't designed for farmers market vendors – creates confusion for vendors AND sanitarians.
- Because of the way county health departments are structured, interpretation is inconsistent between counties.
- Permits don't transfer across county lines.
- Additional requirements and fees are sometimes imposed on the county level. They can add up!
- The fee scale is too high – inappropriate to charge the same for large grocery stores as small tailgate vendors.

## Why Does it matter?

Farmers Markets are a lynchpin business in many WV communities. They provide opportunities for positive, family-friendly social interactions for their customers. They fill healthy food access gaps for youth and families in rural areas. Also, they provide an economic engine for small towns and a sales outlet for both beginning and experienced farmers and their families. Unnecessary regulatory barriers make it hard for farmers markets and their vendors to thrive and grow. We aim to reduce those barriers in order to support WV farmers market growth.

## How do we plan to fix it?

After consulting with stakeholders, lawmakers, and agency personnel in the West Virginia Department of Agriculture and West Virginia Bureau for Public Health, our policy team identified two main elements that would be contained in legislation addressing the health permitting issues:

1. Defining a farmers market in code
2. Creating a new, more affordable, health permit type specifically for farmers markets that would be issued on the county level; but will have the option of a statewide endorsement that would be recognized across county lines.



# Ban the Box: Removing Unfair Employment Barriers for People with Criminal Records

Michelle Foster (KISRA)

Kristina Brooks (Employers Innovative Network)

Flaco Aleman (Kentucky Jobs with Justice)

Justin Ponton (KISRA)

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## "BAN THE BOX" FACTSHEET



### "BAN THE BOX" IS A FAIR CHANCE FOR WORKERS WITH RECORDS

Removing questions about criminal history from job applications is one simple policy change that eases hiring barriers and creates a fair chance to compete for jobs. Known as "ban the box," this change allows employers to judge applicants on their qualifications first, without the stigma of a record. The most effective policies don't just remove the "box;" they ensure that background checks are used fairly. Employers should make individualized assessments instead of blanket exclusions and consider the age of the offense and its relevance to the job. Candidates should be given an opportunity to review background-check results. Expanding these common-sense recommendations to private employers will give workers a fair chance.

### THE PROBLEM: EMPLOYERS ARE NOT HIRING PEOPLE WITH CONVICTIONS

There are an estimated 70 million U.S. adults with arrests or convictions that often make it much harder to find work. The "box" on a job application is a barrier to jobs because it has a chilling effect that discourages people from applying. It also artificially narrows the applicant pool of qualified workers when employers toss out applications with the "box" checked, regardless of the applicant's qualifications or relevancy of the conviction to the job. Both the employer and job applicant lose out. Research affirms that a criminal record reduces the likelihood of a job callback or offer by nearly 50%.

### Removing Job Barriers Helps the Economy and is Good for Business

The reduced output of goods and services of people with felonies and prison records is estimated at \$57 to \$65 billion in losses to the nation's economy. Allowing people to work increases their tax contributions, boosts sales tax, and saves money by keeping people out of the criminal justice system. Major employers such as Target and WalMart removed the "box" because it made sense.

### Employment Reduces Re-Offending

Employment has been found to be a significant factor in reducing re-offending. One study found that a 1 percent drop in the unemployment rate causes between a 1 to 2 percent decline in some offenses.

### THE SOLUTION: ENACT FAIR CHANCE POLICIES

A fair chance policy has a real impact. Research indicates that once an employer has had the chance to examine the qualifications of the applicant, the employer will be willing to hire the applicant. It's a tried and tested policy. In the United States, ten states have embraced a fair chance policy, with four extending it to private employers. At last count, over 60 cities and counties had adopted the policy. Now is the time to enact a fair chance policy for all.

## Voluntary Employment Retirement Accounts (VERA)

Gina Joynes, West Virginia State Treasurer's Office  
Delegate Doug Skaff  
Sean O'Leary, WV Center on Budget and Policy

Angela Vance, AARP-WV  
Delegate Doug Reynolds  
Dolly Ford Sullivan

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### Expanding Access to Retirement Savings West Virginia Voluntary Retirement Accounts

*We recommend the establishment of a state system of Voluntary Early Retirement Accounts, so that all of West Virginia's workers and businesses will have access to affordable options to save for retirement, making the state a more attractive place to live, work, and do business.*

As thousands of West Virginians approach retirement age, workplace retirement plans, along with Social Security and personal savings, are of growing importance. A secure retirement allows retired workers to live independently, pay for health care, and continue to contribute to the state's economy.

But in West Virginia, more than 349,000 workers, over half of the private sector workforce, do not participate in an employer-sponsored retirement plan, mainly because their employers do not offer any type of plan.

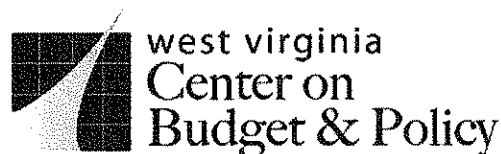
Most private sector options are both expensive and complicated, and often require the employer to make a contribution. Small businesses and individuals pay much higher administrative costs, and the tax incentives designed to encourage retirement savings favor those with higher incomes, and offer little benefit to low- and moderate-income workers.

*We propose that West Virginia make it easier for workers to save for retirement and for businesses to offer retirement plans by sponsoring a system of Voluntary Retirement Accounts (VERAs). VERAs would provide a low-cost and simple way for small businesses and their employees, self-employed workers, and other workers without access to retirement plans, save for retirement.*

Through the VERA program, West Virginia would provide a selection of low-cost investment options while also serving as a resource assisting in enrollment, contributions rules, and investment performance, allowing workers and employers to make informed decisions about their investments. By pooling participants together, West Virginia could use its leverage to offer affordable investments with low fees.

A VERA program would have no costs for the state and taxpayers. Initial start-up costs can be recouped through fees from participants, and the state would not be responsible for investment gains or losses, and would not guarantee savings.

The lack of retirement assets in West Virginia is a potential drain on future budgets and the economy. A state-sponsored VERA program is a practical way to meet an unfulfilled need in the market and help workers build their retirement assets. A VERA program would help ensure that all West Virginia workers and businesses have access to safe and affordable retirement options.



# Expanding Access to Mental Health Therapy in West Virginia

Kim White MSW, LCSW

Gary McDaniel MSW, LICSW

Sarah Cordwell

David Banks (Superintendent, Morgan County Schools)

Sam Hickman (NASW-WV)

## Expanding Access to Mental Health Therapy in West Virginia

*Unnecessary regulations limit access to quality mental health therapy. Permitting Medicaid to reimburse qualified, independently-licensed mental health therapists will improve access.*

*Left untreated, behavioral illness, substance use and domestic violence (place) a significant impediment upon WV businesses and... heavy fiscal pressure on government and non-profit agencies. These untreated problems and lack of services are directly linked to (increased) fatalities, incarcerations, suicides, (use) of public assistance, homelessness, underemployment, higher workers' compensation costs, and many other health, criminal justice, social and personal problems which cost our state billions of dollars each year.*

—WV Comprehensive Behavioral Health Commission Report 2008

Mental health, physical health, and economic health are inextricably linked and for many West Virginians, access to mental health care has not kept up with the demand. Consequently, many indicators of good health and well-being show West Virginia moving in the wrong direction: rates of out-of-home and out-of-state placement of children, substance abuse, school truancy, school and family violence, family dissolution, obesity, smoking, and more are taking a toll on West Virginia's **mental, physical, and economic health**.

The National Association of Social Workers, West Virginia Chapter (NASW WV) and others propose that the WV Medicaid Program reimburse **Licensed Independent Clinical Social Workers (LICSWs), Licensed Professional Counselors (LPCs), Licensed Marriage and Family Therapists (LMFTs)** as independent practitioners. LICSWs, LPCs and LMFTs are already licensed to assess, diagnose and treat mental health disorders. They have extensive education, professional training, and over 3,000 hours of supervised clinical experience. This group of highly qualified professionals already delivers the overwhelming majority of mental health services currently provided.

- The economic impact of untreated mental illness and substance abuse is huge—an estimated \$3.5 billion in WV, with a quarter billion expended in the criminal justice system (WV Center on Budget and Policy, 2014).
- Numerous studies demonstrate that the most effective way to treat mental health disorders is to identify them early and manage them with a range of psychosocial approaches, including cognitive behavioral therapy, substance abuse treatment, conflict management and, if needed, medication (Harvard Health, 2011). Mental health therapy is the specialty of the LICSW, LPC, and LMFT.
- Four of the five states surrounding West Virginia allow one or more of these specialists to enroll as independent Medicaid providers (WV Center on Budget and Policy, 2014).
- These providers are already eligible to be empaneled for reimbursement through private insurance companies. For example, 48 LICSWs and LPCs are listed as Highmark Blue Cross/Blue Shield providers within 10 miles of Charleston (WV Center on Budget and Policy, 2014).
- Current wait times for mental health therapy often range from 1–3 months. West Virginia's families, children, and communities deserve access to quality mental health treatment at the time of their greatest need!

| Provider Type                                   | Can Enroll as Independent Medicaid Provider |
|---|---|
| <b>West Virginia</b>                            |   |
| Licensed Independent Clinical Social Worker     | No  |
| Licensed Professional Counselor                 | No  |
| Licensed Marriage and Family Therapist          | No  |
| <b>Kentucky</b>                                 |   |
| Licensed Clinical Social Worker                 | Yes   |
| Licensed Professional Clinical Counselor        | Yes   |
| Licensed Marriage and Family Therapist          | Yes   |
| <b>Maryland</b>                                 |   |
| Licensed Certified Social Worker - Clinical     | Yes   |
| Licensed Clinical Professional Counselor        | Yes   |
| Licensed Clinical Marriage and Family Therapist | Yes   |
| <b>Ohio</b>                                     |   |
| Licensed Independent Social Worker              | No  |
| Licensed Professional Clinical Counselor        | No  |
| Licensed Marriage and Family Therapist          | No  |
| <b>Pennsylvania</b>                             |   |
| Licensed Clinical Social Worker                 | Yes   |
| Licensed Professional Counselor                 | No  |
| Licensed Marriage and Family Therapist          | No  |
| <b>Virginia</b>                                 |   |
| Licensed Clinical Social Worker                 | Yes   |
| Licensed Professional Counselor                 | Yes   |
| Licensed Marriage and Family Therapist          | Unable to determine                         |

## Funding of Local Prevention Coalitions in West Virginia

*Greg Puckett, Community Connections*

*Kathy Brunty, Wyoming County Family Resource Network*

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As noted with West Virginia Governor's Advisory Council on Substance Abuse, Governor Earl Ray Tomblin has stated the need for continual support services for locally operated community based prevention efforts. On his website, Governor Tomblin stated that, "Community members know their towns and neighbors best.

They understand what is at the root of their particular problem. That is why I formed the Governor's Advisory Council on Substance Abuse and the six regional task forces. This is the first step in a long-term action plan. By bringing a diverse group of individuals together to share ideas and develop customized plans of action, we have taken the first step to saving our communities." We completely agree!

Unfortunately, most prevention based services that are available for local communities comes from federal sources (both direct and indirect), and monies for long term infrastructure and services is simply not available. Through the development of a sustainable funding source from the securement funds from those committing alcohol and drug related crimes, local community coalitions would unite together, and plan, monitor and evaluate initiatives that would inevitably drive substance abuse statistics downward. Inevitably, this would save millions of dollars in long term treatment and recovery services.

Not only would this legislation provide a local funding option, it would assist with the expansion of prevention based initiatives at the state level, and allow for the development of an infrastructure that would effectively evaluate each coalition's effectiveness and leverage federal dollars without creating a tax based system to West Virginians as a whole.

Funding for these coalitions would not only secure sustainably for an infrastructure, but provide a workforce of highly skilled and trained personnel at the local level that are committed to understand a comprehensive framework to (1) assess local needs and data, (2) continually build the coalition capacity of community and individuals, (3) develop strategic action plans, (4) implement evidence based strategies for reduction of substance abuse, (5) and evaluate progress and advocate for change.

Expansion of prevention services is essential to understanding the comprehensive continuum of care (prevention, intervention, treatment and recovery) that is currently unavailable. By providing guidance of these coalitions, additional data, needs assessment and effectiveness of programs would benefit the prevention system as a whole. Maintaining a network of coalitions creates additional accountability to an overarching plan of prevention services that is desperately needed in our state.

Funding for coalitions will be based on additional fines assessed locally from alcohol and drug violations. County based coalitions would keep 75% of funding collected at the local level, and 25% would be distributed to a state resource, whereby it would be re-allocated to other counties. This would create a somewhat level playing field for the development of an overall sustainable system and consistent workforce dedicated to prevention. For additional information on how this model has been used in other states nationwide, contact Greg Puckett, Executive Director with Community Connections, Inc. via cell phone (304) 922-2551, or email at [drugfree@strongcommunities.org](mailto:drugfree@strongcommunities.org).

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## How do we reduce youth incarceration in West Virginia? Implement Comprehensive Juvenile Justice Reforms Statewide

*We recommend limiting the use of out-of-home placement for youth convicted of misdemeanors or status offenses, creating a network of community-based alternatives to incarceration, and engaging families in the juvenile justice process in order to improve outcomes for children, reduce costs, and to increase public safety.*

West Virginia is facing a crisis in youth incarceration. **While most states have seen significant decreases in their youth incarceration rates, the rate of youth incarceration in West Virginia has increased dramatically from 1997 to the present.** Furthermore, the majority of young people removed from their homes and families were convicted of non-violent misdemeanors or status offenses. By 2012, more than half of the youth sent to court were referred for status offenses, particularly truancy.

West Virginia has a unique opportunity to transform its juvenile justice system. In August, Governor Tomblin convened the Intergovernmental Task Force on Juvenile Justice to develop a comprehensive set of recommendations to improve outcomes for youth, families and communities. We recommend West Virginia undertake the following steps to significantly transform the state's juvenile justice system:

- Limit the use of out-of-home placement for youth convicted of misdemeanors, technical violations of probation and status offenses.
- Create a state-fund to create a network of effective community-based programs for youth to provide alternatives to incarceration in Division of Juvenile Services (DJS) or Department of Health and Human Resources (DHHR) contracted facilities.
- Implement data-driven reforms to reduce racial and ethnic disparities at each stage of the juvenile justice system.
- Restructure DJS Youth Reporting Centers to partner with community-based organizations that provide long-term community supports and youth mentorship, and track outcomes for youth and their families.
- Engage families in every stage of the juvenile justice process, including court, community-based intervention and placement.

"Nearly three-fourths of children incarcerated in West Virginia were convicted of non-violent offenses."

--Federal Census of Youth in Residential Placement, Office of Juvenile Justice and Delinquency Prevention

By bringing together those in the community and working with experts like Pew, we can work together to best serve our young people and to prepare them to become contributing members of our communities."

--Governor Earl Ray Tomblin



west virginia  
**Coalition Against  
Domestic Violence**  
*for a safer state of family*

## **Unemployment**

**Compensation for victims of domestic and sexual violence**

**Pass HB 4209!**

**West Virginia should join 35 states who have passed laws allowing Unemployment Compensation benefits to be paid to workers who have left work or were discharged as a result of domestic violence or sexual assault – as long as the workers are looking for other work.**

- Workers must sometimes relocate or otherwise leave work to ensure the safety of themselves or their family members, or they are discharged due to the consequences of domestic violence.
- Perpetrators may:
  - Cause victims to miss work due to injuries or legal proceedings.
  - Stalk, contact or even attack victims at work (a location commonly know by perpetrators).
  - Cause victims to be fired by frequenting, threatening, or constantly calling the workplace and or causing a scene.
  - Force victims to leave jobs and relocate to be safe.
  - Intentionally make victims lose jobs so that the victim will be financially dependent on the perpetrator and unable to get away.
- Workers who are victims of domestic and sexual violence need to be able to draw unemployment benefits to have the economic independence to escape the violence.
- Based on the experience of other states which have enacted these provisions, WorkForce West Virginia estimates that West Virginia will only have 18 claims a year out of a total of about 75,000 West Virginians who got paid benefits in 2013.
- HB 4209 makes the benefits non-chargeable, and so will not affect employers' UC fund contributions.
- Making these benefits non-chargeable will not, according to the fiscal note of WorkForce West Virginia, affect the health of our trust fund. WorkForce estimates that the cost of these benefits will "be covered by our State Benefits Trust Fund" because the cost will only be 3/100ths of 1% of the amount paid out in benefits in 2013.
- Why so few? Many do not want to reveal their plight. Also jobs are hard to find, and jobs pay more money than unemployment benefits, so victims only leave work if they are let go or really need to leave. If they need to leave that badly leaving may be vital to their safety.

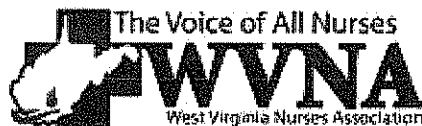
**Don't Keep Domestic and Sexual Violence Victims  
From Receiving Unemployment Compensation!**

## Removing Barriers to Better Health for West Virginia Families

*Aila Accad, West Virginia Nurses Association*

*Beth Baldwin, West Virginia Nurses Association*

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### **Removing Barriers to Better Health for WV Families**

**Nurses increasingly provide more care to Medicare & Medicaid patients. Those needs are increasing in WV with an aging population and the newly enrolled 141,000 Medicaid recipients.**

Despite barriers to Advanced Practice Registered Nurse (APRN) practice, there is increasing acceptance and satisfaction with receiving healthcare services from an APRN. APRNs treat more than three times that percentage of all fee-for-service patients.

**Research shows APRNs provide high-quality care that produce patient outcomes comparable to those achieved by physicians, often at lower cost and with higher patient satisfaction.**

APRNs can run independent practices where they write prescriptions, treat patients, diagnose ailments, order and interpret tests and manage chronic health conditions.

Numerous studies corroborate a 1986 government report that found APRNs can provide up to 80% of adult and 90% of pediatric services as proficiently as physicians, at lower cost.

**Current WV laws restrict APRNs from practicing to their fullest abilities, limiting patient choice and diminishing needed resources.**

The Institute of Medicine's *Future of Nursing* report (2010) recommends "removing scope of practice barriers". The report recommends regulations conform to a national model practice act (NCSBN).

Removing barriers, such as regulations requiring physician collaborative contracts with APRNs, will increase access to health care services, reduce costs and improve health care quality.

Since APRNs must meet nationally standardized milestones to be licensed, there's no logic behind nurse practice acts that vary by state. State borders don't determine competencies.

Scope of practice is limited arbitrarily in many states under pressure from organized medicine trying to protect business interests even though the evidence shows that in states that remove these barriers, physicians receive more referrals and do not lose any income.

**Please support WV families by supporting legislation to remove barriers to APRN practice in WV.**

*\*\*APRNs include: Nurse Practitioners, Certified Nurse-Midwives, Certified Registered Nurse Anesthetists and Certified Nurse Specialists.*

## Tobacco Tax

Christine Compton (American Heart Association)

Dr. Dan Foster

Cinny Kittle (Coalition for a Tobacco Free WV)

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American Heart Association | American Stroke Association®

### Why Increase West Virginia's Tobacco Tax?

Research shows that when the price of tobacco goes up, tobacco usage goes down. And the two populations most affected by this are children and pregnant women. Why does this matter to the people of West Virginia?

- ✓ West Virginia has a smoking during pregnancy rate of nearly 30%, the highest in the nation! When women smoke during pregnancy, their unborn fetus is exposed to a slew of toxins that leave lasting issues for years to come.
- ✓ Also, research has proven that for every three children that become addicted, one will die an early death. Studies show that increasing the tobacco tax is the biggest deterrent for children not to start smoking.

The American Heart Association is advocating for a tobacco tax increase of \$1.00/pack.

Doing so would align West Virginia with the national average, which is at \$1.53/pack. Currently our tax is only .55 cents per pack, ranking us 44<sup>th</sup> in the nation.

Increasing the Tobacco Tax in West Virginia is a Win – Win – Win for all!

- It's a WIN for public health – it's proven to decrease smoking rates.
- It's a WIN for the state budget shortfall and a steady revenue source, providing nearly \$150 million a year.
- It's a WIN for law-makers, as the majority of WV voters support this increase.

***The American Heart Association is working in conjunction with the Coalition for a Tobacco-Free West Virginia, the American Cancer Society and the American Lung Association on this effort.***



## Earned Sick Days

Eric Rosso (SEIU)

Rachel Huff (WV FREE)

Ted Boettner (WV Center on Budget and Policy)

Dr. Rahul Gupta (Kanawha Charleston Health Department)

Mary Beth Posdon, (SEIU)

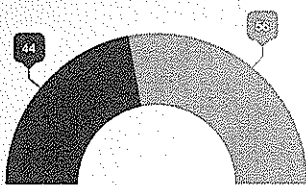
Vicki Schabo (National Partnership for Women & Families via video conference)

# EVERYONE BENEFITS WHEN WORKERS HAVE ACCESS TO SICK DAYS

Data shows that providing workers with earned sick days helps reduce unemployment, improves maternal and child health, and strengthens the economy. Workers may use the time to care for themselves or a family member who is ill, needs preventative medical care, or under certain circumstances in the case of a public health emergency. West Virginians should not have to choose between their families and a paycheck.

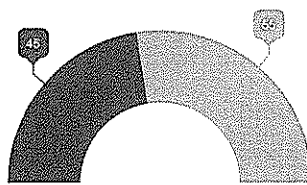
## Over 260,000 workers in West Virginia lack access to earned sick days...

### Private Sector



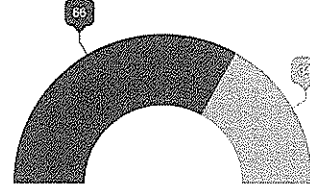
44% of private sector employees in WV do not have access to earned sick days. Also, the private sector employees who are least likely to have earned sick leave are those who earn the least and cannot afford to miss work. Only 32% of private sector employees making less than \$15,000 have access to any earned sick days.

### Women and Families



45% of women do not have access to earned sick days and often women act as the primary caregiver in their families for both children and grandparents. Evidence shows that parents are 20% less likely to send a child to school sick. Working mothers should be able to take time to care for sick children and not put the financial stability of their families in danger.

### Service Workers



Earned sick days are uncommon in the service industry. Almost 2/3 of service workers in the private sector have no access to earned sick days. This is large public health risk, as these workers come in contact with the public and include those in the food service industry. A recent CDC study linked over half of all norovirus outbreaks to sick food service workers.

## THE FMLA DOESN'T GO FAR ENOUGH



Nearly one in ten workers who took unpaid leave under the Family Medical Leave Act (FMLA) was forced to seek public assistance to make ends meet.

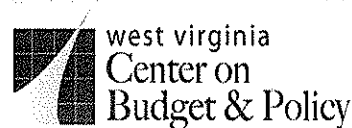
## BENEFIT TO EMPLOYERS

- ✓ Increased productivity and stability
- ✓ Disease and illness prevention
- ✓ Lower health care costs

### Sources:

Williams, C. et al. "Access to Paid Sick Days in the States, 2010" (Institute for Women's Policy Research, 2010).

Institute for Women's Policy Research, "Access to Paid Sick Days in West Virginia (July 2014).



## Buy American

*Josh Sword (WV AFL-CIO)*

*Randy Moore (USW)*

*Lou Delatore (AAM)*

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In the last decade, West Virginia lost 29,000 manufacturing jobs, where were good paying life sustaining jobs. Nationally, U.S. workers and the domestic economy have been devastated by the growth of the U.S. trade deficit with China since that country entered the World Trade Organization in 2001. Between 2001 and 2011, 2.7 million U.S. jobs were lost or displaced. West Virginia alone lost 7,200 jobs due to trade with China in those years, leaving our communities in a finical burden

U.S. taxpayer dollars should not be used to reward companies who have moved their operations, investment dollars, and jobs to foreign countries that lack or simply do not enforce regulatory regimes like those affecting U.S. manufacturers. Rather, taxpayer-financed government spending should give a commonsense preference for American companies and workers who continue to manufacture in the United States. In doing so, we reward companies that continue to invest in their U.S. operations, like modernizing plants to make them safe and efficient, while creating jobs in the process. And these jobs are local jobs in which paychecks and tax dollars are spent within our economy.

When governmental bodies choose to regulate the manner in which U.S. manufacturers do business yet spend taxpayer dollars on goods produced abroad, it discourages U.S. production and investment, encourages outsourcing and kills American jobs.

Put simply, it makes absolutely no sense for governments to send hard-earned tax dollars to China and India when companies and workers here at home are ready to do the work at a comparable price. Reinvesting tax dollars into the local, state and national economy promotes growth, expands the tax base, and, by hiring workers, reduces the burden on social safety net programs.



# Erin Merryn's Law

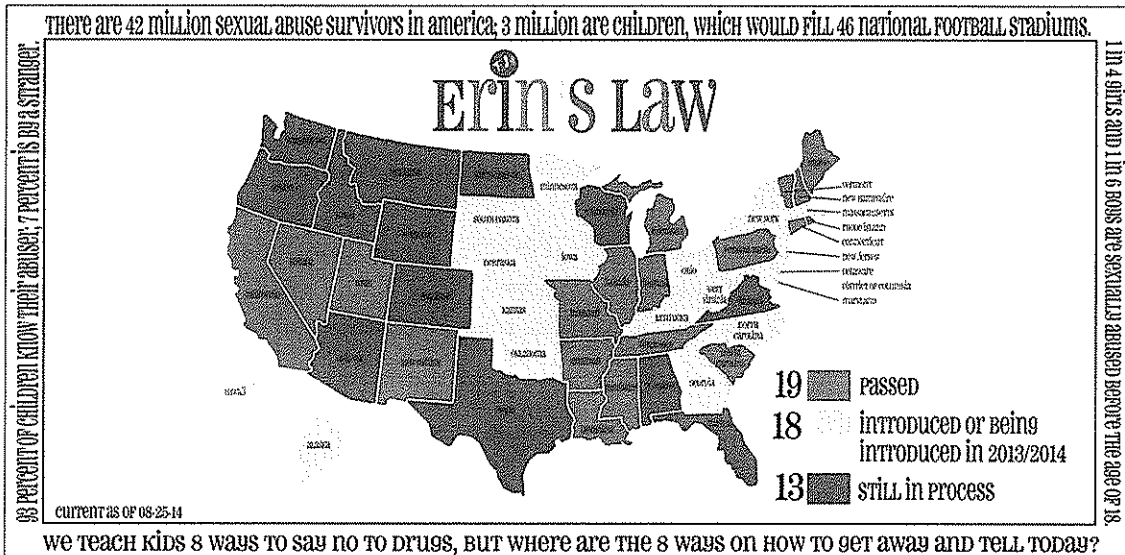
Modeled after legislation that has been passed in 19 other states, Erin Merryn's Law would create a **State Task Force on the Prevention of Sexual Abuse of Children**, which would make recommendations to adopt and implement policies addressing sexual abuse of children that may include age-appropriate curriculum for students and training for school personnel on child sexual abuse.

This legislation is a two-step improvement to the way educators and parents address childhood sexual assault, which affects 1 in 4 girls and 1 in 6 boys. Currently, schools teach sexual assault awareness only as time and funding are available, which is limited. Erin's Law intends to change that.

First, a bipartisan taskforce of stakeholders, child abuse prevention experts, educators, law enforcement, community representatives, lawmakers and others will determine the best plan of action for recommended policy changes not only for schools but for other agencies and in communities across the state.

The second step is to prepare the community with every age-appropriate tool possible to prevent child sexual abuse from continuing.

In other states that have enacted Erin's Law, educators use curriculum and effective instructional strategies to teach students concepts such as personal boundaries and self-respect. Students are also taught about techniques that child molesters use to coerce their victims into silence. Older students are reminded about privacy issues as related to online personas, as well as tips for public safety. Workbooks and activities involve students in the process so much of the pressure is taken off the educator. Parents and teachers are taught signs to look out for in children and possible molesters, including how to understand the grooming process in addition to how to react if someone discloses that abuse has occurred.



**This cannot wait any longer. Put an end to it now.  
 Please help us pass Erin Merryn's Law in the 2015 session!**

For more information visit:  
<http://www.erinslaw.org/>

## Creating a Cooperatives Law for West Virginia

*John Campagna*

*Liz Spellman (WV Food & Farm Coalition)*

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A cooperative is typically defined as an autonomous association of persons united voluntarily to meet their common economic, social, and/or cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise. Cooperatives can take several different forms based on the nature and relationships of the stakeholders forming the cooperative.

To create a worker-owned or multi-stakeholder cooperative, worker-owners invest together with a buy-in amount of money, and at the end of each fiscal year, worker-owners are paid a portion of the money the business makes after expenses, called surplus (conventional businesses call this money profit). Surplus can be distributed based on hours worked, seniority, or other criteria. While the typical business concern is willing to enter into any line of business, provided it produces a profit for its partners or shareholders, the cooperative tends not to stray far from the original purpose for which it was founded.

Owner-customers of multi-stakeholder cooperatives, if asked about the benefits of their cooperative, will often focus not only on the price of goods and services or the quality of management, but also on their ability to control the quality of goods and services, to interact with other owner/customers, and to directly control the direction of the business.

Worker-owned and multi-stakeholder cooperatives promote entrepreneurship and ownership in their communities, and retain money in the local economy. Coops are generally owned by people concentrated in a specific reason, so workers, families, and businesses get direct benefits of doing business with the coop, along with the benefit of the surplus/profit being retained and circulated in the local economy.

Except along narrowly-tailored lines for agricultural producers, West Virginia law does not offer a statutory framework under which cooperative enterprises can organize. There are some businesses formed under the corporate code and operating de facto as cooperatives, and several businesses or planned businesses interested in organizing formally as cooperatives. The West Virginia Food & Farm Coalition, in conjunction with food system and other stakeholders statewide, seek to implement a cooperative statute for West Virginia.

The West Virginia Food & Farm Coalition has identified several existing and planned businesses that seek to organize as cooperatives. Allowing these businesses to form as they want under West Virginia law will enable them to focus on the core of their business operations and begin benefitting the stakeholders and communities they serve.

## Workforce Development Pilot Projects for 16- to 24-Year-Old Youth and Young Adults

*Reverend Matthew J. Watts*

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HOPE Community Development Corporation, The Tuesday Morning Group and the Charleston Branch NAACP are proposed that the West Virginia Legislature fund several Pilot Workforce Investment Pilot Projects in several regions around the state that would target 16 to 24 year old youth and young adults.

The need for this initiative is evidenced by the fact that West Virginia has the lowest workforce labor participation rate in the nation at roughly 54%, ten percent below the 64% average national workforce participation rate. One of the main contributors to West Virginia's low workforce participation is the low workforce participation among young people ages 16 – 24 years old. The workforce participation rate for this age group has continued to decline over the last decade particularly during the great recession. The unemployment rate for this age group is over 50% in some communities.

The need for a special Demonstration Workforce Development Initiative in West Virginia is further supported by a 2013 KIDS Count Report from the Annie E. Casey Foundation. According to the report, Youth and Work: Restoring Teen and Young Adults Connections to Opportunity, there are over 56,000 teens and young adults in West Virginia who are not in school and are jobless. These teen and young adults are veering toward a path of chronic unemployment and underemployment as adults and failing to gain the skills employers need in the 21st century. Many are on a path that will lead to crime and incarceration that could exacerbate West Virginia's already over-crowded adult prison system.

According to the report, many of these young people face numerous obstacles and are often described as "disconnected youth". They encounter greater competition from older workers for increasing scarce paying jobs that are available, especially in light of the great recession and slow economic recovery. They lack the higher skill set required for the better paying jobs that are available. They often do not graduate from high school on time or are not ready for college or advanced training, further decreasing their employment options. Many contend with hurdles beyond their control, such as growing up in poverty, having few working adults as role models, attending low performing schools and living with a single parent.

According to the report, youth employment is at its lowest level since World War II. Nationally, only about half of young people ages 16 to 24 held jobs in 2011 compared to 60% in 2000. In West Virginia, only 40% of youth held a job in 2011 compared to 53% in 2000. When young people have no connection to jobs or school, government spends more to support them and many of them already have children of their own, exacerbating the intergenerational cycle of poverty in some communities. The latest data from the U. S. Census Population Survey shows that more than 20% (11,200) of these youth in West Virginia have children of their own.

It is imperative that we reconnect these youth to education and job training that leads to employment in order to break the cycle of poverty for them and their children and to help many avoid a life of crime and imprisonment. It is equally important that these young people are reconnected to education and employment in order to replenish West Virginia's workforce to help grow the economy. HOPE CDC believes that Kanawha County can serve as the model for the rest of the State.

## Foster Kids Bill of Rights

*Everyone should be concerned about the treatment of foster children; they're everybody's children*

Foster kids don't have much power in their situations, **so they need to be protected.** There are certain rights that children do have and this proposal lays those out in a very supportive way.

Our hope is this proposal will prompt more kids to speak out when they feel their rights have been violated. However, it's not just kids who lack knowledge; many adults don't understand that kids in foster care have rights that need to be respected. Raising awareness of those rights will better the lives of foster children.

The federal government's Fourth National Incidence Study of Child Abuse and Neglect (NIS) in 2010 found that child abuse is three times more common in poor families and neglect is seven times more common in poor families. Accordingly, both conditions – child abuse and neglect – are leading factors in children entering the foster system.

The life of a child or youth in foster care is complicated. At very young ages, youth are expected to make decisions that have lifelong consequences with little information. They are forced into a complex system, with no firm understanding of their role or rights. The Foster Kids Bill of Rights establishes clear requirements for informing kids about those rights. **Not knowing you have rights – or not having anywhere to turn when those rights are violated – is like having no rights at all.**

Foster kids deserve to know their rights and should be empowered to assert those rights. While we need to reduce the need for foster care, we also have a responsibility to do everything possible to make foster care safe and supportive. The Foster Kids Bill of Rights ensures West Virginia's foster kids have access to tools and support they deserve while helping them reach their full potential

*This policy proposal puts forth the Code of West Virginia be amended by adding a new section: **ARTICLE 2. STATE RESPONSIBILITIES FOR THE PROTECTION AND CARE OF CHILDREN. §49-2-12a. Legislative findings and declaration of intent for goals for foster children.***

### **The Foster Kids Bills of Rights proposes:**

The design and delivery of child welfare services should be directed by the principle that **the health and safety of children should be of paramount concern** and, therefore, establishes the following goals for children in foster care: (1) Protection by a family of his or her own, provided readily available services and supported through care of an adoptive family or by plan, a continuing foster family; (2) Nurturing by foster parents who have been selected to meet his or her individual needs, and who are provided services and support, including specialized education, so that the child can grow to reach his or her potential (3) A safe foster home free of violence, abuse, neglect, and danger; (4) The ability to communicate with the assigned social worker or case worker overseeing the child's case and have calls made to the social worker or case worker returned within a reasonable period of time; (5) Permission to remain enrolled in the school the child attended before being placed in foster care, if at all possible; (6) Participation in school extracurricular activities, community events, and religious practices; (7) Communication with the biological parents if the child placed in foster care receives any immunizations and whether any additional immunizations are needed if the child will be transitioning back into a home with his or her biological parents; (8) A bank or savings account established in accordance with state laws and federal regulations; (9) Identification and other permanent documents, including a birth certificate, social security card and health records by the age of 16, to the extent allowed by federal and state law; (10) The use of appropriate communication measures to maintain contact with siblings if the child placed in foster care is separated from his or her siblings; and (11) Meaningful participation in a transition plan for those phasing out of foster care.

### **WV Foster Care Statistics (National KidsCOUNT)**

|   |            |
|---|------------|
| Number of children in foster care:  | 4562       |
| Average number of different foster care placements children experience:     | 3          |
| Percent of children placed in facilities (rather than family foster homes): | 35%        |
| Average length of time spent in foster care:                                | 23.6 month |

## Protect and Provide a Secure Funding Stream for Family Support Programs

*April Miller (Tucker County FRN)*

*Marla Short (Nicholas County Starting Points)*

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For more than 20 years Family Resource Networks (FRN's) and Starting Points Family Resource Centers (SPFRC's) have played a vital role in identifying family and community needs at the local level and helping to weave together the States family support infrastructure. Together, FRN's and SPFRC's serve as the backbone for family support services across the state, leveraging more than \$13 million dollars in 2013 that went directly to local communities to improve and expand upon resources that benefit families.

Family Resource Networks serve a vital role in their communities fostering collaboration and planning for services that support families including actions to:

- Assess community needs.
- Develop local plans and evaluate results.
- Administer innovative projects and find the means to provide needed resources.
- Assist state agencies in improving the service delivery system.
- Increase community awareness of local and state issues that affect children and families.
- Support local partnerships to maximize community investments.
- Promote coordination of services and resources.
- Promote opportunities for families to impact decisions that affect them.

Despite having a similar name, Starting Points Family Resource Centers serve a different role in their communities as a direct service provider for families in need. Providing services such as:

- Parent education programs that promote parental resilience and knowledge of parenting and child development such as In-Home Family Education (home visiting) and research based curriculums.
- Concrete support for families in times of need such as respite care, child care and community baby pantries, food pantries and summer feeding programs, etc.
- Social connections opportunities for families such as support groups, play groups and community events, etc.
- Educational programs and activities that focus on child abuse and neglect and substance abuse prevention.

FRN's and FRC's have worked successfully together, stretching limited resources. Our programs believe that the most valuable and lasting improvements arise locally, from determined and well equipped local leaders who can mobilize their communities with a common vision. We believe that investing in these programs is one off the most critical catalysts for community-wide change. Most of all, we believe that the children and families of West Virginia are valuable. A state that is equally proud of its worth and resources will be a state that continues to work for a better future.

For more information please contact:

April R. Miller, Executive Director of the Tucker County Family Resource Network at 304-478-3827 or via email [tuckerfrn@hotmail.com](mailto:tuckerfrn@hotmail.com)

Marla Short, Executive Director of the Nicholas County Starting Points Family Resource Center at 304-846-4479 or via email at [startingpoints@hotmail.com](mailto:startingpoints@hotmail.com).

# **14 Victories      2 Years**

- ✧ Restored **Child Care Benefits** for 1400 working families
- ✧ **Expanded Medicaid** to 120,000 families
- ✧ Raised the **Minimum Wage**
- ✧ **Future Fund**
- ✧ **Feed to Achieve Act**
- ✧ **Head Start Cuts Restored**
- ✧ **Criminal Justice Reform** to reduce prison population
- ✧ Restored **Child Abuse Prevention Funding**
- ✧ **Pregnant Workers Fairness**
- ✧ **Dependent Coverage** for Pregnant Mothers
- ✧ **Move to Improve/Physical Activities** in Schools
- ✧ **Land Reuse Agencies** for blighted properties
- ✧ Launched the **Parent Mentor Program** in 3 schools
- ✧ Funded **42 Try This mini-grant projects** to promote health
- ✧ **Restored \$1.06 million in budget cuts!**







