Remodeling Healthcare for Children with NJ FamilyCare:
Applying Trauma-Informed Practices

NJ InCK Webinar Series

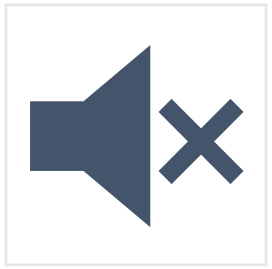
Thursday, July 8th, 2021

New Jersey Chapter
INCORPORATED IN NEW JERSEY
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

InCK
NJ Integrated Care for Kids

This NJ InCK project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $2,999,979 in 2020 and $ 2,999,148 in 2021 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS, HHS or the U.S. Government.

Participant Reminders



All participants will be muted throughout the duration of the session to minimize any disruptions.

Utilize the Q&A feature to ask our presenters questions.

Please remain respectful and professional within the Q&A box.

Continuing Medical Education Disclosure

Accreditation Statement for 7/8/21 Webinar:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Society of New Jersey through the joint providership of Atlantic Health System and the American Academy of Pediatrics, New Jersey Chapter. Atlantic Health System is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.

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Atlantic Health System designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™ on July 8th, 2021, for the webinar. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the activity, with individual assessments of the participant and feedback to the participant, enables the participant to earn 1.0 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABP MOC credit. Disclosure Statement: The presenters have nothing to disclose.

Nursing Contact Hours:

The New Jersey Board of Nursing (NJAC 13:37-5.3) states: *"A registered professional nurse or licensed practical nurse may obtain continuing education hours from the following: (d)3. Successful completion of continuing medical education courses recognized by the American Medical Association, the American Osteopathic Association or the American Podiatric Medical Association: one hour for each 60 minutes of attendance."* Nurses should claim only the credit commensurate with the extent of their participation in the live activity.

Learning Objectives

1. Learn about the Integrated Care for Kids approach for managing care for children with NJ FamilyCare who have medical, behavioral and social needs

2. Define and understand Adverse Childhood Experiences (ACEs), Adverse Community Environments, and Social "Influencers" of Health and how ACEs impact us in New Jersey

3. Understand toxic stress and its impact on brain development and how protective factors provide a buffer to lessen its effects

4. Recognize what trauma-informed and trauma-responsive care is and how to implement it in your practice

5. Learn how to partner with families and community organizations to identify and respond to the needs of children and families

Disclosures

Our presenters have NO financial disclosures or conflicts of interest with the material presented in this webinar.

The presentation reflects the viewpoints of the presenters only and does not necessarily represent the viewpoint of the state of New Jersey or other partners.

Integrated Care for Kids Approach to Care Management

The When/Where/WHO of NJ InCK

- **Clinical launch is in January of 2022**
- NJ and 7 other sites around the country will be simultaneously launching these projects which are funded to continue **through 2026**
  - **NJ**—Monmouth & Ocean counties
  - **NY**—the entire Bronx (through NYS DOH/Montefiore)
  - **CT**—New Haven (through Clifford Beers Guidance Clinic)
  - **NC**—5 counties in Raleigh-Durham area (through Duke & UNC)
  - **IL**
    - *Lurie Children's Hospital*—2 Chicago zip codes
    - *Egyptian Regional Health Department*—5 rural counties
  - **OH**—Nationwide Children's Hospital—2 rural counties
  - **OR**—5 central OR counties (through OR Health Authority/OHSU)
- All kids 0-20 covered by NJ FamilyCare (Medicaid/CHIP)

Who is making InCK happen in NJ?

- **Co-lead agencies**: Hackensack Meridian Health (awardee), NJ Health Care Quality Institute, VNA of Central Jersey
- **Partnership Council**: Representatives of the CMMI defined Core Child Services
- **Coordinating Council**: Data and Information Sharing Governance
- **Other Key Partners:** New Jersey Chapter of the American Academy of Pediatrics, Central Jersey Family Health Consortium

New Jersey InCK: Key Features

- Development of ***interoperable electronic platform*** for real time sharing of individual child information between agencies and clinicians
- Development of ***electronic data base*** to track outcomes and metrics
- **Advanced Case Management teams:**
  - ***Care Integration Managers*** will serve as the liaison between primary care and the ACMTs
  - Teams will likely include social workers, community health workers, child life specialists, and family support specialists.
  - Teams will work in the community and also meet with the pediatric clinicians.
  - Extent of involvement based on level of Service Integration

How does NJ InCK Work?

- After Screening and Diagnosis kids are put in ***risk tiers*** [Service Integrations Levels in CMMI parlance] 1—2—3 (1 being lowest risk and 3 being highest risk)
- NJ InCK sponsored resources are provided to medical providers and the community to connect Level 1 kids to needed resources

[More on this in August and September]

Capacity Building at the Primary Care Office

- The NJAAP will provide ***education for healthcare providers*** to understand and engage in the NJ InCK program through American Board of Pediatrics (ABP) approved Maintenance of Certification (MOC) Part 2 credit opportunities and more, such as:
  - Webinar series
  - Quality Improvement (QI) project
  - Project Extension for Community Healthcare Outcomes (ECHO)

- The Psychiatric Care Collaborative will be critical to ***supporting behavioral health care***

Presented By:

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Director, Resident Education in Advocacy & Community Health
Co-Director, NJ Pediatric Residency Advocacy Collaborative
AAP District III Community Access to Children's Health (CATCH) Facilitator
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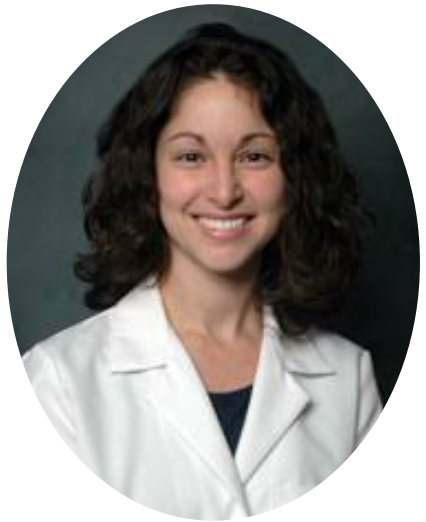


Nicole Leopardi, MD, FAAP

General Pediatrician, Cooper University Healthcare, Children's Regional Center, Assistant Professor of Pediatrics, CMSRU
Medical Director, Medical Home for Trafficked Minors, Children's Regional Center

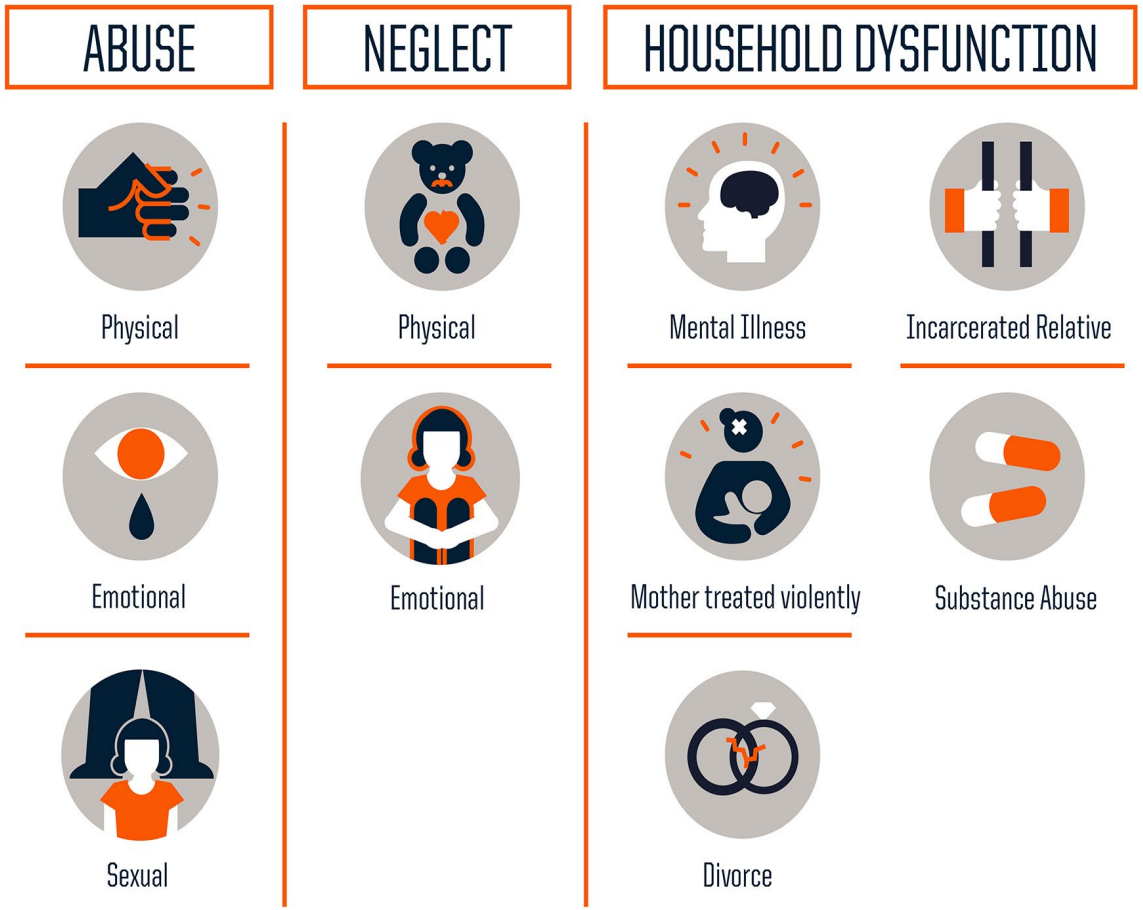
Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs)

"Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The ACES Study"

Felitti, Anda, American Journal of Preventive Medicine, 1998

- ❑ 17,000 participants
- ❑ Tracked health outcomes and health care use in adults



Source: http://acestoohigh.com/got-your-ace-score/

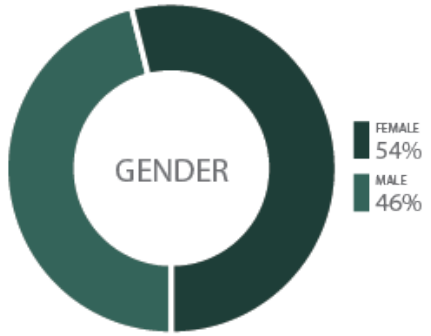
Study Participants

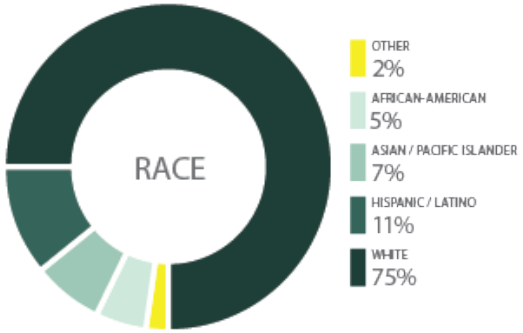
WHAT ARE ACEs?

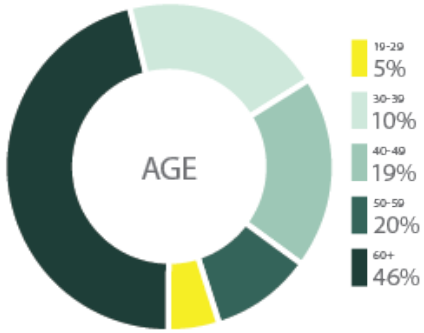
Adverse Childhood Experiences (ACEs) is the term given to describe all types of abuse, neglect, and other traumatic experiences that occur to individuals under the age of 18. The landmark Kaiser ACE Study examined the relationships between these experiences during childhood and reduced health and well-being later in life.

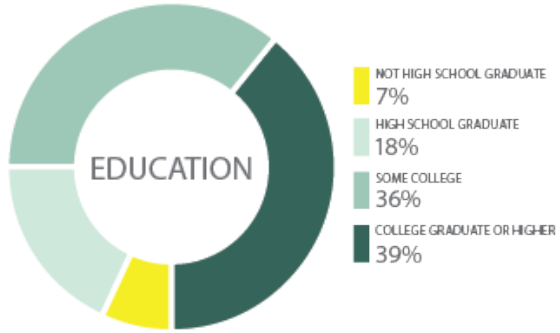
WHO PARTICIPATED IN THE ACE STUDY?

Between 1995 and 1997, over 17,000 people receiving physical exams completed confidential surveys containing information about their childhood experiences and current health status and behaviors. The information from these surveys was combined with results from their physical exams to form the study's findings.







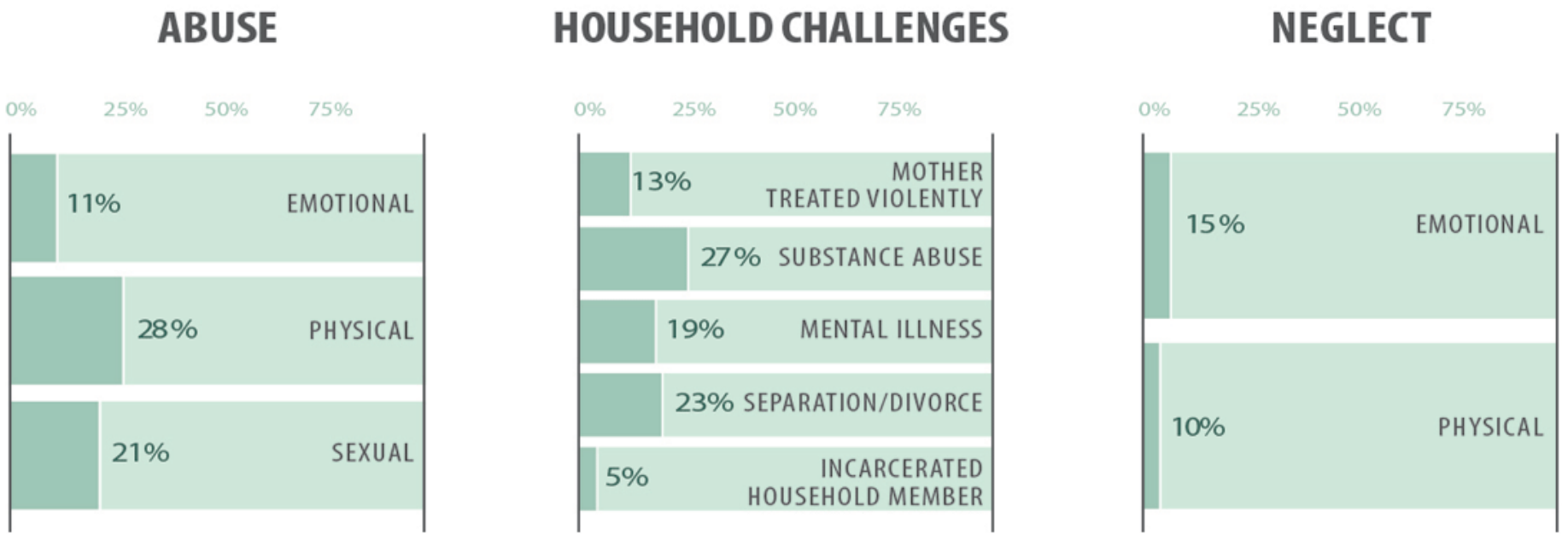


*Participants in this study reflected a cross-section of middle-class American adults.

Study Results

TYPES *of* ACES

The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **household challenges**, which included growing up in a household were there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an **ACE score** between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.



↑ Number of ACES → ↑ Risk for Negative Health Outcomes

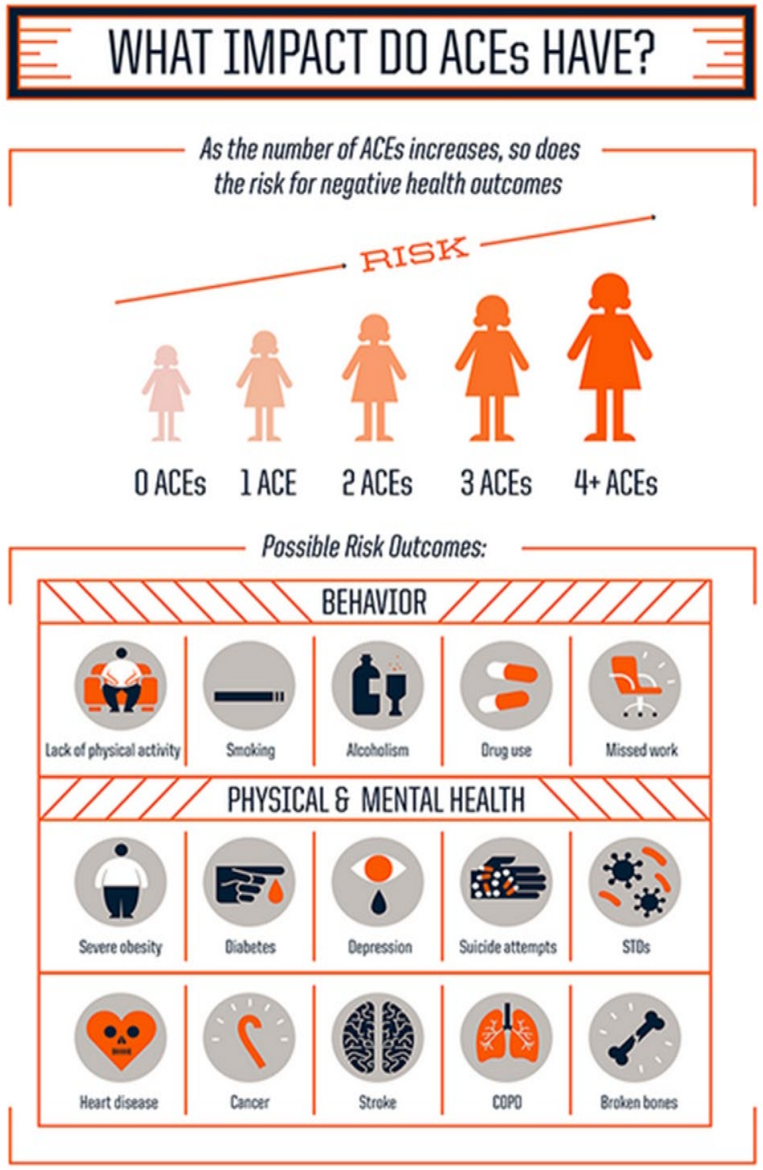


Table 1. ACE-Related Odds of Having a Physical Health Condition[1]

Health Condition	0 ACEs	1 ACEs	2 ACEs	3 ACEs	4+ ACEs
Arthritis	100%	130%	145%	155%	236%
Asthma	100%	115%	118%	160%	231%
Cancer	100%	112%	101%	111%	157%
COPD	100%	120%	161%	220%	399%
Diabetes	100%	128%	132%	115%	201%
Heart Attack	100%	148%	144%	287%	232%
Heart Disease	100%	123%	149%	250%	285%
Kidney Disease	100%	83%	164%	179%	263%
Stroke	100%	114%	117%	180%	281%
Vision	100%	167%	181%	199%	354%

Source: *http://acestoohigh.com/got-your-ace-score/*

Social Correlations with ACEs

Education:

- ❑ 2+ ACEs: 3x more like to repeat a grade than those with no ACEs

Criminal Justice:

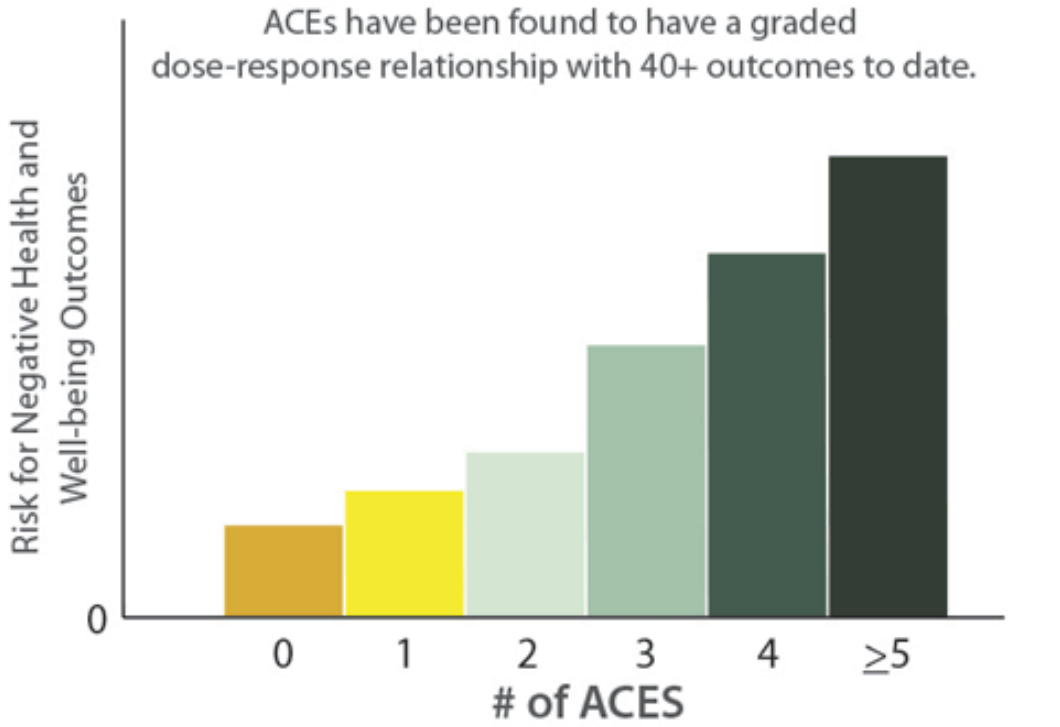
- ❑ Juvenile offenders 4x more likely to report 4+ ACEs than most college-educated adults

Behavior:

- ❑ 4+ ACEs: 7x more likely to self-identify as alcoholics

Economics:

- ❑ Estimated economic burden in the United States for child maltreatment (Subset of ACEs): $428 billion (2015)



Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. *Child Abuse & Neglect*, *86*, 178–183. https://doi.org/10.1016/j.chiabu.2018.09.018

ACEs in New Jersey

- Over 40% children (~782,000) < 18 years of age had one or more ACE
- More than 18% of children had experienced at least two ACEs
- 33% of children under the age of 5 years had experienced one or more ACEs
- 18 children died from child abuse or neglect in 2018
  - Many just days or weeks old
  - 3 of the 18 fatalities were known to DCP&P
  - Substance use was a major factor in fatalities

- There is 3 times the rate of child abuse/neglect fatalities in high poverty areas

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2018). *Child Maltreatment 2018.* Available from https://www.acf.hhs.gov/cb/resource/child-maltreatment-2018

ACEs & Ocean County

According to the "New Jersey Kids Count 2019," the following data reflects the experiences of children in Ocean County (**Child Population: 144,247**):

- 23,134 children live below the poverty threshold *(2018)*
- 59% of households spend 30% or more of their income on rent *(2018)*
- 3,721 children under 19 DO NOT have health insurance *(2018)*
- 6,026 children reported for suspected abuse/neglect; 260 of these reports have been substantiated *(2017)*

Source: https://acnj.org/downloads/2019_11_22_NJ_Kids_Count_2019_The_State_of_Our_Counties_Pocketguide.pdf

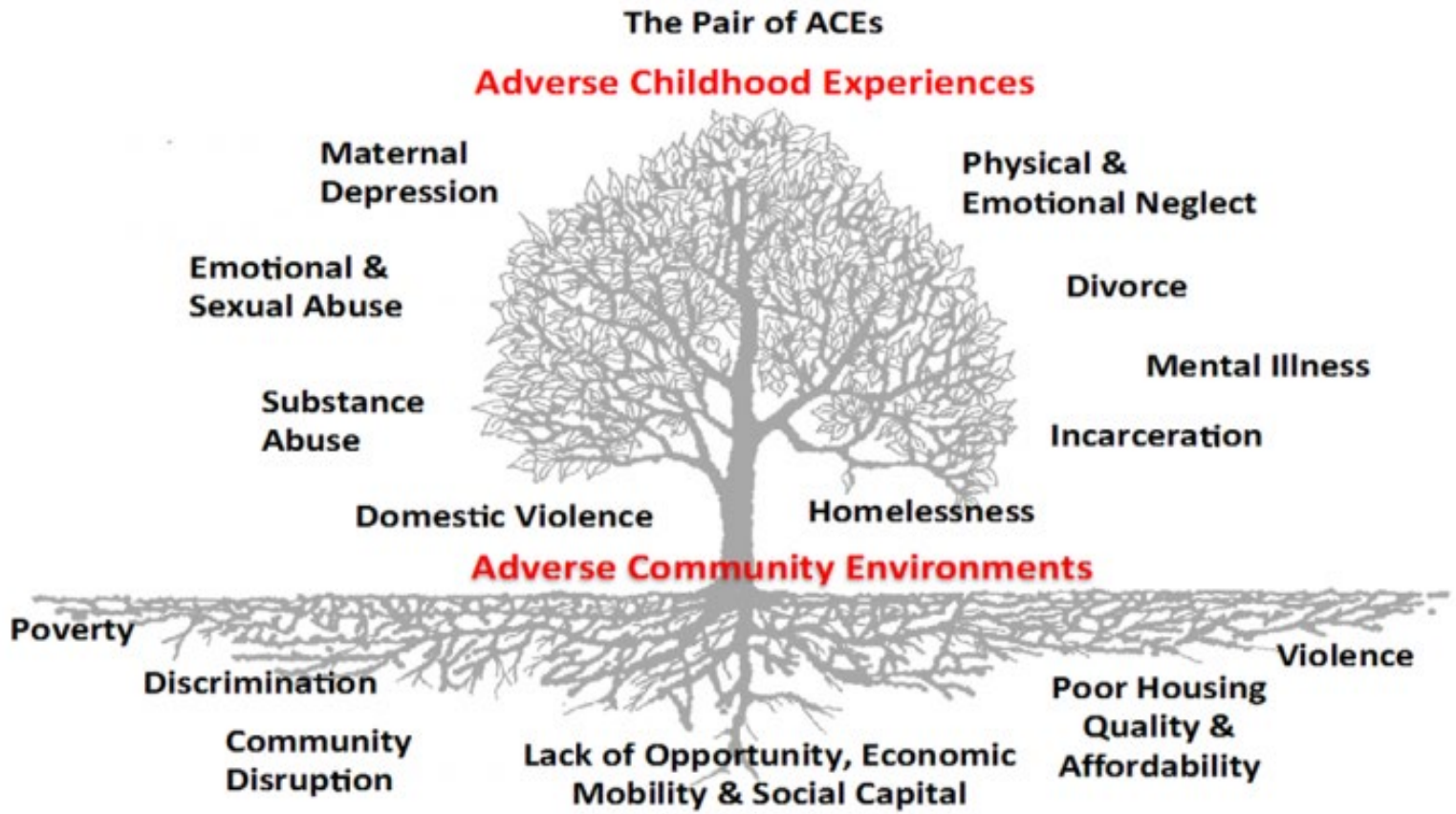
ACEs & Monmouth County

According to the "New Jersey Kids Count 2019," the following data from 2018 reflects the experiences of children in Monmouth County (**Child Population: 131,723**):

- ❑ 12,584 children live below the poverty threshold *(2018)*
- ❑ 53% of households spend 30% or more of their income on rent *(2018)*
- ❑ 4,622 children under 19 DO NOT have health insurance *(2018)*
- ❑ 5,314 children reported for suspected abuse/neglect; 317 of these reports have been substantiated *(2017)*

Source: https://acnj.org/downloads/2019_11_22_NJ_Kids_Count_2019_The_State_of_Our_Counties_Pocketguide.pdf

Adverse Community Environments



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

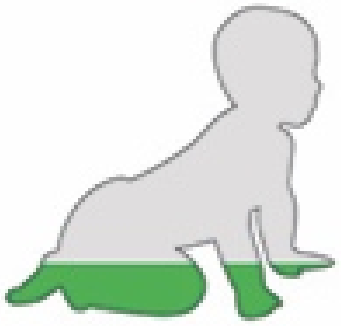
Social "Influencers" of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems Community engagement	Provider availability Provider
Expenses	Safety	Early childhood education		Discrimination	linguistic and cultural competency
Debt	Parks	Vocational traing		Stress	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				
	Zip code/ geography				

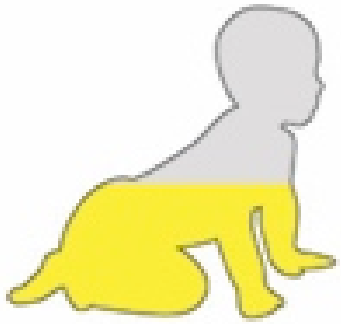
Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status. Functional Limitations

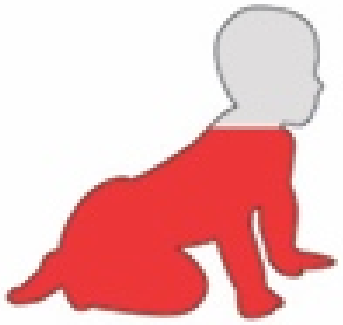
Source: Henry J. Kaiser Family Foundation



POSITIVE
Brief increases in heart rate, mild elevations in stress hormone levels.



TOLERABLE
Serious temporary stress responses, buffered by supportive relationships.



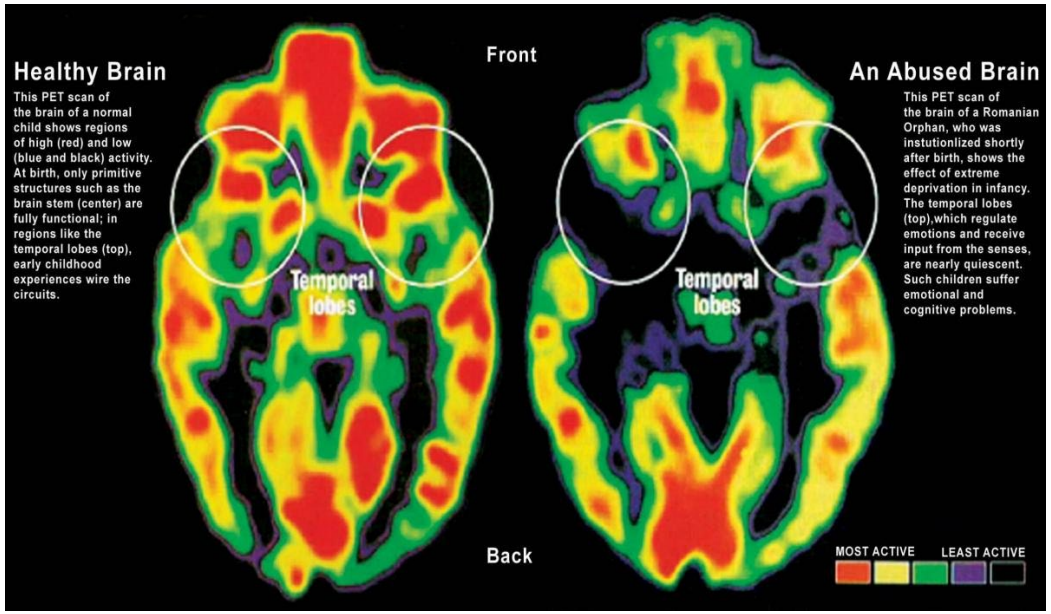
TOXIC
Prolonged activation of stress response systems in absence of protective relationships.

HOW DO ACES AFFECT OUR BRAINS?

TOXIC STRESS!

Toxic Stress Affects Brain Development

- Organizational changes
- Brain chemistry imbalances
- Structural changes
- Hypervigilance
- Persistent physiological hyperarousal & hyperactivity
- Impulsive aggressive behaviors
- Less able to tolerate stress
- Increased risk of physical and mental health problems
- Difficulty learning



Healthy Child

Severe Emotional Neglect

Source: Kuelbs, 2009; Perry, 2001; Shore, 2001; Teicher et al, 2002

Bugental, D. B., Martorell, G. A., & Barraza, V. (2003). The Hormonal Costs of Subtle Forms of Infant Maltreatment. *Hormones and Behavior, 43*(1), 237-244.
www.instituteforfamilies.org

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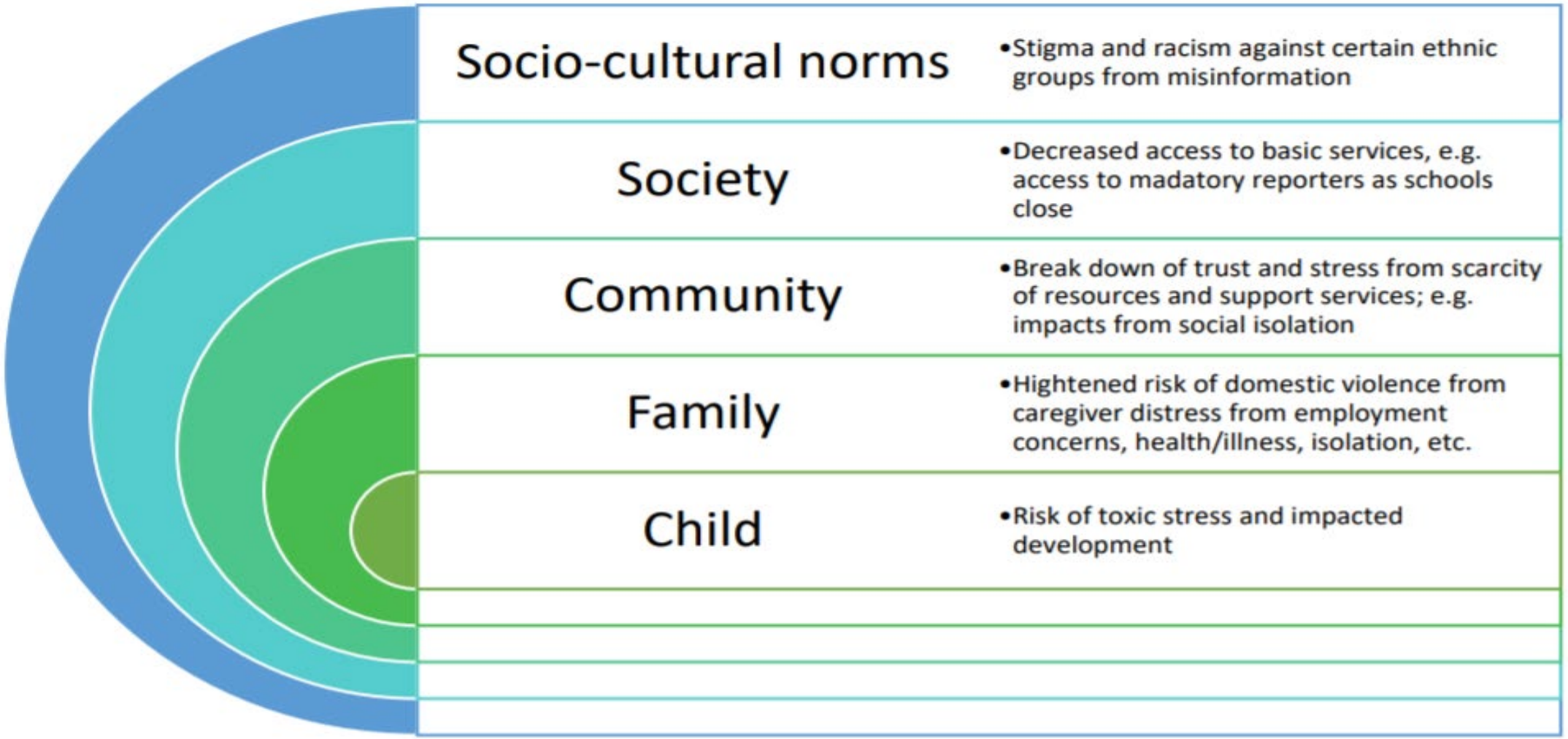
Socio-Ecological Impact of COVID-19 on Families and Children



Source: ASTHO – Association of State and Territorial Health Officials. Issue Brief Preventing Adverse Childhood Experiences During COVID-19 April 8, 2020

INCREASED ADVERSITY → INCREASED TOXIC STRESS → IMPAIRED CHILD BRAIN DEVELOPMENT

Selective mutism

Speech delay

DELAY IN SOCIAL DEVELOPMENT

Increased mask usage → can't learn facial expressions

Less physical affection

INCREASE IN FOOD INSECURITY

- Less access to food from schools, pantries, food banks
- Difficulty learning in school → lower high school completion rates
- Increase consumption of unhealthy foods
- Childhood obesity → weak immune response → more respiratory infections

More likely to be considered in fair to poor health (vs. good or excellent health)

IMPACT ON PHYSICAL HEALTH → OBESITY

- Irregular sleep routines
- Disrupted daily activities
- Decreased physical and outdoor activities
- Cancellation of sports
- Closure of parks and gyms
- Increased use of electronic devices

INCREASED RISK OF CHILD ABUSE/NEGLECT

- WORSENING contributing factors (OECD 2019):
  - poverty
  - overcrowded housing
  - social isolation
  - intimate partner violence
  - parental substance abuse
  - toxic stress levels
- Compromised child protection systems:
  - less in person contact between children and DCP&P
  - less monitoring of children's well-being
  - less reporting of concerns
  - large decreases in reporting of concerns for children's safety and welfare

"Longer the period of school closures the higher the possibility that the child will never return to school" – OECD 2019


Trauma

Defining Trauma

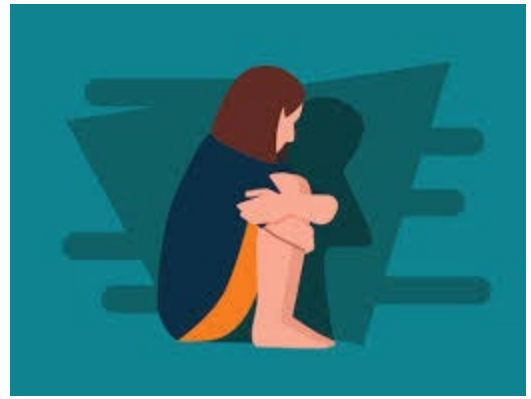
"An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

- SAMHSA

Variability in Response to Stress and Traumatic Events

The impact of a potentially traumatic event depends on several factors, including:

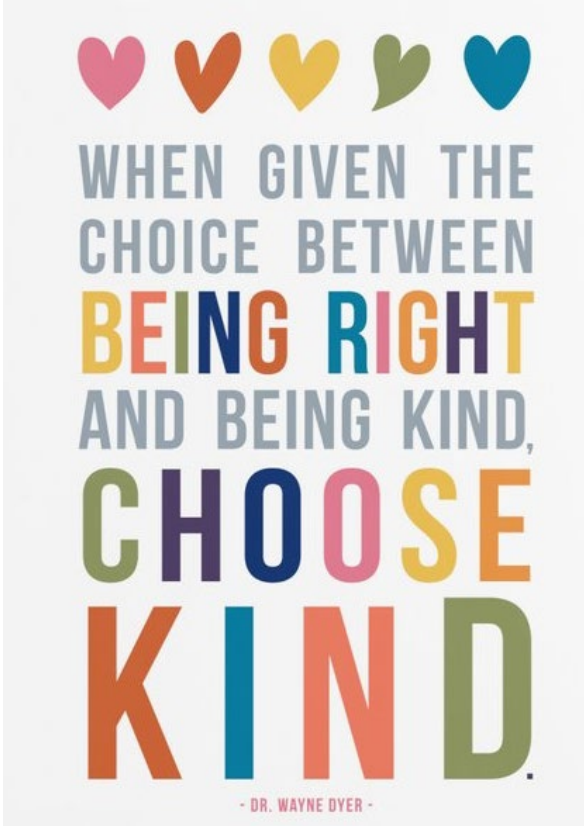
- The age and developmental stage at the time of the event
- The perception of danger faced
- Whether they were a victim or a witness
- Their relationship to the victim or perpetrator
- Their past experience with trauma
- The adversities they've faced following the trauma
- The presence/availability of adults who were able to offer help and protection



Center for Substance Abuse Treatment (US). Trauma-Informed Care in Behavioral Health Services. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Available from: https://www.ncbi.nlm.nih.gov/books/NBK207201/

Trauma-Informed Care

- **Trauma-informed care** is a model for understanding and serving children and families who live with or who have been affected by the consequences of toxic stress
  - Acknowledging the trauma
  - Providing services and support in ways that do not blame, judge, or re-traumatize
- Seeks to reduce stigma that surrounds mental health and behavioral health disorders
- Philosophical shift from *"what is wrong with you?"* to *"what has happened to you?"*



Source: https://www.dhs.wisconsin.gov/resilient/trauma-informed-practices.htm

Trauma-Informed Care (Cont'd)

Definition: *Trauma-informed care recognizes and responds to the signs, symptoms, and risks of trauma to better support the health needs of patients who have experienced ACEs and toxic stress.*

Framework:

- **Understanding** the prevalence of trauma and adversity and their impacts on health and behavior;
- **Recognizing** the effects of trauma and adversity on health and behavior;
- **Training** leadership, providers, and staff on responding to patients with **best practices in trauma-informed care**;
- **Integrating** knowledge about trauma and adversity into policies, procedures, practices and treatment planning; and
- **Resisting** re-traumatization by approaching patients who have experienced ACEs and/or other adversities with **non-judgmental support**.

Source: ACEs Aware: https://www.acesaware.org/treat/principles-of-trauma-informed-care

6 Guiding Principles & 4 Rs of Trauma-Informed Care

1. **Safety** – physical and emotional
2. **Collaboration and mutuality** – dignity and shared decision making
3. **Trustworthiness and transparency**
4. **Empowerment and choice** – strengths-based approach
5. **Peer support** – shared stories and lived experiences
6. **Cultural, historical, and gender issues** – moving past biases

The 4 Rs: *Realize* the prevalence, *Recognize* the effects, *Respond*, and *Resist* re-traumatization

Source: *SAMHSA & CDC.gov*

Trauma-Responsive

*Being **trauma-responsive** means looking at every aspect of an organization's programming, environment, language, and values and involving all staff in better serving clients who have experienced trauma. ... Gain knowledge of stress, adversity, and trauma.*

***Source:** www.hazeldon.org*

Healing-Centered Approach

- **Healing-centered care** is a holistic approach involving culture, spirituality, civic action, and collective healing. A healing-centered approach views trauma not simply as an individual, isolated experience, but rather highlights the ways in which trauma and healing are experienced collectively. The term healing-centered engagement expands how we think about responses to trauma and offers a more holistic approach to fostering well-being.

Source: https://www.nj.gov/dcf/documents/NJ.ACEs.Action.Plan.2021.pdf

Resilience

RESILIENCE is a positive adaptation within the context of significant adversity and is the result of a dynamic set of interactions between a person's adverse experiences and his or her protective factors. (Minnesota DOH)

Dr. Ginsburg's Seven "Cs" of Resilience:

(1) Competence
(2) Confidence
(3) Connection
(4) Character
(5) Contribution
(6) Coping
(7) Control

Ginsburg, K. *A Parent's Guide to Building Resilience in Children and Teens: Giving Your Child Roots and Wings*. AAP, 2011.

Building Resilience

Hard Things & Stressors:

- Not able to pay bills
- Not enough food to eat
- Violence
- Health problems
- Housing that does not feel safe

Good Things & Resources:

- People that you can count on
- Dependable transportation
- Safe housing
- A doctor you trust
- Having enough money

Things about You:

- Genetics and DNA
- Resiliency/ACE score
- Life story
- Personality

Resiliency is when the scale tips toward the good even when there are stressors and hard things.

Source: https://developingchild.harvard.edu/science/key-concepts/resilience

Protective Factors to Counter-ACEs:

fundamental to optimal child growth/development

Source: https://developingchild.harvard.edu/resources/how-to-help-families-and-staff-build-resilience-during-the-covid-19-outbreak/

Roots Keep Trees Standing Healthy and Strong!

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Questions?

NJAAP NJ InCK Team

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Join us for our Fifth Session!

Remodeling Healthcare for Children with NJ FamilyCare: *Nothing About the Families Without the Families!*

Thursday, August 12th, 2021 from 12-1 PM

Register Here!

Presented By:

Diana Autin

Executive Director, SPAN Parent Advocacy Network

Deepa Srinivasavaradan

Early Childhood Screening Initiatives, SPAN Parent Advocacy Network

Fran McCloskey

Public Health Nursing Projects Coordinator for Children & Family Health Institute, Visiting Nurse Association Health Group

Evaluation

If you are seeking CME/MOC part 2 or CNE credit for your participation, you must complete the webinar evaluation:

https://forms.office.com/r/tG6LLc1P98