

Disruption Mitigation Process Guidelines

Preventing disruptions starts in the licensing process when the Agency emphasizes the importance of first placement/only placement until permanency is achieved with foster/adopt parents.

Guidelines to consider prior during the licensing process:

- (1) Set the tone during the initial states of inquiry regarding the level of commitment that is required of foster/adopt parent, repeat again during pre-service and again at the time of licensing. (Some agencies have the parents sign a commitment statement).
- (2) Identify some of the external stressors that could cause a disruption during pre-service and help families make a plan to manage these stressors:
 - Child care- They are responsible to pay up to three months of childcare out of pocket while waiting for approval. The families need to demonstrate how they will cover those costs.
 - Provide them with information on the requirements to qualify for childcare expenses.
 - Transportation to family visits. The Foster/adopt family need to have a plan for transporting the child to and from visits with biological family members. If both parents work outside of the home, they need a clear plan for meeting this need.
 - Most importantly be realistic regarding the child needs that the foster/adopt family feels most prepared to manage within their current family system.

Guidelines to consider for pre-placement activities when child is coming from a different agency/placement:

- (1) Request pre-placement visits between current foster/adoptive family/placement and new foster/adoptive family, so the new foster/adoptive family can get to know the child in an environment that is familiar to them, learn about the child's routine/schedule, discover the child's likes and dislikes, and hear from the current foster/adoptive family about what positive/negative reinforcements work for the child, etc.
- (2) Gather information/document about the child from the agency the child is transferring from:
 - a. Current common app (CPS)
 - b. Therapy notes
 - c. Educational documentation
 - d. Psychiatrist/PCP documentation
 - e. Any other additional information the transferring agency can share

Guidelines to consider during the first 30-60-days of placement:

Research shows that this is a critical stage of placement and the more resources and support that you have in place at the beginning of the placement will help prevent disruptions.

- (1) Take extra steps to get the information that you need on the child in order to assess needs quickly and set up support and resources to meet those needs.

- Call up the chain of command both at OCOK and CPS to get needed documents. Do not wait for weeks in order to get the information that you need. Have a system in place!
- If the child is being placed from another licensed placement, call the previous placement to get information on the reasons for the move and the services that the child has been receiving.
- Increase face to face visits during the first 60 days of placement both at the home and outside of the home. (for example accompany the foster parent and child to the doctor or the first psychiatric visit.
- Set up a contact person at the school that the child will be attending or at the daycare that the child will be attending. Identify yourself as a person to call if there are challenges with the child's behaviors. Participate in parent/child meetings to advocate for the child's educational needs.
- Train and supervise front line workers on potential risk factors and offer emotional support and resources to meet the needs.
 - Child's behavior is escalating without any relief
 - Caregiver is increasingly negative about the child and states that nothing is working
 - The Caregiver doesn't have the skills to meet the needs of the child and/or expectations are too high.
 - The placement is significantly different from the Caregiver's preferences
 - Comments from other professionals working with the child indicate that caregiver(s) appear to be stressed by the child's placement
 - The child is showing some evidence of being disruptive and/or unsafe with other children in the home.
 - The specialist appears highly frustrated with the family caring for the child.
 - The family/community doesn't have resources readily available to them to meet the needs of the child including respite services.
 - Day care services are threatening to expel the child due behaviors.

Guidelines for ongoing case support:

- Have a system in place to staff cases regularly especially if some additional stressors are identified such as:
 - Child is hospitalized or admitted to outpatient psychiatric services
 - Child is exhibiting a pattern of running from the home and/or facility
 - Child physically injures or sexually acts out with another child in the home/facility
 - Caregiver verbalizes some uncertainty about being able to maintain the placement

- Case Manager/Supervisor verbalizes that the caregivers cannot manage this placement well and demonstrate more authoritarian approaches with the caregivers
- Caregivers are not following through with any recommendations and starting to exhibit an adversarial posture.

Additional resources available that could assist are the ACH Turning Point Program when there is a concern about possible hospitalization. Tarrant County MHMR services are available in-home services may be utilized to help stabilize the situation with a child.

- Have a system in place to review incident reports routinely to assess any additional needs/risks/patterns.
- Set up a TEAM meeting with the family if there is evidence that they are overly stressed by the placement or questioning their commitment to the placement. (Some organizations give this a special name: ROCK- reaffirming our commitment to kids.) Invite OCOK, CPS, CASA, therapist and Clinical Director. The tone of this meeting is focused on what else can we do to support this placement. What is working and what is needed.

Guidelines to follow after a 30 day notice is given:

- If a 30 day notice is given by either the family or the agency than the following guidelines are followed:
- A decision is made regarding what the child will be told about the placement change, when the child will be told and who will tell the child. The caregiver will be part of telling the child about the change regardless of which professional initiates the discussion.
- Case manager helps the caregivers prepare and/or update the life book for the child.
- Case manager talks with the child about transitions and identifies the needs of the child during the transition.
- Case manager maintains regular contact with the child's therapist in order to support the therapeutic needs of the child.
- Case manager helps the caregiver prepare the child for the transition and assists with a good-bye activity between the child and the caregiver and family.

If safety concerns are identified for either the child and/or the caregiver an alternate placement may be considered during the transition. OCOK is included in these discussions to promote the next best placement as well as to plan pre-placement visits.

It is essential to have a Debriefing with the foster/adopt placement regarding the disruption to reassess their ability to foster and/or adopt. Consider what additional training, resources and supports they need in order to strengthen the system and most importantly consider the type of placement that works best in their home.