OCOK
Clinical Committee Meeting
May 1, 2014

Goals of the committee: (Gary Buff)

1) Placement Disruptions
    a. Identify strategies for prevention of disruptions
    b. OCOK needs to reach a goal of improvement as defined by DFPS/OCOK
2) Standard examination of child behavior (CANS System)
    a. Discuss system training, implementation, interpretation, etc
3) Trauma informed care
    a. How do we create a cultural change for this?
    b. Discuss trauma identification and responses to it
4) Other recommendations to improve the quality of care (provided by committee members)
    a. Solution focused case management
    b. Better screening of foster parents
        i. Better assessment of attachment style
        ii. Parents withhold information
    c. Finding more appropriate respite
        i. More caregiver self-care
        ii. Required regularly scheduled respite included in initial plan
    d. Foster parent mentoring program with experienced foster families
    e. Provide more than written material for foster parent training
        i. Walk through the implementation of the info with the parents
        ii. Follow up with parents to make sure the training info has been used properly

Barriers to Disruption Mitigation: (Discussion led by Kris Naylor)

1) Receiving incorrect information about the kids and foster parents
2) Competing agendas with different stakeholders
3) Ineffective foster parent screening
4) Too much mandated generic training for foster parents. Not enough training for caring for their specific kids/situation
5) Encountering problems with Schools
    a. Not enough info for enrollment
    b. School actions conflicting with regulations
        i. Regarding medication before attendance
        ii. Suspensions
    c. Rejecting kids from school – what do working foster parents do with them?
6) Difficult to accommodate all mandated/court-ordered visitations
7) Unrealistic expectations of foster parents
    a. Restrictive requirements (example – only wants 2 mo old baby with blonde hair, blue eyes)
    b. Wants a child to fill their need rather than a home to fill the child's need
8) Child Behavior
9) Difficult to get treatment info in order to find an appropriate placement
10) Foster parent limitations regarding child behavior (Won't accept a child with certain behavior issues)
11) Financial restrictions – can't provide all the needed services for the parents and child

12) High case load. Its all about case management rather than therapeutic care
13) Lack of quality therapeutic care
    a. Lack of therapists to see foster kids
    b. Therapists drop kids
14) Paperwork duplication & Service plans
    a. Due to everyone's mandated language, paperwork and service plans are long and unreadable
    b. There's a lack of focus on the specific child in the service plan language
15) Having to report the same information to the same people in multiple ways.

<u>Strategies to Prevent Disruption: (Discussion led by Kris Naylor)</u>

1) Sharing information with other placement agencies
2) Paperless – electronic records
3) Provide respite care across agencies
    a. Liability Insurance companies won't allow this
    b. Financial issues might prevent this
    c. Agency competition concerns
    d. Have to verify other agency's family is in compliance
4) Conference calling – getting info directly from case worker
5) Share training with all placement agencies
6) Provide child care for all foster parent trainings
7) Get therapists more involved in child care
    a. Monthly therapist case management meetings
    b. Pay them to show up and provide free CEU's
8) Solution based treatment plan
    a. Specific benchmarks/actions are followed up on with the foster parents
9) Similar format for service plans
10) Consultations – 24 on call
11) ROK for kids
12) Increased home visits
13) More foster parent support
14) Emergency respite
15) Teleconferencing
16) TBRI training – attachment issues
17) Reduce paperwork and support the foster parents relationship with the child and the case manager's relationship with the foster parents
18) Formalized debriefing
19) Case managers trained to be TBRI coaches
20) Monitoring trends in incident reports and create training/solutions to respond to them
21) TBRI oriented adoption support group for parents (child care provided)
22) Training for foster kids at same time of foster parent training
23) 6 week family nurturing event
    a. Family relationship building activities
24) Formalized stability meeting
    a. Recognize the early signs of disruption
    b. Implement solutions for early prevention of disruption
    c. All parties are invited
25) Foster parent commitment letters – offers solutions to use before quitting

Other items discussed:

1) Clinical personnel were added to the QPI listening sessions
    a. May 22, 2014 from 11am to 12pm
2) Clinical committee will meet on a monthly basis
    a. Next meeting will be Thursday, June 12th from 1:30 to 3:00