Community Recovery from Superstorm Sandy

*Responding to the Needs of Children & Families*

National Pediatric Disaster Preparedness Coalition
2015 Conference

Presented By:
Sunday Gustin, RN, MPH, Early Childhood Administrator
DCF Family & Community Partnerships

November 4, 2015
Hurricane Sandy struck New Jersey—10/29/12
Far-reaching impacts on families & children...

from NJ’s coastal and rural communities
to densely populated urban areas
New Jersey’s Population

Source: U.S. Census Bureau
Census 2010 Summary File 1
population by census tract
DCF Focus--Supporting Children & Families

"Stronger Than the Storm"
Keeping Infants and Young Children in Mind During the Response to Superstorm Sandy

GERARD COSTE
KATHLEEN MULDOONEY
NICOL SPINAZZOLA

New Jersey Department of Children and Families
NJ-DCF Core Recovery Activities

- NJ State-Led Child Task Force
  - Interdepartmental Planning Group
- Sheltering Families with Young Children
  - Consultation & assistance at select shelters / local training
- Workforce Development – State & Local
  - Keeping Babies & Children in Mind to address EC Mental Health
  - Pediatric Primary Care Initiative (PPI) – Trauma-Informed Care
NJ State Led Child Task Force

• **Quick Response** - within 2 weeks of Superstorm Sandy, we organized weekly update meetings.

• **6 Target Areas**: 1) Family Strengthening, 2) Child Care, 3) Health Needs of Children/Youth, including Mental Health, 4) Education, 5) Special Needs Populations, and 6) Housing

• **State Partners**: 4 core departments – 1) Children & Families; 2) Human Services; 3) Health and 4) Education
## Current State-Level Departments Providing Early Childhood (EC) Services & Supports in New Jersey

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<tr>
<th>Education (DOE)</th>
<th>Human Services (DHS)</th>
<th>Children &amp; Families (DCF)</th>
<th>Health (DOH)</th>
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<tr>
<td>RTT-ELC Lead</td>
<td>QRIS co-lead - Grow NJ Kids</td>
<td>Child Care Licensing</td>
<td>Title V MCH Block Grant</td>
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<td>QRS co-lead - Grow NJ Kids</td>
<td>Child Care Block Grant</td>
<td>Home Visiting/Central Intake</td>
<td>MIEC Home Visiting--Lead</td>
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<tr>
<td>State-Funded Preschool Family Outreach Program</td>
<td>Child Care Resource &amp; Referral Agencies (CCR&amp;R)</td>
<td>ECCS/Help Me Grow</td>
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<td>Early Head Start &amp; Head Start Collaboration</td>
<td>First Steps--Infant/Toddler</td>
<td>Project LAUNCH</td>
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<td>Preschool Special Education (IDEA Part B)</td>
<td>Family Outreach Workers</td>
<td>Infant/EC Mental Health</td>
<td>Improve Birth Outcomes</td>
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<tr>
<td>Project Child Find</td>
<td>Family Childcare Providers</td>
<td>Parent/Family Engagement SF - County Councils</td>
<td>Outreach/Central Intake</td>
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<td>Federal Title I Services for low-income families</td>
<td>EC Workforce Registry</td>
<td>School-Linked Services for Pregnant/Parenting Teens</td>
<td>WIC / Breastfeeding</td>
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<td>Regional Achievement Centers (RAC)</td>
<td>NJ School Age Child Care &amp; Inclusive Child Care</td>
<td>Family Success Centers, DV &amp; Women’s Services</td>
<td>Immunizations/ Child Lead Poisoning / Healthy Homes</td>
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<tr>
<td>Parent Training Info Center</td>
<td>TANF / GA / SNAP Medicaid / NJ FamilyCare</td>
<td>Children’s Trust &amp; Child Abuse Prevention (CBCAP)</td>
<td>Shaping NJ / Let’s Move</td>
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<tr>
<td>Council Young Children</td>
<td>Addiction &amp; Mental Health Disability Services (adults)</td>
<td>Child Behavioral Health &amp; Developmental Disabilities</td>
<td>Early Intervention (Part C)</td>
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<td>Family Health Info Center</td>
<td>Child Protective Services</td>
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<td>Teen Pregnancy Prevention</td>
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<td>Family Health Line</td>
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<td>NJ Parent Link</td>
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NJ State Led Child Task Force

**Federal Partners:** Federal Emergency Management Agency; ACF-Human Services Emergency Preparedness & Response

**National Partners:** National Voluntary Organizations Active in Disaster (VOAD), American Red Cross, Save the Children, Southern Baptist, Church of the Brethren

**NJ Critical Stakeholders for Early Childhood/Youth Issues:** Child Care, Head Start, Schools, NJ-AAP, Trauma Loss Coalition, Montclair State University (Early Childhood Mental Health), and others
Superstorm Sandy - Lessons Learned

Sheltering Guide for Children & Families

offers general guidance, suggestions and ideas—not a comprehensive guide. And, not intended to replace training and experience required for sheltering children and families.

This document is posted on the NJ-DCF website at:

National Resources for Sheltering Children

National Commission on Children & Disasters

Appendix E: Standards & Indicators for Disaster Shelter Care for Children

Appendix F: Supplies for Infants & Toddlers in Mass Care Shelters and Emergency Congregate Care Facilities

www.childrenanddisasters.acf.hhs.gov

Supplemental Resource: Children in Disasters Guidance


Annex B: Standards & Indicators for Disaster Shelter Care for Children

Annex C: Supplies for Infants & Toddlers in Mass Care Shelters & Emergency Congregate Care Facilities

General Guidelines for Children/Families

- Establish a shelter central registration for all families with children to track numbers, age and status of children at the shelter (CDC Health Advisory)
- Develop systems to ensure security for unattended or unsupervised children/adolescents in emergency shelters/other facilities (Appendix E)
- Provide information to shelter staff and volunteers on the special safety and security needs of infants & young children (Annex B)
- Establish protocols & train shelter workers to identify/address child neglect & abuse, abduction, and sex offenders (National Resource Center-Child Protective Services)
- Criminal background checks on volunteers (National Commission on Children & Disasters)
- Work with schools to help children return to normal routines/pre-disaster services & supports—Head Start, Home Visiting, Childcare, PreK (Annex B)
- Provide written materials & translation in multiple languages, as needed (SAMHSA)
Family-Friendly Policies & Practices

- Shelter children together with parents/families, guardians or caregivers. Encourage & support families to establish a routine to foster a safe, calm, nurturing & normalizing environment.
- Family areas should have direct bathroom access. Parents should be expected to accompany their children to/from the bathrooms.
- Provide opportunities for children to play & socialize with other children; establish designated child-safe areas where children may congregate with supervision. (National Child Traumatic Stress Network)
- Set aside space for family interaction free from outside news sources to reduce a child’s repeated exposure to the disaster (Annex B)
- Provide secure transportation for children, with age-appropriate child restraints, accompanied by a parent/guardian from the shelter to medical or other services.
Emotional Well-Being of Children & Families

- Give parents guidance in how to talk with their young children & teens after a hurricane. (National Child Traumatic Stress Network)

- Assist parents in understanding common reactions or symptoms associated with a traumatic event. (National Child Traumatic Stress Network)

- Assist parents in recognizing the signs of stress that are common in young trauma survivors, and offers tips on how to help. (National Child Traumatic Stress Network / Substance Abuse and Mental Health Services Administration)

- Seek help from local child mental health partners for children showing signs of emotional distress. Statewide mental health consultation network set up with key partners--Montclair State University, NJ Association for Infant Mental Health and NJ Chapter-AAP.
Child Health and Hygiene

• Remind families about importance of child hygiene & routine hand-washing.
• Routinely clean shared environmental surfaces used by children (i.e. diaper changing surfaces, toilets, sinks, toys) with bleach solution or child-safe commercial disinfectant. Establish diapering and diaper disposal protocols.
• Assess infant/child health needs prior to, and during the incident. Make needed referrals/linkages & contact local child health partners.
• Ask parents/caregivers about routine pediatric/child health care practices, e.g. medical home, meds, health insurance, special health & special education needs.
• Establish a plan of care for medically-dependent children that includes essential connections for medications and/or needed follow-up
• Safe Sleep practices for infants—on their backs, crib next to parent/caregiver. NO blankets, pillows, excess clothing, stuffed animals. (SIDS Resource Center)
Infant/Child Supplies & Nutrition

• Have essential age-appropriate supplies for infants & children, i.e. breastfeeding supplies, bottles, diapers, changing pads, baby wipes, diaper rash ointment, sip cups, and emergency clothing.

• Support breastfeeding mothers by providing a clean, comfortable space that ensures privacy, emotional support, & needed supplies (US Breastfeeding Committee)

• Provide age-appropriate nutritional foods for children (including breast-fed and bottle-fed infants)—various pre-mixed formulas, as appropriate (e.g. milk-based, hypoallergenic and soy-based); baby cereal; various stages of baby food (Annex C)
Infant/Early Childhood Mental Health

Center for Autism and Early Childhood Mental Health
Montclair State University: Training series for professionals working with infants, toddlers, young children and their families in the 10 counties most affected by Superstorm Sandy

FREE Trainings: 7 sessions - 3 hours/each

Keeping Babies & Children in Mind (KBCM)
https://www.montclair.edu/cehs/academics/centers-and-institutes/autism/iecmh-training-project/

**Workshop 1:** In the Beginning: What Happens Early Matters

**Workshop 2:** Infant and Early Childhood Development

**Workshop 3:** The Language of Behavior

**Workshop 4:** Encountering Early Stress and the Power of Meaningful Connections

**Workshop 5:** Relationship-Based Practices

**Workshop 6:** Me, My Family, My Community--How Culture Shapes Social-Emotional Development

**Workshop 7:** Reflective Practices: Caring for Ourselves
KBCM – Data Overview

- Target of 1,000 participants – actual 1,860 unduplicated individuals participated in the series
- 65% of all participants (1,200) attended 4+ workshops
- 40% (735) attended the entire series of 7 workshops
- 1,294 participants completed a demographic questionnaire
- 374 participants completed the Pre and Post Surveys
- 226 of these respondents completed a “follow-up” survey (between 2 and 4 months post series)
KBCM Demographic Profile (n=1,294)

- 27% had a High School Diploma or GED
- 11% had an Associate Degree
- 33% had a Bachelor’s Degree
- 21% had a Masters Degree
- 39% worked in Child Care / 10% in Head Start
- 23% had Child Development certification
- 25% had a Teacher Certification
KBCM Demographic Profile - continued

- 24% worked in Home Visiting Programs
- 20% in the Early Intervention Program
- 61% worked in settings with Infants
- 65% Toddlers / 59% Preschoolers
- Average experience: 12.3 years
- 42% provide services in a language other than English. Of these, 86% provide services in Spanish.
KBCM – Selective Results

- Post-series ratings were significantly higher than pre-series ON ALL 42 items (at p<.05, using paired t-tests).
- Respondents were more confident in their skills and understanding in the 10 areas examined in the survey.
- Almost all (99%) of Follow-up Surveys indicated that KBCM training series helped them improve parent-child interaction.
- Almost all (99%) indicated that KBCM helped them address mental health needs of infants & young children, with 51% reporting that the training helped them “a lot”.
- Over 100 IMH Endorsements thru KBCM and growing!
- KBCM continues and has now expanded statewide.
Pediatric Partnership Initiative (PPI)

Provided pediatric and family practice providers with free learning opportunities to teach best practices for supporting children and families suffering toxic stress from adverse childhood experiences as they recover post Superstorm Sandy.
Pediatric Partnership Initiative

PPI offered physicians 3 program components:

- Grand Rounds and Business Meetings
- EPIC (Educating Physicians in the Community) Office-Based Practice Sessions
- Local County Learning Collaboratives – 10 counties
1) PPI Grand Rounds & Business Meetings

**PPI Practice Team:** Medical Practice Champion—nurse or other key staff—and Parent Partner. Teams may include other partners, e.g. mental health/behavioral specialists.

- Presentation of Key Components of the Core Curriculum
- Supporting Children and Families: Dealing with *Adverse Childhood Experiences* and Recovery Post-Sandy
- Community Resource Linkages
2) PPI - EPIC Office-Based Sessions

Onsite Training and TA for individual pediatric and family practice staff on toxic stress and ways to support families affected by Super Storm Sandy.

- **Core Curriculum** – Supporting Children & Families; Dealing with Adverse Childhood Experiences Post-Sandy Recovery
- **PPI Toolkit** – Toxic stress and resilience resources and educational materials for your patients
- **AAP Mental Health Toolkit** – Screening, mental health resources and educational materials for patients
- **Webinar Topics** tailored to practice needs, e.g. Payment & Coding; Implementing Developmental Screening; Motivational Interviewing
- **Links to Community Resources** for referrals and support
3) PPI Learning Collaboratives

**County Learning Collaboratives** – to promote shared learning, skill-building and networking—with pediatricians, family physicians, practice office staff, and representatives from community agencies.

- **Learning Sessions** – 2½ day over four months
- **Access to Content Experts** – affiliated with NJ-AAP
- **Reinforce Core Curriculum** – Supporting Children & Families
  - PPI Toolkit – Toxic stress and resilience & patient education materials
  - Mental Health Toolkit – Screening resources & patient education materials
- **Networking** – practice staff & local community organizations
Questions & Discussion

CONTACT INFORMATION

Sunday Gustin
Office of Early Childhood Services
sunday.gustin@DCF.state.nj.us

THANK YOU!