

# Bergen's Promise Pediatric Behavioral Health Home

Reflecting on a decade of pioneering a paradigm shift



"We need a new type of health facility, one which will return mental health care to the mainstream of American medicine, and at the same time upgrade mental health services."

-President John F Kennedy Special Message to Congress on Mental Illness February 5, 1963

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#### Foreword

It was both an honor and a privilege to accept the invitation from The Children's System of Care in 2013 to establish one of the first Pediatric Behavioral Health Homes in New Jersey, marking a historic milestone as the first in the United States to adopt the Wraparound model of care.

Embarking on this journey to integrate physical health, mental health, and the social determinants of health has been both deeply rewarding and transformative.

As we look ahead, we are confident that this shift from fragmented, siloed care to a fully integrated approach will be recognized and embraced as a "Best Practice" model, setting a new standard in care for youth and families we are privileged to serve.

Dean Pastras, ACSW, LCSW

Chief Executive Officer

Bergen's Promise Inc.

Dean Pastras

#### Section I: Introduction

Bergen's Promise, the designated Care Management Organization (CMO) for Bergen County, New Jersey (NJ), is a 501(c)(3) non-profit organization committed to addressing the multifaceted mental health and wellness needs of children and young adults up to age 21. Serving those with emotional and behavioral challenges, substance use, and intellectual or developmental disabilities, Bergen's Promise mission is clear and critical: to provide the support necessary to keep at-risk children safe, stable, and thriving at home and within their communities.

A significant challenge in this mission is the disconnect between physical and behavioral health care systems for youth in New Jersey. These systems often operate in isolation, resulting in fragmented care, gaps in service, poor coordination among providers, higher costs, and suboptimal outcomes. For children with complex mental and physical health needs, integrated care is not just a concept but an essential strategy to ensure comprehensive and effective support.

One innovative model of integrated care is the Behavioral Health Home (BHH). Grounded in the principle that optimal healthcare recognizes the interconnectedness of the mind and body, BHHs are designed to bridge prevention, primary care, and specialty care. They address fragmented systems by fostering coordination and reducing reliance on acute services, such as emergency room visits and inpatient stays. This approach also helps mitigate health disparities for individuals with behavioral health challenges.

In 2014, Bergen's Promise took a pioneering step by beginning one of New Jersey's first Pediatric Behavioral Health Homes

within the state's Children's System of Care. This was also the first pediatric BHH programs in the United States to adopt the Wraparound model of care. Through this bold initiative, Bergen's Promise has redefined care delivery for children with chronic and complex needs, establishing itself as a leader in integrated healthcare.

The goal of Bergen's Promise Behavioral Health Home is to enhance care coordination and promote health and wellness for children and their families. By equipping families with the knowledge and skills to manage chronic medical and behavioral health conditions, the program empowers them to take an active role in their child's health journey, ensuring better outcomes and a brighter future.

# Section II: The BHH Journey: A brief history

#### The Eras of BHH

#### 2014: Planting the Seeds for a Paradigm Shift

Bergen's Promise Behavioral Health Home (BHH) was initiated in 2014, with Bergen's Promise being selected as one of the first Care Management Organizations to pilot the program within the New Jersey Children's System of Care (NJ CSOC). Bergen's Promise CEO, Dean Pastras, and COO, Shelisa Foster hired Jan Schlaier as the agency's first Director of Health Services in August 2014. As BHH moved from concept to reality, two health education specialists were onboarded to work alongside the Director in December 2014, officially launching the Behavioral Health Home department.

#### 2015-2019: Growth/Building

In January of 2015, the BHH team enrolled their first youth in the program. As the department developed policies and procedures, the health educators built a toolkit of health behavior assessments and health education tools to bring the vision to life. An original program manual was developed

#### 2014

Bergen's Promise is selected as one of the first New Jersey CMOs to pilot BHH.

Director of Health Services and 2 Health Educators

2015

First family enrolled in BHH.
Precertification survey completed.
BHH Toolkit and Health Behavior
Assessments developed.

for BHH's precertification survey by the NJ Children's System of Care. By 2016, Bergen's Promise was serving as a guidepost among the Care Management Organizations that followed their footsteps by incorporating Behavioral Health Homes into their programs. The first to undergo review for accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF), Bergen's Promise BHH was awarded the highest possible marks, with reviewers writing that "Bergen's Promise Behavioral Health Home for youth is exemplary within the state of New Jersey and the nation." During the following years, the BHH team ingratiated themselves within Bergen's Promise and the community by providing trainings and presentations, collaborating with local healthcare entities, sharing best practices through professional publications, and advocating for the importance of integrated care for youth with mental and behavioral health needs.

#### 2020-2022: Overcoming barriers

Early in 2020, the world and the demands of BHH's work abruptly shifted with the onset of the COVID-19 pandemic. The by then robust team of nurses and health education specialists that composed the BHH team adeptly pivoted to

#### 2016

First CARF Accreditation review: "Bergen's Promise BHH for youth is exemplary within the state of New Jersey and the nation."

2017

Integrated care trainings offered to multidisciplinary staff. Collaboration with pediatric interns.

provide virtual health education to youth and families. At the same time, the team used their expertise in public health and health communication to develop health materials on COVID-19 safety precautions, the COVID-19 vaccine, food insecurity and more. In partnership with the Family Safety Subcommittee, BHH health educators led an art contest, "Max the Vax" to encourage youth working with Bergen's Promise to create persuasive artwork encouraging their peers to receive the COVID-19 vaccine. During this time, members of BHH wrote and received a \$10,000 grant to provide financial support for grocery purchases for Bergen's Promise families facing food insecurity amid the pandemic. The BHH team continued to provide exemplary care and leadership within the field throughout the pandemic, presenting at a statewide conference, and publishing three peer-reviewed articles during this era of public health crisis. As the world settled into its new normal in 2022, the BHH team was awarded another \$10,000 grant to develop and pilot a parent support group for Spanish-speaking parents of youth with eating disorders. As Bergen's Promise recognized the importance of a public health perspective in their service delivery, a new position, Health Promotion Manager, was developed within the BHH team, with the goal of further

#### 2018

Pediatric Grand Rounds presentation. BHH Liaison role established to improve interdisciplinary coordination.

2019

Monthly community health outreach education expands impact on community.

Article published in Behavioral Health News.

promoting wellness and integrated care for families enrolled in Bergen's Promise, Bergen's Promise staff, and the broader community. Several months later, a second new role, Community Health Outreach Specialist was added to the team to further strengthen Bergen's Promise's presence in the local healthcare community.

#### 2023 and Beyond: Embracing Integrated Care

As the world settled into its new normal and the COVID-19 Public Health Emergency ended in 2023, Bergen's Promise emerged with a stronger appreciation for the essential role of integrated care in supporting youth and families. Into 2023 and 2024, the expanded Behavioral Health Home team continued to diligently serve eligible youth and families through one-on-one health education, and introduced a broadened array of integrated health supports for all families, staff, and community members. This included the establishment of a sensory-friendly vaccine clinic in partnership with Holy Name Health, implementation of grant-funded support groups for Spanish-speaking caregivers of youth with intellectual and developmental disabilities and eating disorders, grant-funded health education for youth that did not meet insurance eligibility criteria for BHH

#### 2020

Presentation at NJAMHAA Annual Conference.
Pivoted to virtual care and led COVID-19 education.
Publications in Autism Spectrum News and American
Journal of Health Education
Awarded a \$10,000 grant from Englewood Community

2021

Peer-reviewed article published in Consumer Health on the Internet.

services, and preventive health outreach in the community. Bergen's Promise partnered with the Care Management Organizations of Passaic and Hudson counties to host a family wellness day, connecting families across three counties with resources and education related to the 8 Dimensions of Wellness, Bergen's Promise invited experts in various areas of integrated care, from nutrition for mental wellness to trauma-informed exercise, to educate youth and family through a quarterly health promotion webinar series. As Bergen's Promise has established itself as an agency that truly embraces integrated care, the behavioral health home team has continued to share best practices and program evaluation information with other professionals through publications and national presentations. The paradigm shift from siloed to integrated care has been an evolving journey, but after a decade of growth and reimagining, Bergen's Promise has emerged as a leader and a beacon in the adoption of integrated care models to support youth with mental and behavioral health needs.

#### 2022

Awarded \$10,000 grant from Rutgers Institute for Health, Health Care Policy and Aging Research.

Health Promotion Manager and Community Health
Outreach Specialist positions created.

#### 2022

Awarded \$100,000 Bergen County Division of Mental Health & Addiction Services.

Awarded \$5,000 Provident Bank Foundation grant.

Oral presentations at international and national conferences.

#### The Key Players:

#### New Jersey Children's System of Care

Section 2703 of the Patient Protection and Affordable Care Act (ACA) created a state option to encourage the development of health home services for Medicaid beneficiaries. The ACA defines health home services as "comprehensive and timely high-quality services" including "comprehensive care management, care coordination and health promotion, comprehensive transitional care, patient and family support, referral to community and social support services, and use of health information technology to link services." In applying the state option outlined in the act, New Jersey chose to focus specifically on the development of behavioral health homes (BHHs) to address the needs of individuals with mental health and/or substance use disorders in addition to chronic medical conditions. Care Management Organizations within the New Jersey Children's System of Care (NJ CSOC) were chosen as the vehicle for pediatric behavioral health homes in the state. Bergen's Promise, Inc. was the chosen as one of the first Care Management Organization within NJ CSOC to create a BHH to serve the needs of youth.

#### 2023

Implementation of grant-funded programs: Sensory-friendly COVID-19 vaccine clinic, Spanish-language eating disorder and IDD parent support groups, Health education for non-BHH youth.

#### 2023

Two poster presentation at national conference. Awarded \$3,000 Health Outreach grant from Screen NJ. Renewal of \$100,000 Bergen County Division of Mental Health & Addiction Services.

## Dean Pastras: The Visionary who launched Bergen's Promise and BHH

In 2002, Dean Pastras, CEO, founded Bergen's Promise as the Care Management Organization for Bergen County, NJ. Under his leadership the agency has grown steadily, serving over 12,000 youth in its first 23 years. Mr. Pastras' commitment to consistent growth and improvement to better serve the Bergen County community led to the selection of Bergen's Promise as one of NJ CSOC's first Care Management Organizations to pilot BHH.

#### Shelisa Foster: Foundational Administrative Foresight

Shelisa Foster, COO, played a pivotal role in transforming the concept of BHH into reality, laying the groundwork for the development of this novel program within the existing structures of Bergen's Promise.

#### Board of Directors: An Edifice of Support

The Bergen's Promise board of directors, including Jeffrey Kahn, Cheryl Toussaint, Lucien Duquette, and Joseph J. Cafaro, provided consult, support, and guidance in the integration of BHH into the agency.

#### 2024

Relaunch of staff-driven Wellness Committee.
Poster presentation on staff wellness at national conference.
Oral presentation on grant-funded program at national conference.

#### Beyond

BHH will continue to serve the youth and families working with Bergen's Promise and share outcomes to advocate for integrated care.

## Jan Schlaier: The Innovator for BHH Program Development

Jan Schlaier, Director of Health Services, was brought onboard with the mission of initiating the Behavioral Health Home program. She made foundational decisions in the program development process to breathe life into BHH, transforming an initial program outline into a robust and smoothly functioning force for integrated care.

## Health Education Specialists: The Catalysts for a Paradigm Shift

The first two staff members hired onto the BHH team were Certified Health Education Specialists®, Ellen Indoe and Amy Faus. They leveraged their expertise in public health, preventive care, and health behavior change models to design the tools and structures to bring the concept of BHH into the homes and lives of youth and families in need of its support.

# Section III: Program Development Program Development in the early years

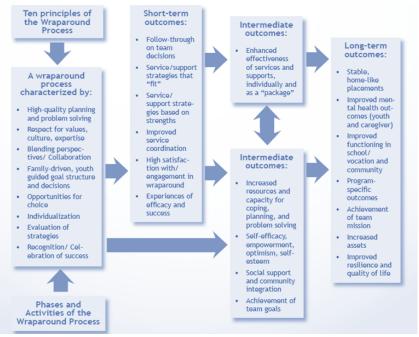
As one of the first Care Management Organizations in the NJ Children's System of Care to pilot the Behavioral Health Home program, Bergen's Promise served as a leader in program development. From eligibility to referral, enrollment to graduation, the Bergen's Promise team conceptualized and proceduralized the program as it exists today. What makes Bergen's Promise BHH unique is its theoretical grounding in both the Wraparound Model of Care and public health frameworks.

#### Theoretical Frameworks:

#### Wraparound

The Wraparound Model of Care is the theoretical framework upon which the Behavioral Health Home has been built. The Wraparound Model of Care principles and core values stress the importance of collaboration, cultural competence, family involvement and a teambased decision-making process. The Wraparound process aims to achieve positive outcomes by providing a structured, creative, and individualized team planning process that results in plans that are effective and relevant to the youth and family. In keeping with the Wraparound Model of Care, informal/natural supports are encouraged to engage in the youth's health behavior change process by encouraging adherence to goals, providing support, or joining youth in behavior change. Informal supports remain informed and updated on youth's health and wellness needs through collateral contacts and Child and Family Team Meetings.

#### The Theory of Change of the Wraparound Model of Care



Visual from: http://nwi.pdx.edu/pdf/howandwhywraparound.pdf

#### 8 Dimensions of Wellness

Bergen's Promise BHH has adopted the Substance Abuse and Mental Health Services Administration's 8 Dimensions of Wellness Model to guide its approach to integrated care. The model reflects the values of integrated care in its recognition that wellness does not hinge on physical well-being alone, but on a balance of support and success in all areas of life. This considers the significant impacts of social determinants of health and the interplay of all dimensions of wellness. BHH nurses and health education specialists use the model to explain the concept of integrated care to the youth and families we serve. They then work with the youth and Child and Family Team to recognize areas of strength, as well as set SMART (Specific, Measurable, Attainable, Relevant, Timely) goals related to the dimensions that are priority areas for growth. This model keeps the team focused on a holistic approach to understanding youth challenges and providing care.



#### Transtheoretical Model

As the BHH team works with families to identify and address individual health and wellness needs, they consider the child and family's stage of change, as defined in the Transtheoretical Model, also known as the Stages of Change Model. The BHH team tailors the health education approach using the processes of change based on the youth and family's current stage of change. This tailored approach encourages progression toward action and maintenance of health behavior change goals.



Adapted from Velasquez MM, Maurer G, Crouch C, DiClemente CC. Group Treatment for Substance Abuse: A Stages-of-Change Therapy Manual. New York, Guilford Press, 2001.

#### Trauma-Informed Care

Bergen's Promise, and thereby Bergen's Promise BHH adhere to trauma-informed care practices. Bergen's Promise recognizes that trauma can have a significant impact on both physical, mental, and behavioral well-being. As such, Bergen's Promise adopts a universal precautions approach to trauma, anticipating that many of the youth and families served have a history of trauma. All Bergen's Promise staff are trained to recognize and respond to the impact of traumatic stress. Trauma awareness, knowledge and skills are a core component of Bergen's Promise's organizational culture, policies, and practice.



Visual from https://www.nj.gov/dcf/home/trauma\_informed.html

#### Building a Toolkit

Upon the launch of BHH in 2014, Bergen's Promise was provided a broad overview of what the program should encompass: comprehensive care management, care coordination, health promotion, individual and family support services, comprehensive transition care, and referral to community and social support services. It was up to the agency to determine how these directives would be realized. To achieve this undertaking, the Director of Health Services recruited health education specialists. Despite initial guidance from the state to build a team of registered nurses, the first two BHH team members hired were Certified Health Education Specialists (CHES®), who used their expertise based on the roles and responsibilities of health education specialists to plan and implement this pilot program. The health education specialists built the program from the ground up, reviewing the literature for best practices, identifying common health behavior change priorities for eligible diagnoses, and gathering evidence-based tools to assess and address those priorities through health education and health promotion. Today, the toolkit of educational resources, activities, and assessments includes over 2,500 documents that have been tailored to individual youth and family needs over the past 10 years.

#### Health Literacy

During the program development process, the Bergen's Promise BHH team recognized that the youth and families served were facing multiple health literacy challenges. Not only were youth and/or their caregivers expected to actively participate in the management of their chronic medical condition, but they were at the same time managing the symptoms and treatment of a mental health challenge. Youth and families were interacting with health care providers from multiple disciplines. These providers had different priorities, used different jargon, and had limited interdisciplinary communication. As such, the Behavioral Health Home at Bergen's Promise developed a procedure to administer the Newest Vital Sign health literacy screening with youth at enrollment to help understand the needs of their population, tailor health education materials, and to open the conversation with youth on health literacy skills and communication strategies. In 2020, Bergen's Promise was identified as one of the Institute of Healthcare Advancement's Health Literacy Heroes.

#### Team growth

Since the initial launch of the BHH program, the BHH team has grown and expanded to meet the needs of the youth and families served. From the initial launch of the program by the Director of Health Services, the team expanded to include the founding health education specialists, followed by the addition of Registered Nurses, and additional staff from each of these disciplines with a variety of language and clinical skillsets. In 2022, the team expanded further to include two positions tasked with expanding the concept of integrated care to encompass all families, staff, and the community: the Health Promotion Manager and Community Health Outreach Specialist. Today the team consists of 1 Director of Health Services, 1 Health Promotion Manager, 1 Community Health Outreach Specialist, 2 Registered Nurses, and 7 Health Education Specialists.

BHH Team Composition	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Director of Health Services											
Health Education Specialist											
Health Education Specialist											
Registered Nurse											
Registered Nurse											
Health Education Specialist											
Health Education Specialist											
Health Education Specialist											
Health Promotion Manager											
Community Health Outreach Specialist											
Health Education Specialist											
Health Education Specialist											

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#### Expanding eligibility

At the outset of the Behavioral Health Home, NJ Children's System of Care identified eleven chronic health condition diagnoses that would make a youth eligible for BHH services. These were:

- Asthma
- Hypertension
- Diabetes (insulin dependent and noninsulin dependent)
- Cystic Fibrosis
- Kidney Disease
- Eating Disorder

- Overweight/ obesity
- Seizure Disorder
- Sickle Cell Disease
- Substance Use Disorder
- Developmental
   Disability (not including Autism)

As the BHH program began providing support for youth and families, it became clear that youth with other chronic health conditions could benefit from the support of BHH. As such, the Director of Health Services, in partnership with leaders at the other Care Management Organizations implementing BHH, advocated for expanded eligibility. As a result, eligibility was expanded to include youth with the following diagnoses:

- Autism with GI concerns
- Pre-diabetes
- Hypothyroidism
- Hyperthyroidism

- Polycystic Ovarian
   Syndrome
- Cardiac Disorders
- Chronic Migraine Headache

Only youth with New Jersey Family Care (Medicaid) insurance are eligible for BHH services through the Care Management Organization. Bergen's Promise BHH piloted the impact of wellness programming for youth without New Jersey Family Care through a grant-funded project in 2022 through 2024, but at this time, private insurance does not cover BHH services.

#### Health and wellness goals for all youth

While not all youth working with Bergen's Promise meet eligibility criteria for BHH services, the agency has made a commitment to supporting the health and wellness of all enrolled youth and families. As such, in 2016, Bergen's Promise began requiring a health and wellness goal included in the service plan for every Bergen's Promise youth. This was accompanied by training and coaching of Care Management staff on best practices for developing SMART goals based on the 8 Dimensions of Wellness.

# Section IV: Program Implementation and Innovation

#### A New Paradigm: From BHH to Integrated Care

As Bergen's Promise BHH has grown and evolved, the agency has sought to overcome the traditional paradigm of siloed care, where BHH services are viewed as a separate program from care management. Bergen's Promise is committed to ongoing efforts to shift language and procedures to adopt a true integrated care model, where health and wellness and mental health are viewed as one interconnected element.

#### Innovation and expansion

To further this effort, the BHH team has sought to be agile. The team has grown to include more than direct service alone, but a commitment to further recognition and appreciation of integrated care as a sustainable model of care.

#### Community presence

Since the beginning of BHH, the health education specialists have maintained a commitment to serving the greater Bergen County community through regular health and wellness outreach efforts. On at least a quarterly basis, members of the BHH team visit schools, day cares, after-school programs, or parent groups to provide free health education presentations and activities. These outreach efforts were expanded with the addition of the Health Promotion Manager and Community Health Outreach Specialist positions in 2022. Through community outreach events, BHH promotes the concept of integrated care and the importance of supporting the body and mind as one.

#### Family webinars

In 2022, Bergen's Promise launched a quarterly health promotion webinar series. All youth and families enrolled in Bergen's Promise, along with staff and community members, are invited to join these webinars. The webinar topics are selected based on trends in family needs and interests observed by Bergen's Promise direct service staff. Webinars address at least one of the 8 Dimensions of Wellness, and reinforce the importance of holistic integrated care.

#### *Grant-based programming*

While eligibility for Bergen's Promise BHH remains limited to youth with full Medicaid insurance coverage and eligible chronic health conditions, the BHH team has sought alternate funding sources to allow them to meet the integrated care needs of more families enrolled with Bergen's Promise. This has included the following grant-based programming:

- Financial support for groceries and healthy eating educational materials for families during the COVID-19 pandemic, made possible by a \$10,000 grant from the Community Chest of Englewood.
- A sensory-friendly COVID-19 vaccination clinic developed with partners at Holy Name Health, supported by grant funding from the Provident Bank Foundation. This clinic helped individuals with sensory challenges to access the COVID-19 vaccine in a space dedicated to meeting their specific needs.
- Additional funds from the Provident Bank Foundation, which provided a total of \$5,000 to support health promotion programming, were allocated to host an educational parent support group for Spanish-speaking parents of youth with Intellectual and Developmental

- Disabilities, and to secure high-quality speakers for the 2023-2024 health promotion webinar series.
- A culturally and linguistically tailored educational support group for Spanish-speaking caregivers of youth with eating disorders was developed, piloted, evaluated, and refined through a \$10,000 communityacademic partnership grant from Rutgers University Institute for Health.
- Through a 2-year, \$200,000 grant from Bergen County Department of Mental Health, a 12-week, curriculumbased adaptation of BHH services was offered to Bergen's Promise youth with overweight/obesity who otherwise would not have qualified for BHH services due to insurance status. The health behavior change program used motivational interviewing to instill knowledge and skills related to healthy eating, physical activity, sleep, and SMART goal setting.
- Small scale health education grants from Screen NJ in 2023 and 2024 funded health outreach at local schools and wellness events to promote preventive health measures to reduce cancer risk.

#### Population health

The paradigm shift from BHH as a program to agency-wide integrated care required a population health perspective. Population health management involves the proactive application of strategies and interventions to defined groups of individuals across the continuum of care to improve the health of the individuals within the group. Population health strategies including improved data management have been employed to monitor the effectiveness of BHH services for youth with a given diagnosis or need, or within a given demographic. Effectiveness

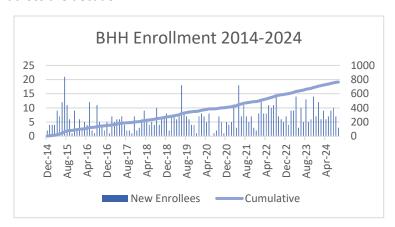
continues to be assessed through regular analysis and review of population based BHH data to identify areas of need for which additional prevention, intervention strategies, or community-based support services may improve quality of care.

#### Section V: Program Impacts and Outcomes

#### A decade of growth: Where are we now?

#### Youth served

Beginning with the first BHH enrollee in 2014, BHH enrollment has steadily grown across the past decade to serve 800 youth across the decade.



#### Evidence for an innovative model: Program outcomes

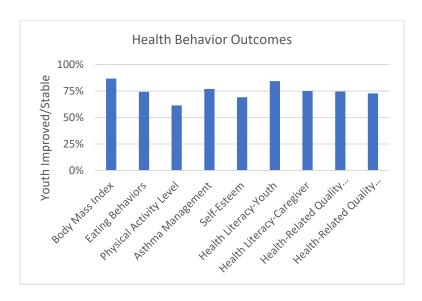
Since the inception of Bergen's Promise BHH in December 2014, 86.8% of enrolled youth have made improvements or maintained their body mass index (BMI) percentile. 74.2% of youth with goals related to healthy eating have made improvements in their eating behavior based on responses to the Rapid Eating Assessment for Participants-Shortened Version (REAPS). 61.5% of youth with goals related to physical activity have increased their activity level based on scores on the Physical Activity Questionnaire for Children (PAQ-C). 77.0% of youth that had poor baseline asthma control based on their score on the Childhood Asthma Control Test (ACT), had improved control at follow-up. 69.1% of youth who completed

the Rosenberg Self-Esteem Scale had improved self-esteem at follow-up.

To date, 84.4% of youth and 75.0% of caregivers with low health literacy at baseline had improved scores at follow-up based on the Newest Vital Sign health literacy screening tool.

Health-related quality of life can be measured by both youth self-report and parent-proxy report. One or both are collected for each youth as deemed appropriate by the assigned BHH staff member. According to youth self-report 74.5% of youth have improved health-related quality of life at follow-up compared to baseline. 72.8% of youth have improved health-related quality of life based on parent-report.

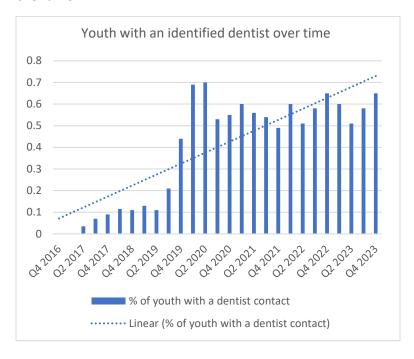
Objective	Youth Improved/Stable
Reduction in BMI Percentile	86.8%
Improved eating behaviors	74.2%
Increased Physical Activity	61.5%
Improved asthma management	77.0%
Improved Self-Esteem	69.1%
Improved Health Literacy-Youth	84.4%
Improved Health Literacy-Caregiver	75.0%
Improved Health-Related Quality of Life- Youth Report	74.5%
Improved Health-Related Quality of Life- Parent Report	72.8%



In addition to these positive health behavior change outcomes, youth across the agency, regardless of BHH enrollment status, have benefited from the integration of health and wellness supports within Bergen's Promise. All youth enrolled in Bergen's Promise are required to have a health and wellness goal incorporated into their service plan to support overall wellbeing during their enrollment with Bergen's Promise. Bergen's Promise staff in all departments have received education on the 8 dimensions of wellness and best practices for using motivational interviewing to help families set SMART (specific, measurable, achievable, relevant, and time-based) wellness goals.

Since the inception of BHH, Bergen's Promise leadership has emphasized the importance of ensuring that all youth enrolled in the agency have an established healthcare team in the community. Priority is placed on linking youth that do not have a primary care provider to a local healthcare provider through

their insurance plan. Additionally, care managers are trained to ensure that youth are receiving preventative dental care, and assisting with linkage to care as needed. Linkage to a dentist has been tracked longitudinally, demonstrating significant growth over time.



Staff and families are provided with health and wellness education and resources through the agency's wellness committee, which was established alongside the BHH program in 2014. Staff are encouraged to care for their own well-being and model healthy behavior change for their families. All youth and families are invited to participate in regular events and education to gain knowledge and skills to support their wellness as they pursue their family vision.

#### Recipe for success: Positive Stories

The impact of BHH is greater than numbers alone can demonstrate. It is the positive stories of those impacted that truly demonstrates the value of integrated care. Each positive story incorporates the important ingredients of Wraparound Principles in action.

Note: Youth names and details have been modified to protect the privacy of youth.

#### Owen's Positive Story: Collaborative, Individualized, Community-Based & Strengths-based

Owen, an 8-year-old Latino male with ADHD, obesity, and asthma, was referred to Bergen's Promise from Children's Mobile Response and Stabilization Services. Owen was having challenges with school behavior, maintaining positive peer relationships, and aggression at home. He had a history of trauma, including removal from his mother's custody.

The care manager deftly led the youth and family through the process of building a strong child and family team (CFT). The team included the youth, youth's great aunt and great uncle, the youth's mother, a school district child study team representative, an IIC (intensive-in community therapist, a provider authorized through the care management organization), a BA (behavioral assistant, a provider that works under the supervision of the IIC),

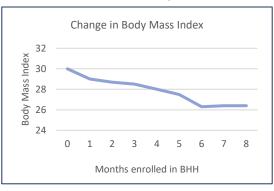


Photo by Amanda Mills, CDC

and the care manager. The CFT recognized the importance of supporting the youth's health and wellness needs, so the care manager made a referral to the BHH team. The youth was enrolled with a diagnosis of obesity and asthma. The health education specialist quickly built rapport with Owen, connecting with him over his love of dinosaurs and games. The educator leveraged these interests to create game-based health education and goal-setting sessions regarding healthy eating, physical activity, and asthma management. The health educator collaborated with Owen's school nurse to monitor his body mass index (BMI) and to offer support and encouragement for healthy choices while Owen was in school. The youth was also

linked to a local soccer program in his community.

This collaborative and creative play-based approach helped Owen achieve a



healthier BMI, improved family eating habits, increased involvement in active hobbies, and an overall improvement in health-related quality of life. The youth's primary care physician was pleased with the changes observed in the youth's health and continued to work with the family to sustain their health habits. Asked to reflect on his healthy habits, Owen said "I try my best...and try to be a good role model for my little brother...I hope lots of kids can be a little inspired...You might think this is hard, but if you get up and try and go outside and have fun, that's all that matters... Try your best and get healthy."

## Sadie's Positive Story: Team-based, Outcome-based & Unconditional Care

Sadie, a 15-year-old Hispanic female, was receiving out-of-home treatment for diagnoses of Major Depressive Disorder and Posttraumatic Stress Disorder. She was referred to BHH with Type 1 Diabetes and a history of disordered eating.

Through a team-based approach, the BHH health educator and BHH nurse educated both the youth and the out-of-home treatment staff on healthy eating, glycemic index, physical activity, and diabetes management.

The intervention included the development of collaborative strategies with the treatment facility to increase the youth's intake of fruits and vegetables, encourage consistent balanced meals, and incorporate regular walking with the youth. Self-affirmations were also introduced to support her self-esteem.

The youth encountered many setbacks during her wellness journey as challenges with her medications, changes in her care setting, and the reemergence of disordered eating patterns threatened to derail her progress.



Photo by Pavel Danilyuk from Pexels

Over time and through persistent unconditional care, the youth began eating fruits and vegetables daily and reduced her intake of carbohydrate-heavy foods, leading to more stable blood sugar levels. She also started walking daily and jogging once a week, a significant improvement in her physical activity and progress toward her goal of someday rejoining her school's cross-country team. Her endocrinologist observed a notable improvement in her blood glucose management, with her hemoglobin A1C dropping from over 11% (poor) to 6.9% (good). As a result of these positive changes, her endocrinologist approved the use of an insulin pump, marking a major step forward in her diabetes care and the achievement of an important goal of the youth's.

## Sophia's Positive Story: Family Voice & Choice, Natural Supports & Culturally Competent

Sophia was an 8-year-old Hispanic girl with diagnoses of anxiety disorder and asthma. She was linked to Bergen's Promise after a panic attack that brought her to the emergency room. The youth presented to BHH services with wellness needs relating to asthma, allergies, and sleep hygiene. During baseline health behavior assessments, the health educator learned that the youth had a history of frequent emergency room visits for both anxiety and asthma. The youth and family demonstrated limited understanding of the youth's asthma and allergy diagnoses and how to manage it. The youth's asthma was often exacerbated by her anxiety, which made her further anxious. She was stuck in this cycle and was afraid of her diagnoses.

The BHH health educator established communication with the youth's in-home mental health counselor and developed a plan to coordinate their interventions. The youth's school nurse joined the CFT as a natural support that helped address Sophia's anxiety about in-school asthma management. Based on the family's cultural preferences, the health educator assisted in linking the youth to a female Spanish-speaking pediatrician with whom the youth and family were comfortable communicating.

Sophia was precocious and eager to learn about asthma and allergies. The health educator used age-appropriate videos, visuals, books, and games to help Sophia understand what asthma was, what her triggers were, and how her medications worked to control it. The BHH health educator also taught the

youth and family how to use the youth's EpiPen and linked the family with a pulmonologist to develop an asthma action plan for use at home and school. These efforts decreased Sophia's anxiety about her asthma and increased her confidence that she and her parents could control it. At the same time, Sophia's mental health counselor taught her coping strategies and CBT skills to manage her anxiety, reducing its impact on her asthma.



Photo from Pexels

As a result, the youth experienced fewer asthma attacks and emergency room visits, the family became more comfortable working with healthcare providers, their healthcare compliance improved, the youth started seeking help from her school nurse when needed, and her reduced anxiety even allowed her to start sleeping in her own bed. The team maintained clear and open communication, facilitated by Bergen's Promise commitment to integrated care, and Sophia flourished.

# Spreading the word: Community outreach, professional presentations, publications, and achievement awards

Throughout its history, the Behavioral Health Home has sought opportunities to share knowledge, both with community members and professional colleagues.

#### Community Outreach

BHH health educators and the Community Health Outreach Specialist have provided integrated care education and training to community members throughout the county since 2015. This has included schools, childcare facilities, summer camps, parent groups, healthcare practices and more. In 2023 alone, the Behavioral Health Home team interacted with over 4,000 community members through its outreach and presentation efforts. Presentation guides and materials on a variety of topics, including social media safety, healthy eating, physical activity, and mental wellness, have been developed and refined by the team to meet the needs and interests of the communities served. These presentations increase community awareness of integrated care, decrease stigma surrounding mental health, and raise awareness about Bergen's Promise and the support the agency can offer Bergen County families.

#### Professional Presentations, Publications and Achievement Awards

The Behavioral Health Home team is committed to providing evidence-based and outcome-driven care. This priority lends itself to the development of best practices. BHH seeks to share with, and learn from, other professionals with shared interests through formal knowledge-sharing based on the team's handson experience. This has led to a number of professional

presentations, publications, and achievement awards. These have included poster presentations at state and national conferences, oral presentations at national and international conferences, publications in behavioral health newsletters, manuscripts in peer reviewed public health journals, and program excellence awards at state and national levels.

#### **Professional Publications**

Faus, A., & Schlaier, J. (2021) Health literacy of youth with cooccurring behavioral and physical health care needs: A preliminary report. Journal of Consumer Health on the Internet.

Faus, A., & Schlaier, J. (2020) CHES® champions initiate first pediatric behavioral health home using Wraparound in the United States. American Journal of Health Education.

Berko, J., & Schlaier, J. (2020). Hormonal fluctuations and women with autism: A call for increased awareness and assessment. Autism Spectrum News.

Foster, S., Faus, A., & Schlaier, J. (2019) 'Wrapping around' integrated care. Behavioral Health News.

Wytenus, C., Schlaier, J., & Indoe, E. (2017) "Wraparound and wellness: A catalyst for recovery. Behavioral Health News.

#### **Professional Presentations**

A model of hope: Integrated healthcare for youth with mental health challenges and co-occurring overweight/obesity; Oral Presentation, APHA 2024 Annual Meeting and Expo, October 2024

Latinx youth participation in an integrated care approach to behavioral health: Impact on health-related quality of life; Poster, APHA 2023 Annual Meeting and Expo, November 2023

Creación de conexiones: Piloting a culturally tailored support group for Latino parents of youth with eating disorders; Poster, APHA 2023 Annual Meeting and Expo, November 2023

Trailblazers: The role of health education specialists in integrated care; Oral Presentation, APHA 2022 Annual Meeting and Expo, November 2022

A call for cross-disciplinary clarity: Health literacy of adolescents with complex health care needs; Oral Presentation, International Health Literacy Annual Research Conference, October 2022

Health literacy: Implications for effective integrated care; Oral Presentation, New Jersey Association of Mental Health and Addiction Agencies Annual Conference, November 2020

Back to basics: Health literacy, food insecurity and community resource awareness; Oral Presentation, St. Joseph's Children's Hospital Pediatric Grand Rounds, March 2018

#### **Professional Awards**

2022 Outstanding Service and Leadership Award recipient in the organizational category from the National Commission for Health Education Credentialing (NCHEC)

2024 Louise Chut Award for Program Excellence from the New Jersey Society for Public Health Education (NJSOPHE)

Bergen's Promise will continue to share success stories and best practices honed through experience to serve as a leader in advocating for effective integrated care in our community, the state, and national organizations.

# Section VI: Sustainability and what lies ahead

Our decade of providing integrated wraparound care to youth with complex health needs clearly maps out the trajectory of advancing integrated care for all youth enrolled in Bergen's Promise. The principles guiding this effort are:

- The multidisciplinary and collaborative Child and Family Team working in concert to achieve wellness goals and address social determinants of health.
- A public health approach to population-based integrated care that identifies and addresses overarching needs of cohorts of youth with common clinical conditions.
- Access to health education, resources, and collaborative community-based providers to address intersecting behavioral and physical health needs.

Bergen's Promise is poised to make a significant contribution to the growth of integrated care for all youth served. Bergen's Promise's mission, "Healthy families, Safe at home," shall continue to be the guidepost for advancing wellness for all youth and families.



