



PLAN OF SAFE CARE

Date:	<input type="checkbox"/> Referral <input type="checkbox"/> Case	CWS/CMS Case/Referral #:	-	-	-
Mother's Name:	Mother's DOB:				
Address:	Telephone:				
Child's Name:	Child's DOB:				
CWS Worker Name:	CWS Worker Office:				
CWS Worker Phone:	CWS Worker: Email:				

To promote the best health outcomes for the infant and mother, a **Plan of Safe Care** must be developed with the family, caregivers, and service providers for all infants under 12 months of age who are born and identified as being affected by substance abuse or withdrawal symptoms resulting from pre-natal drug exposure or a Fetal Alcohol Spectrum Disorder. Service providers can include medical professionals, substance abuse treatment programs, community and faith-based organizations, and behavioral health providers.

The Plan of Safe Care is defined as a document that inventories and directs services and supports to ensure the safety and well-being of an infant affected by substance abuse, withdrawal or FASD, including services for the infant and their family/caregiver.

Check all substances used by mother prenatally:

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Methadone/Buprenorphine/Naloxone | <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Marijuana |
| <input type="checkbox"/> Methamphetamine/Amphetamine | <input type="checkbox"/> Opioids | <input type="checkbox"/> Cocaine |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | |

SAFETY			
	Plan	Person/Organization Contact Information	Confirmation/Monitoring
Safe Sleep Practices			
Crisis Planning (Inconsolable crying)			
Child Care (routine and emergency)			
Other:			



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MEDICAL/TREATMENT NEEDS			
	Plan	Person/Organization Contact Information	Confirmation/Monitoring
Medical Care for Infant			
Medical Care Post-Natal (Mothers/others)			
Behavioral Health Assessment/Treatment			
Substance Use Assessment/Treatment			
Other:			
SERVICES AND/OR SUPPORT			
	Plan	Person/Organization Contact Information	Confirmation/Monitoring
Parent Support (<i>example:</i> relative, neighbor, friend)			
Service Referrals (<i>example:</i> SafeCare, Differential Response, VFM)			
Safe Housing			
Referrals to Community Resources			
Other:			

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Please check if any of the following are applicable:

- Plan of Safe Care was completed and provided to client for ongoing monitoring.
- Mother was engaged in services prior to delivery (example: counseling, treatment, parenting classes)
- Additional referrals were made for services for the infant and/or mother/caregivers.

By signing below, I agree with the Plan of Safe Care developed.

SIGNATURE OF CAREGIVER ▶	DATE ▶
SIGNATURE OF CAREGIVER ▶	DATE ▶
SIGNATURE OF CWS WORKER ▶	DATE ▶
SIGNATURE OF CWS WORKER SUPERVISOR ▶	DATE ▶

CWS/CMS Case/Referral #: - - -

Date: __/__/_____

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize
(Name of patient)

(Name or general designation of alcohol/drug program making disclosure)

to disclose to _____
(Name of person or organization to which disclosure is to be made)

the following information:

(Nature and amount of information to be disclosed, i.e., drug testing, treatment goals and progress)

The purpose of the disclosure authorized in this consent is to:

(Purpose of disclosure, as specific as possible)

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(Specification of the date, event, or condition upon which this consent expires)

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form. Dated: _____

Signature of patient

Signature of person signing form if not patient

Describe authority to sign on behalf of patient _____



CONSIDERATIONS FOR PLAN OF SAFE CARE

INFANT		
Domain	Provider	Types of Services/Supports
Safety	Children and youth agency providers, in partnership with Family Physician, Primary Care Provider, or Pediatrician or early child services agency, as needed	<ul style="list-style-type: none"> ➤ Child Welfare safety and/or risk assessment ➤ In-home services such as parenting education ➤ Supervision as needed ➤ Linkages to community services and supports, such as housing or utility assistance, transportation assistance, etc. ➤ Referral to evidence-based home visiting services, Early Intervention programs, mental and behavioral services and other services as needed and appropriate for all persons in the home ➤ Linkages to parenting education and skills-based learning opportunities ➤ Inclusion in family support groups, as appropriate ➤ Health care coverage for children and family ➤ Substance use and mental health treatment for other family members or caregivers
Health	Family Physician; Pediatrician or Primary Care Provider in partnership with county child welfare services, as needed.	<ul style="list-style-type: none"> ➤ Linkages to Medi-Cal, pediatrician or provider ➤ High-risk infant follow-up care ➤ Referral to specialty health care
Development	Early Intervention Specialist: Developmental Pediatrician or childhood services (regional center) in partnership with county child welfare services as needed.	<ul style="list-style-type: none"> ➤ Coordination of early care, developmental and education programs with child welfare agency and other partners as needed ➤ Developmental interventions and supports provided by staff with knowledge of and expertise in, young children and infants with prenatal substance exposure ➤ Developmental screening and assessments and re-assessments for services for infants and toddlers with developmental delays or who have physical or mental conditions likely to result from developmental delays



CONSIDERATIONS FOR PLAN OF SAFE CARE

MOTHER		
Domain	Provider	Types of Services/Supports
Primary, obstetric and gynecologic care	Prenatal Care Physician, Nurses and /or Healthcare Agencies	<ul style="list-style-type: none"> ➤ Primary health care management ➤ Pregnancy and postpartum obstetrical and family planning ➤ Prenatal education and support ➤ Pain management ➤ Breastfeeding coaching and support for enhanced bonding and attachment ➤ Linkages to Medi-Cal
Substance use prevention and treatment, especially if required for postpartum depression	Mental Health Clinician; Substance Use Treatment and Counselors or Community Treatment Agencies in partnership with county child welfare as needed	<ul style="list-style-type: none"> ➤ Substance use disorder treatment, including medication-assisted treatment ➤ Care for co-occurring conditions, particularly maternal depression ➤ Substance use disorder care management to enhance treatment access and retention via outreach services and ongoing recovery supports ➤ Designated treatment providers who are, to the extent possible, knowledgeable about child welfare, delivers gender specific programs, is family focused, is trauma informed and provides trauma-specific treatment ➤ Substance use and mental health treatment for other family members or caregivers
Parenting / Family Support	Social Worker; Case Manager; Home Health; Perinatal Nurse or community agencies designated to provide family focused services in partnership with county child welfare, as needed	<ul style="list-style-type: none"> ➤ Education on appropriate care for the infant experiencing neurodevelopment effects, physical effects, or withdrawal symptoms ➤ Coordinated care management for parents and family in conjunction with child welfare and other partners ➤ Follow-up services, such as infant care, parent/infant bonding support, nurturing parenting coaching and skill development, safe sleep practices and parental support with appropriate intensity based on individual family needs through such methods as on-site education, classes, and short-term home visits ➤ Education on potential county child welfare agency involvement and Plans of Safe Care ➤ Evidence-based home visiting services and parent-child interactive therapy (PCIT) ➤ Child care in developmentally appropriate setting ➤ Education/employment support ➤ Recovery support, including safe and stable housing and transportation assistance ➤ Life/social skills ➤ Assistance with legal status