GunderKids: A Model of Care for the Socially Complex

Ann Budzak-Garza M.D.
Gundersen Health System
Department of Pediatrics

Program Goals

• Grow healthy babies
• Help moms and dads be the most successful parents they can be
• Keep moms, dads, and babies together by creating a safe healthy environment
• Prevent child abuse

Parental Risk Factors for Maltreatment

• Substance Abuse
• Untreated Mental Illness
• Low educational level
• Social isolation
• Young age
• Poor understanding of normal child development
• Domestic Violence

Child Abuse Prevention

• Identify families at risk before abuse occurs
• Identify the individual stressors facing each family
• Provide education on parenting, child development, nurture and play
• Provide support to address family stressors

Nearly 1/3 of children entering foster care do so in part because of parental drug abuse.

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>2005</td>
<td>22%</td>
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<tr>
<td>2015</td>
<td>32%</td>
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Criteria for Program Entry

• Newborn age
• Parent with a history of substance abuse

Sources of Referrals

• OB clinic nurse care coordinators
• OB and Post-partum social workers
• Pediatric hospitalists
• NICU neonatologists
• County social workers

Process for Entry

• GunderKids nurse meets with parent during OB visit between 24-28 weeks
• Describes program and invites them to participate
• GunderKids nurse visits family on post-partum unit to welcome baby
• Baby is seen in clinic within 2-3 days of discharge for first visit

The Team

3 Pediatricians, 1 PNP
3 Pediatric RN’s
1 Social Worker
1 Child Psychologist
1 Pediatric O.T.

Program Structure

• 17 clinic visits in the first year of life
• Weekly visits for the first month
• Visits every other week until 4 months
• Monthly visits until 6 months
• Visits every 6 weeks until 12 months

A GunderKids Visit

• Nurse led visits: history, developmental assessment, and teaching
• Every visit includes an inventory of social determinants of health
• Physician joins visits for the first month and at routine well child age visits
• Social worker meets with families at many visits
Program (cont.)

- NBO by GunderKids nurse at 2 weeks
- O.T. evaluation at 1 month, 6 months and 3 years for everyone
- CAPI by 4 months
- Parental ACE's discussion with child psychologist at 3 months and again to review CAPI results

Encourage use of the medical home

- The GunderKids nurse carries a direct line phone and we encourage parents to call us with any questions
- We encourage families to see us instead of urgent care or ER if at all possible

RN ROLE SUPPORTING THE GUNDERKIDS PROGRAM

Janet Hess BSN, RN

Gunderkids

Identified a need:
- Gap created after prenatal care coordination ends
- NAS management ended after hospital discharge
- Close monitoring difficult in traditional well child care
- Barriers for utilizing existing resources

Gunderkids RN

Functions as a care coordinator:
- Provides nurse only visits
- Present during MD portion of exam to support communication
- Attends visits with other specialty providers
- Assists parents in finding medical care for themselves

Care Between Visits

- Phone calls, email, or texting
- Facilitates attendance of appointments
- Care planning
- Coordination of care with other departments
- Collaboration with community resources
Most Important

Create an environment that is:

- Non-judgmental
- Sincere
- Trauma Informed Care
- Trustworthy
- Flexible
- A partnership between the team and the parent(s)

Research Shows

- Women with SUD are 4 times less likely to seek healthcare if they have a “strained” relationship with healthcare staff.
- Women with SUD tend to view nurses and social workers as “judgmental” and “insensitive.”
- Parenting programs can prevent child maltreatment when they focus on reducing risk factors and providing education on protective factors.

Research Shows

- Parenting programs are not effective if attention is not paid to the parents’ mental health
- Teaching “mindfulness” in parenting to women with SUD significantly reduced parental stress
- Interdisciplinary team models of care offer the most successful outcomes when working with parents with SUD.

GunderKids

The Role of Social Work

Carolynn Devine CSW

Participant Demographics

Approximately 35% - first baby
70% have identified mental health issues
  ✓ Approximately half of the have both depression and anxiety
  ✓ Other diagnosed mental health issues are Bi-polar, PTSD, ADHD
30% have identified generational substance use

Participant Demographics

Approximately 40% are on opioid replacement medication
  ✓ Indication that some participants continue to use substances while on replacement medication
Per medical chart - approximately half of the participants are poly substance users
  ✓ THC and Meth - most often used
Service Coordination

KNOW YOUR RESOURCES

- Local food pantry
- Baby supplies
- Childcare assistance
- AODA services
- Legal assistance
- Domestic abuse services
- Medical transportation
- Child support
- Complex medical issues

Most Common Needs

Housing
- At least one-third of participants have no housing
  - Staying with friends / relatives
  - Many are ineligible for low income housing

Transportation
- Unreliable vehicles / no vehicle
- Many have no drivers license

Employment
- 50% - neither parent employed / no stable income

CPS Program Statistics

- 16% were involved w/ CPS prior to birth of baby
  - Unborn CHIPS or current CPS case open with other children
- 13% had CPS involvement after birth but before discharge from the hospital
- 13% had CPS involvement after discharge
- 23% of participants are in foster care at some point (approx. 30 babies)
  - 30% returned to parent
  - 70% remain in care
  - Of those remaining in care, 55% have permanent guardianship with a relative or foster parents - the other 45% remain in care with the goal of reunification

Involvement with CPS

- Maintain communication–keep CPS worker up to date
- Provide requested medical information
- Meet w/CPS and medical providers to problem solve
- Make reports when necessary
- Encourage participant cooperation with CPS
- Advocate for participant when needed

Keys to Success

Parent Wellbeing
- Addressing AODA issues
- Regular medical care
- Addressing mental health issues
- Self-aware
  - Family supports
  - Stable finances (employment, SSI, etc.)
  - OR
  - Continued Education

Reading the Room

- Assess non-verbal cues
  - Do they understand language used? Instructions?
  - Is something bothering them?

- Pay attention to the language we use
  - Non-judgmental statements
Metrics

- Growth velocity
- Immunization rate
- Number of Gunderkids appointments kept
- Number of ER/Urgent care visits
- Number of hospital admissions
- Completion of Behavioral Health visit
- CAFI score analysis
- Number of specialty appointments missed
- Parents maintaining or regaining custody
- Incidence of developmental delay
- Number of patients with a diagnosis of maltreatment

Immunization Rates

Program Experience

- We began the program on December 1, 2015
- We have enrolled 130 babies and their parents in the program
- The majority come to their appointments and work towards maintaining sobriety
- Some left the hospital with baby in foster care and have regained custody

Lessons Learned

- 1. It’s all about building relationships
- 2. It is critical to treat patients with respect and be non-judgmental
- 3. Most of our parents have a past history of trauma
- 4. They have a strong desire to be good parents
- 5. Addiction is a chronic disease
References


