

GunderKids: A Model of Care for the Socially Complex

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GunderKids



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

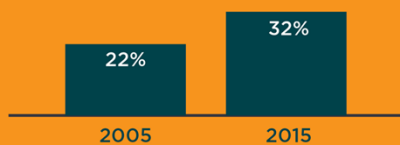


Parental Risk Factors for Maltreatment

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



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




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



Criteria for Program Entry



- Newborn age
- Parent with a history of substance abuse



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Sources of Referrals


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

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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



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The Team

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



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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



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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



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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)

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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.

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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.

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GunderKids

The Role of Social Work

Carolynn Devine CSW

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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

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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

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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	

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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

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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

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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

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Keys to Success

Parent Wellbeing

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

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Reading the Room

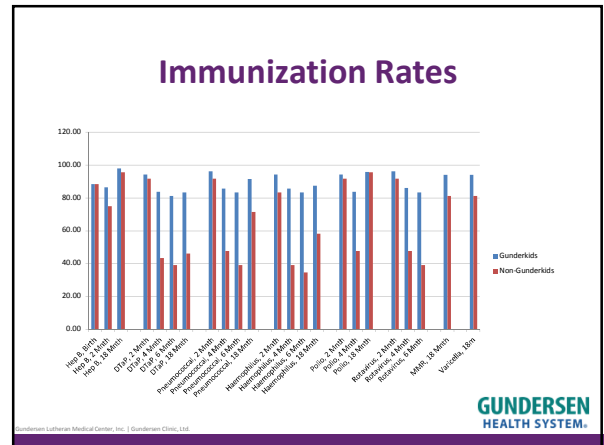
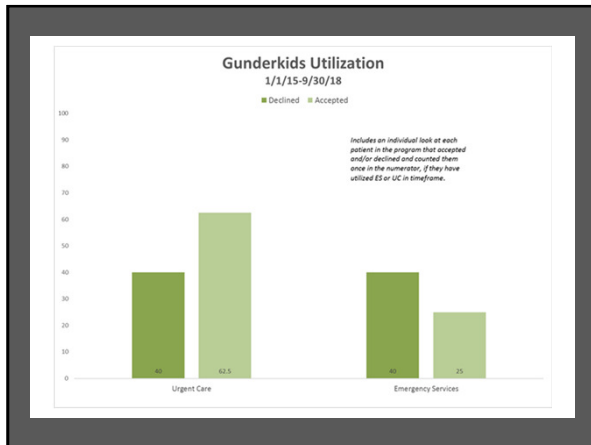
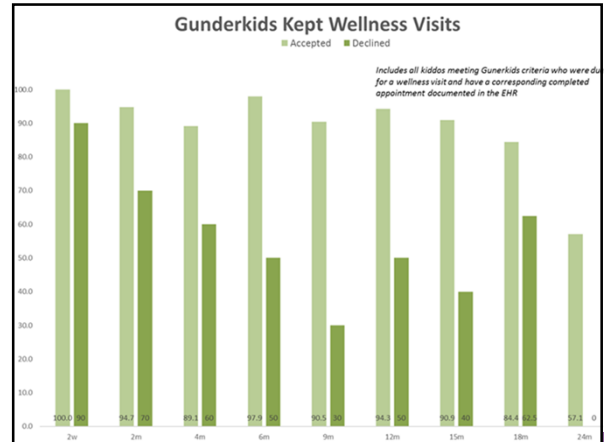
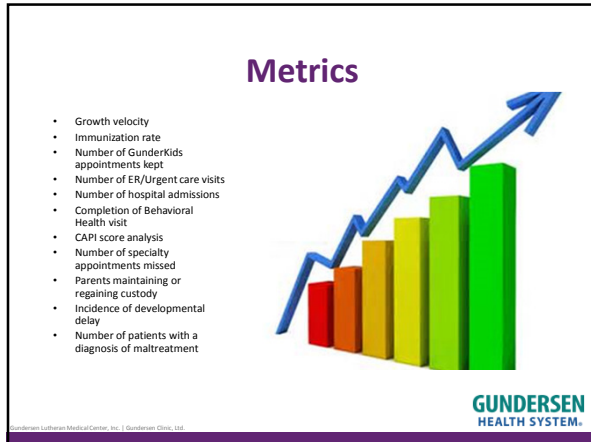
Assess non-verbal cues

- ✓ Do they understand language used? Instructions?
- ✓ Is something bothering them?

Pay attention to the language we use

- ✓ Non-judgmental statements

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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

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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

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