

Come Grow with Us!

WV State Systemic Improvement Plan (SSIP) Implementation Team Overview

Implementation Team:

Building Resilience in Substance Exposed Children and their Families

Background: Over 7,000 children under the age of 18 in West Virginia are placed in foster care with 83% of open child abuse/neglect cases involving parental substance use disorders. Data released in the fourth quarter of 2020 by the WV Bureau for Public Health, indicated that intrauterine substance exposure was 14.2 % and Neonatal Abstinence Syndrome was 6.6% of births that quarter. There is increasing fentanyl, stimulant and poly substance use across the state with limited treatment and recovery resources in many counties for adults with substance use disorders. Low numbers of referrals to WV Birth to Three is of concern and when referred many children are not found eligible or families do not proceed to services when found eligible.

The Building Resilience in Substance Exposed Children and Families Implementation Team is charged with designing professional development activities and other resources to support the field in implementing evidence-based practices to support infants and toddlers who have experienced substance exposure and the caregivers who are raising them.

Implementation activities include:

- 1. To increase the knowledge and skills of Interim Service Coordinators to welcome and engage families/caregivers who have been impacted by substance use disorders.
- 2. To increase the field's knowledge of how stigma impacts engagement.
- 3. To increase the field's knowledge of the characteristics of substance exposed children and how those characteristics can impact the child's development and learning.
- 4. To increase the field's knowledge in evidence- based practices for evaluation/assessment for developing an appropriate IFSP.
- 5. To increase the fields' knowledge in evidence- based practices for family coaching to support the child and family. (Explore the FAN training- Facilitating Attuned Interactions).
- 6. To increase the numbers of BTT practitioners who utilize Motivational Interviewing in engaging and supporting families.
- 7. To increase positive transition to community programs at age three that continue to meet the child's and family's unique needs.
- 8. To increase the field's knowledge and skills in working with peer recovery coaches, counselors, Family Treatment Courts and Child Protective Services.
- 9. To increase the field's knowledge of community resources that can support these families.
- 10. Develop a brochure for primary referral sources on how BTT can assist substance exposed children and their families.
- 11. Develop a brochure for families on how BTT can assist substance exposed children and their families.
- 12. Reviewing data collected including: 1) pre-post test scores, 2) training evaluations, and provider survey results to evaluate practice change and the effectiveness of the professional development activities.
- 13. Providing on-going updates to state SSIP Leadership Team on the successes and potential barriers in the implementation of the improvement strategies.

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