



PLAN OF SAFE CARE PROVIDER TOOLKIT

Toolkit prepared by:

Beth Van Horne, DrPH
Angie Cummings, DrPH
Andrea Rincones, CHW

Section of Public Health Pediatrics

Baylor College of Medicine and Texas Children's Hospital

Harris County Plan of Safe Care Steering Committee Organizations

- Ben Taub Maternal Perinatal Addiction Treatment Clinic
- Harris County Sheriff's Office Mentoring Moms Program
- Harris County Positive Pathways Family Reunification Court
- Santa Maria Hostel
- Texas Children's Hospital Foster Care Clinic
- Texas Department of Family and Protective Services
- The Council on Recovery

Table of Contents

INTRODUCTION	2
BACKGROUND	2
Plan of Safe Care Legislation	3
The Development of the Plan of Safe Care Tool.....	3
THE 4 W's FOR THE PLAN OF SAFE CARE	4
What is a Plan of Safe Care?	4
Who could benefit from a Plan of Safe Care?.....	4
When should a Plan of Safe Care be initiated?.....	5
Who should be involved in creating and updating a Plan of Safe Care?	5
SUPPLIES AND ORDERING	5
TRACKING	6
THE PLAN OF SAFE CARE PORTFOLIO	7
Portfolio Overview	7
Best Practices	9
TRAINING AND EXEMPLAR VIDEOS.....	10
IMPLEMENTATION	10
Implementation Readiness Checklist.....	11
Provider Script (English).....	12
Provider Script (Spanish).....	13
Implementation Guide.....	Error! Bookmark not defined.
Implementation Guide Example: Parenting Program within a SUD Treatment Facility	Error! Bookmark not defined.
Implementation Guide Example: Pediatric Specialty Clinic..	Error! Bookmark not defined.
CONTACT INFORMATION.....	21
REFERENCES	21
ADDITIONAL RESOURCES	21

INTRODUCTION

The Harris County Plan of Safe Care Steering Committee (Committee) is a cross-sector group of organizations from academia, child welfare, healthcare, justice, public safety, and substance use and misuse prevention and substance use disorder (SUD) treatment. From January 2020 to August 2021, the Committee used an iterative process to develop and pilot test the Plan of Safe Care Portfolio (Portfolio). The Portfolio is a tool to help a mom/family organize and communicate all of the steps they are taking to provide a healthy environment and future for themselves and their baby. This pilot test resulted in the Plan of Safe Care Portfolio documents and tools, training modules, exemplar videos, and the Provider Toolkit. This package of tools and materials is meant to support organizations working with mothers and families to implement Plans of Safe Care with their clients/patients. While the original intent was to create the Plan of Safe Care for women and families with or at risk for SUD and child welfare involvement, throughout the pilot study we realized the tool was applicable for a wider range of individuals, including families with young children interacting with multiple providers or systems.

This work was funded through generous support from the University of Baltimore's Combating Opioid Overdose Through Community-level Intervention Initiative (COOCLI) and the Texas Department of Family and Protective Services Prevention and Early Intervention (PEI) division.

BACKGROUND

Maternal substance use is a significant and growing public health issue. In Texas and in other states, overdose after pregnancy is one of the leading causes of maternal mortality, with the majority of deaths involving opioids.¹ In general, women have been found to be disproportionately impacted by the opioid epidemic, experiencing more chronic pain, being prescribed more prescription pain medications and for longer periods of time, progressing to dependency more quickly, and having larger increases in overdose deaths than men.² Across a woman's lifetime, she is most likely to develop a substance use disorder (SUD) during her childbearing years.³ Results from the National Survey on Drug Use and Health indicate 5.4% of pregnant women reported using illicit substances and 9.9% reported heavy alcohol use while pregnant.⁴ The rates of pregnant women with opioid use disorder at delivery more than quadrupled from 1999 to 2014.⁵

Infants exposed to substances (e.g., alcohol, opiates, methamphetamines) prenatally are at greater risk for numerous short- and long-term consequences including increased rates of: stillbirth; low birth weight; physical, mental, and behavioral problems; developmental delay; SUDs in adolescence; child maltreatment; and entry into the foster system as compared to their non-exposed peers.⁶ In 2019, 34% of all children in foster care in the US had parental substance use listed as a risk factor for the removal.⁷ In Texas, 68% of child welfare removals included parental substance use as a contributing factor.⁸

Fortunately, additional funding and resources have been made available to support the wide range of service providers (e.g., doctors, SUD treatment staff, recovery coaches, mental health providers, prevention staff, social workers, case managers, etc.) engaging with families experiencing challenges due to substance use and prenatal exposure. One of these supports was the addition of the Plan of Safe Care to federal legislation.

Plan of Safe Care Legislation

The Child Abuse Prevention and Treatment Act (CAPTA) was created in 1974 to bring a federal focus on prevention, identification, and treatment for child abuse and neglect. Through CAPTA, states are provided federal funding and guidance to improve their child welfare systems and conduct prevention activities. CAPTA has been amended multiple times to address the growing concerns over parental substance use.

In 2003, CAPTA added a requirement that each state provide an assurance that the state has policies and procedures to address the needs of substance-exposed infants, including requirements to make appropriate referrals to child welfare and other appropriate services, and a requirement to develop a Plan of Safe Care for the affected infants.

In 2016, the Comprehensive Addiction and Recovery Act (CARA) was enacted which amended CAPTA and, among other things, specifically required that the Plan of Safe Care address the needs of both infants and their families. The 2016 CARA and CAPTA amendments focused on improving well-being and safety for infants affected by prenatal substance exposure and their families or caregivers by:

- Including both legal and illegal substances in the categories of infants to be identified
- Specifying requirements for notification to child protective services
- Stipulating the development of a Plan of Safe Care that includes the treatment needs of the family/caregiver in the plan (previously more focused on the infant)
- Increasing data collection and monitoring requirements. States now need to report, to the maximum extent possible:
 - The number of infants identified as substance exposed
 - The number of such infants for whom a Plan of Safe Care was developed
 - The number of such infants for whom a referral was made for appropriate services, including services for the affected family or caregiver.

While Texas has not yet included the Plan of Safe Care within the family code, it is part of the Department of Family and Protective Services Handbook.

For a summary of the legislative history and purpose of CAPTA, see <https://www.childwelfare.gov/pubs/factsheets/about/>. The complete official text of the law can be found on the website of the U.S. Government Printing Office at 42 U.S.C. chapter 67, sections 5101–5116i at <https://www.govinfo.gov/content/pkg/USCODE-2017-title42/html/USCODE-2017-title42-chap67.htm>.

The Development of the Plan of Safe Care Portfolio

To date, there is no generic Plan of Safe Care tool provided by the federal government to be used by states. Instead, each state is expected to develop their own policies and implementation plan to comply with the legislation. Thus, Plans of Safe Care may look different and may be implemented differently across states.

In response to a growing desire among service providers in Houston, Texas, to develop and implement a Plan of Safe Care within the community, a cross-sector steering committee was formed and received funding to develop and pilot test the Plan of Safe Care. The Harris County Plan of Safe Care Steering Committee met from

January 2020-August 2021 to develop the resources and pilot test them among providers and families. Interviews with providers and families using the Plan of Safe Care and additional stakeholder feedback through the steering committee were used to improve the tool. During the pilot, over 100 women received the tool through five programs/organizations across multiple sectors, including health care, justice, and SUD treatment. While the Steering Committee feels that the tool is ready for broad dissemination, ongoing improvements will be made to help strengthen the tool and its support to families and their providers.

The following sections of this toolkit define and describe the Plan of Safe Care based on input and feedback from the steering committee members and pilot participants and are intended to provide guidance to providers, programs, and agencies as they start the Plan of Safe Care implementation process.

To learn more about the work that led to the development of the Harris County Plan of Safe Care Steering Committee, you may access *Supporting Mothers and Infants Impacted by Perinatal Opioid Use: A Cross-Sector Assessment* at: <https://www.texaschildrens.org/departments/public-health-pediatrics/resources> and *Community Readiness to Align and Better Support Families with Perinatal Substance Use Issues and the Impacts of the Covid-19 Pandemic on Progress*: <https://digitalcommons.library.tmc.edu/childrenatrisk/vol11/iss2/6/>.

THE 4 W's FOR THE PLAN OF SAFE CARE

What is a Plan of Safe Care?

A Plan of Safe Care is a tool that can be used by a mother with her family and care providers. The documents include information about the mom, the infant, and their family/support systems to assist with care coordination and increase the ability of parents to advocate for their needs and the needs of their child.

The goal of a Plan of Safe Care is to strengthen the family, help mothers have a healthy pregnancy, and keep child(ren) safely at home. It can also be looked at as:

- A personalized guide to ensure the necessary resources are provided to help families thrive.
- A “recovery resume” that helps communicate all of the work and preparations a mom is making for herself and her baby.
- A tool to support care coordination.

Who could benefit from a Plan of Safe Care?

The original and primary target population for Plans of Safe Care was pregnant and postpartum women with infants who are at risk for or experienced prenatal substance exposure. However, feel free to use it with any individual or family you feel could benefit, especially those with prior/current experience with:

- Child Welfare
- Domestic Violence
- Incarceration
- Homelessness

When in doubt, offer the help

When should a Plan of Safe Care be initiated?

Ideally, a Plan of Safe Care should be developed during pregnancy. This will allow the family and unborn child to get the most benefit from the services. However, if a Plan of Safe Care is not developed during pregnancy, it should be introduced to the family as soon as the need is identified. This could be post-delivery at the hospital, at the start of a child welfare investigation, or when a caregiver in a family with young children begins to engage in services for SUD.

We do not want to lose the opportunity to connect the mother and family to needed services and resources. If you believe the mom and family could benefit, introduce it!

Who should be involved in creating and updating a Plan of Safe Care?

A Plan of Safe Care should include input from all service providers involved in the care of the family. This could include:



OB / GYN



Pediatrician



Parent Coaches



Substance Use Treatment



Faith Leaders



Counselors



Case Managers/
Social Workers



Mental Health Providers



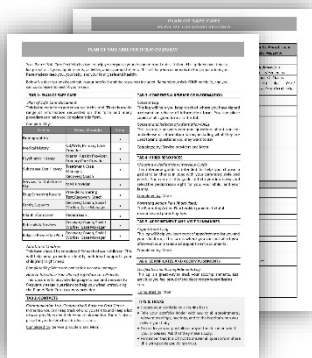
Recovery Coach

There are no “requirements” for who **has** to be involved. A mom or family should be encouraged to share it with all of their providers, but it is their portfolio and they need to be comfortable with whom they share it.

SUPPLIES AND ORDERING

The development team has been fortunate to obtain funds to reproduce and distribute the Plan of Safe Care. Please check our website to order Plan of Safe Care Portfolios: www.txsafebabies.org/posc/.

If ordering is unavailable or you would like to create your own portfolios, below are the recommended supplies.



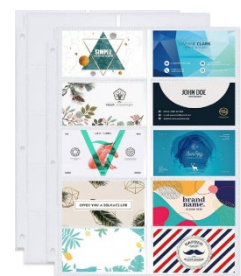
Portfolio Documents



Pocket Dividers
We recommend 8-tab
plastic dividers with pockets



3-Ring Binder
We recommend 1.5-2
inch flexible binders



Business Card Sleeve

TRACKING

Per the CAPTA legislation, states are required to count and report how many Plans of Safe Care have been provided to families. Texas is still working on how best to track this. Currently, we are asking providers to complete a very short attestation form after introducing a Plan of Safe Care to a family and mail it back to our team. Attestation cards and prepaid business envelopes are included in the front pocket of every portfolio. Below is a copy of the attestation card. This form is intended for **providers** to complete (not families).

This form is being used to document administration of the Plan of Safe Care

Date Plan of Safe Care was provided to the family: _____

Initials of the staff administering the
Plan of Safe Care: _____

Name of organization/program: _____

Provided to a: ☐ Pregnant woman
(Check all that apply) ☐ Postpartum (up to 12 months) woman
☐ Family with child over the age of 1 year

Indicators for providing Plan of Safe Care: ☐ Substance use disorder or risk
(Check all that apply) ☐ Complex social needs
☐ Child Protective Services history
☐ Current Child Protective Services involvement
☐ Teen pregnancy
Other: _____

Please place this form in the business reply envelope and mail back to us as soon as possible. Postage is already paid.
Thank you for helping us document the administration of Plan of Safe Care!

THE PLAN OF SAFE CARE PORTFOLIO

The Plan of Safe Care Portfolio includes seven tabs and each contains supportive documents to assist the mom and family. There is both an English and bilingual (English/Spanish) version of the portfolio. The bilingual version includes all documents and resources in both English and Spanish. Below is a brief description of the intended purpose of each tab and document (similar to the portfolio overview document that serves as the cover page). Program or organization resources or materials may be added to the portfolio (e.g., parenting session materials, pregnancy education, etc.). Families and providers are encouraged to customize the portfolios to meet their needs.

Portfolio Overview

The Portfolio Overview (cover page) briefly describes each document and form in the portfolio and lets the mom know who can help complete each section. It can also be used by providers to remind them of where their help may be needed to encourage an active role in the Plan of Safe Care.

Below is a “cheat sheet” with suggestions for which type of provider may be most helpful when updating each section/tab. Some tabs/resources are meant primarily for the family to help keep them organized and to store documents that may be useful at a later date, such as copies of signed consent/release forms, appointment summaries, etc. Use this cheat sheet and overview to plan for implementation.

Section	Suggested Service Provider to Assist Family with Each Section
Update Log	All providers who assist the family with updates to the forms
Plan of Safe Care Document	
Demographics	Any service provider
Medical history	OB/GYN, primary care provider
Psychiatric history	Mental health provider, primary care provider
Substance use history	Treatment case manager, recovery coach
Services for substance use	Medication-Assisted Treatment (MAT) provider
Drug screening results	Provider ordering test, recovery coach
Family supports	Recovery coach, social worker, case manager
Infant information	Pediatrician
Referrals & services	Recovery coach, social worker, case manager
Relapse prevention plan	Recovery coach, social worker, case manager
Additional children	Pediatrician, case manager
Contact list	All providers working with the family

TAB 1: PLAN OF SAFE CARE

Update Log: The Update Log helps the family, their providers, and anyone reviewing the Plan (e.g., child welfare, court staff, etc.) know what was updated, when, and by whom. Providers should log each time they update a section of the Plan of Safe Care on this form.

Plan of Safe Care Document: This is the main form in this tool, and will likely be the primary place that providers fill out with the family. A wide range of information is requested on this form, and the intent is to have multiple providers engaged and assist the family with this form. This allows all providers to have a similar understanding of the mother's medical history, goals, support system, services engaged or completed, and needs.

Additional Children: This form should be completed for each child in the family. This will help providers identify additional supports the family and/or older children might need.

How to Introduce Your Plan of Safe Care to a Provider: This document provides language for families to use and answers frequently asked questions to help families introduce the Plan of Safe Care to a new provider.

TAB 2: CONTACTS

Communication Log: This document is intended to be a place the family can take notes about important communications regarding their own or their children's health and safety. For example, a family may take notes after each doctor's visit, call with child welfare, etc.

Contact List and Business Card Sleeve: This form and plastic business card sleeve provide a place for the family to keep contact information for all of the providers and programs/services they are working with. Contact information could be handwritten or in the form of a business card. Providers are encouraged to provide business cards to place in the portfolio. Child welfare and others working with the family may also use this information to contact those engaged with the family.

TAB 3: CONSENTS & RELEASE OF INFORMATION

Consent Log: This log is intended to help families keep track of where they have signed a consent or release-of-information form. Providers should give families copies of any signed forms and encourage them to place the copies in this section of their Portfolio.

Consent and Release-of-Information FAQs: This resource answers common questions about consent and release-of-information forms, including what they are used for and questions the family may want to ask before signing.

TAB 4: CHILD RESOURCES

Choosing a Pediatrician Interview Guide: This interview guide is intended to help families choose a pediatrician that is in sync with their parenting style, values, and needs. Encourage families who do not yet have a pediatrician to use this guide to help them interview and find one who meets their needs.

Parenting Action Plan (by request): The Parenting Action Plan booklet provides helpful resources and parenting tips intended to help parents plan for both normal and challenging times. It is designed for a provider to use motivational interviewing to guide the family through the booklet. For training and booklet requests go to: www.txsafebabies.org/pap.

TAB 5: APPOINTMENTS & VISIT SUMMARIES

Appointment Log: This log helps families keep track of appointments. Encourage families to write down the date of their next appointment and place their after-visit summaries/appointment documents in this section.

TAB 6: CERTIFICATES & ACCOMPLISHMENTS

Certificates and Accomplishments Log: This log is intended to help families keep track of all of the certificates and accomplishments they have achieved. Encourage families to list all of the things they are proud of on the log and place program certificates in this section.

TAB 7: NOTES & ADDITIONAL DOCUMENTS

Blank note pages are provided for families to write down questions they have for their providers, take notes during appointments, etc. Families and providers are encouraged to add to this section anything else they think could strengthen the Plan of Safe Care.

Best Practices

- **Introduce the Plan of Safe Care tool as early as possible.**

It may take a few visits or talks with you to get the mom and family to see the value of and how the tool will help her demonstrate progress and actions that she is taking to make sure she and her baby are safe and healthy. The Portfolio can be overwhelming at first, so an early introduction from you is best to allow more time for a mom/family who may be hesitant at first to buy-in and actually initiate their own Plan of Safe Care.

- **Review the Plan of Safe Care regularly.**

It may be helpful to determine when it makes sense for your organization to review the Plan of Safe Care Portfolio (e.g., every 3 months or at each trimester). Work with your team to determine what makes the most sense for your organization or specific program and your patients/clients. **It is very important that the plan be updated prior to delivery and is with mom at the hospital, particularly for those where child welfare involvement is anticipated.**

- **Encourage moms to share this with all their relevant providers.**

We know that we can provide the best services when we have the entire picture of what a mom or family may be experiencing. Help moms understand this, but also if she does not trust the provider, it is OK to hesitate and think about how sharing with this particular provider would be helpful.

- **Remember that this is the mother's tool and encourage her to make it her own.**

Moms and families may view their Plan of Safe Care Portfolio differently. Some view it as a tool to keep everything organized, others view it as a showcase of their accomplishments and hard work, and others view it as a keepsake they may want to share with their child one day. Moms and families should be encouraged to individualize and add whatever they see fit to their Portfolio. Some even add their own drawings!

- **Do NOT take the forms to complete later.**

We know it is a common practice, especially in healthcare, for providers to take forms and complete them later for patients to pick up. Please do not do this with these documents—they may be the only copy mom has and we do not want to risk losing them. Please complete them with the mom at your visit. If you are unable, ask mom if you can make a copy or schedule another time to meet with her.

TRAINING & EXEMPLAR VIDEOS

We have created a series of short informational videos and downloadable resources to help you get started. These trainings and videos may be accessed through our website: <https://www.txsafebabies.org/posc/>.

- **Module 1: Plan of Safe Care Overview Training**

The objectives of this training are to: (1) explain why the Plan of Safe Care was created, (2) understand CAPTA and CARA legislation requiring Plans of Safe Care, and (3) explain the purpose of the Plan of Safe Care and who should be involved.

- **Module 2: Portfolio Document Review**

The objectives of this training are to: (1) describe the components of the Plan of Safe Care Portfolio, and (2) identify which components you would likely work on with a mom/family.

- **Module 3: Plan of Safe Care Implementation**

The objective of this training is to list key questions important to consider before implementing Plans of Safe Care.

- **Additional videos and supportive materials**

These videos and materials include exemplar videos demonstrating how to introduce and update a Plan of Safe Care with a patient/client, interviews with providers and moms who have used Plans of Safe Care, an overview of the child welfare investigations process in Texas, and stand-alone tools available for download.

IMPLEMENTATION

Several tools have been developed to assist providers/program staff to prepare and implement the Plan of Safe Care. Brief descriptions and copies of each tool are provided below.

Implementation Readiness Checklist

The Implementation Readiness Checklist is a tool to help providers determine if they are ready to implement the Plan of Safe Care. It provides the recommended steps to prepare to implement the Plan of Safe Care. It is not meant to be prescriptive, but to serve as a guide.

Provider Scripts

The provider script contains prompts to help providers introduce the Plan of Safe Care to a mom/family. This tool is meant to be used as a guide and can be adapted to your patient/client population as needed. Scripts were created in both English and Spanish.

Implementation Guide

Planning is critical for successful implementation of any new component to a program. The Implementation Guide leads organizations through key implementation questions to help set the foundation and goals for your organization for successful Plan of Safe Care implementation. Several guides completed during our pilot are included to provide examples of different ways the Plan of Safe Care can be implemented.

Implementation Readiness Checklist

There is no “one right way” to implement the Plan of Safe Care. Based on our experience with other organizations, we recommend that you and your team take the following steps to prepare for successful implementation. Gather your team to review this checklist and determine if you’re ready to implement the Plan of Safe Care.



Are you ready?

- ☐ Providers/staff completed Plan of Safe Care training modules:
 - Plans of Safe Care Overview
 - Plans of Safe Care: Portfolio Document Review
 - Plans of Safe Care: Implementation
 - Exemplar videos (optional)
- ☐ Providers/staff completed a Plan of Safe Care Implementation Guide (created initial implementation plan)
- ☐ Plan of Safe Care Portfolios are available for distribution (in stock)
- ☐ Initial implementation/trial period will be: _____ to _____ (example: a short period of time, such as 1 week or 1 month for an initial trial period)
- ☐ Follow-up meeting to discuss trial period is scheduled for: _____
- ☐ Ongoing meetings are scheduled for ongoing review, implementation reflection, and revision of processes, as needed

Notes:

Provider Script (English)

When developing a Plan of Safe Care (The Plan), it is important that those receiving The Plan have an accurate understanding of its purpose and potential benefits. This guide offers example language to use when introducing The Plan to families. Feel free to change the language and use your own words to help the mom/family see how The Plan applies to them and may help them meet their needs.

Introduction Example

“Hi [Name], I wanted to introduce you to a tool we have been using with [pregnant / parenting] women to help them keep organized, be able to quickly reference information, and demonstrate all that they have been doing to keep themselves, their children, and their family healthy and safe. It is called the Plan of Safe Care. The Plan was originally created for pregnant and postpartum moms who have a history of substance use and their infants. We have found, however, that it can be helpful for other families too— families that are coordinating a lot of services from different providers or organizations, families who have engaged with child welfare in the past or think they might in the future, and families going to court. The tool helps keep everything together in one place so that it is easier for you to talk to your doctors, social workers, recovery coaches, case workers, and court staff—all of your providers-- about the things you are doing and the things you still need. You do not HAVE to use it but I thought it might be helpful to you given your history of [put relevant history here]. If it is ok, let me show the tools and resources in this portfolio binder and you can decide if it is something you want to use.”

Show mom the portfolio binder and walk her through each document and tab. It doesn't have to be a lengthy showcase.

There are a few things you may want to highlight as you show her the tool.

1. Many people can help mom fill out the forms, especially the main Plan of Safe Care form that houses a lot of medical information. Encourage mom to share it with her other providers but note that she doesn't have to share it if she doesn't want to or doesn't trust the person.

Example language: **“There are sections here, like the medical and psychiatric history sections, where it might be helpful to have someone help you fill it out. It can be really helpful to both you and the people you are working with to show them this—this way they can see what you have already done and it can help both of you identify services or resources you still need. There may be people you don't want to show it to and that is ok.”**

2. There are things that will not apply to the mom/family. Remind mom she can skip questions that don't apply or cross them out.

Example language: **“This is your Plan of Safe Care. You don't have to answer any questions on these forms that you don't want to or that don't apply to you. It is ok to cross them out or put n/a for not applicable.”**

3. This is a living document and was created for families and providers to update as services progress and needs get met or new needs arise. Having an updated plan can be very helpful at the time of delivery and when meeting with new service providers, going to court, meeting with child welfare, etc.

Example language: **“You will want to keep this updated so I suggest you take it with you to doctors appointments, meetings with your social worker/case manager, etc. You can put any printouts or summaries from your appointments right in the appointments tab. You can also record your next appointment date on the log form so you wont forget it.”**

For pregnant women: **“It is really important you update The Plan before you deliver your baby and remember to take it with you to the hospital. This way you can show the nurses and doctors anything you think will help them take care of you – like your medications list, the doctors you get care from, etc.**

For women on medication assisted treatment: **“For women on Medication Assisted Treatment (MAT), we highly recommend you take The Plan to the hospital with you and have your MAT provider's and prescription information with you. Because your baby may have withdrawal symptoms from the MAT, it can be helpful to show this to your doctors and the staff at the hospital so they know all that you have done to prepare for your baby and who to contact at your MAT clinic if they need to verify your prescription.”**

For families working with child welfare or going to court: **“This is a really great tool to help you showcase all that you have done and accomplished to help keep yourself and your baby healthy and safe. Families have really found this tool helpful when they are meeting with their case worker, lawyer, and when going to court. Be sure to update it before you go to court or see your case worker.”**

Remember, there is an explanation at the beginning of each section/document and on the “Portfolio Overview” cover page.

Provider Script (Spanish)

Cuando introduciendo un Plan de Cuidado Segura (Plan) es importante que las destinatarias conozcan su finalidad y sus posibles beneficios. Esta guía ofrece un ejemplo para ayudar introducir el Plan a las familias. Puede cambiar el texto y utilizar sus propias palabras para ayudar a la madre/familia a ver cómo el Plan se aplica a ellos y puede ayudarles a satisfacer sus necesidades.

Ejemplo de Introducción

"Hola, [nombre]. Quería hablarle de una herramienta que hemos estado utilizando con mujeres [embarazadas/con hijos] para ayudarles a mantenerse organizadas, poder consultar rápidamente la información y demostrar todo lo que han estado haciendo para estar seguras y saludables ellas, sus hijos y su familia. Se llama el Plan de Cuidado Segura. Este Plan se creó originalmente para las madres embarazadas y que acababan de dar a luz que tenían antecedentes de consumo de sustancias y para sus bebés. Sin embargo, hemos comprobado que también puede ser útil para otras familias: familias que coordinan muchos servicios de diferentes proveedores u organizaciones, familias que han acudido a Protección de Menores anteriormente o que creen que podrían hacerlo en el futuro, y familias con procesos judiciales. Esta herramienta ayuda a mantener todo en un solo lugar para que a usted le sea más fácil hablar con sus médicos, trabajadores sociales, *coaches* de recuperación, trabajadores del caso y el personal judicial (es decir, todos sus proveedores) sobre lo que usted está haciendo y qué necesita todavía. Usted no **ESTÁ OBLIGADA a usarlo, pero creo que le podría ser útil, por su historial de [poner aquí el historial relevante]. Si le parece bien, le voy a enseñar las herramientas y los recursos de este podrá decidir si le interesa empezar a utilizarlo."**

Muéstrele a la madre el Portafolio y guíela por cada documento y pestaña. No tiene que ser una exposición larga, pero se pueden destacar algunas cosas mientras le enseña la herramienta.

1. Muchas personas pueden ayudar a la madre a rellenar los formularios, especialmente el formulario principal del Plan de Cuidado Segura, que contiene mucha información médica. Anime a la madre a que lo comparta con sus demás proveedores, pero insista en que no está obligada a compartirlo si no quiere o no confía en esa persona.

Ejemplo de texto: **"Hay secciones aquí, como la de los antecedentes médicos y psiquiátricos, que puede serle útil que alguien le ayude a cumplimentar. Puede ser muy útil mostrarles esto tanto para usted como para las personas con las que trabaja, así pueden ver lo que usted ya ha hecho y puede ayudarles a ambos a identificar los servicios o recursos que usted aún precisa. Puede que haya gente a la que no quiera enseñárselo, no pasa nada."**

2. Hay cosas que no se aplicarán a la madre/familia. Recuerde a la madre que puede omitir las preguntas que no correspondan o tacharlas.

Ejemplo de texto: **"Este es su Plan de Cuidado Segura. No está obligada a responder a ninguna pregunta de estos formularios que no quiera o que no le corresponda. Puede tacharlas o poner "N(a)," como "no aplicable."**

3. Este es un documento "vivo," creado para que las familias y los proveedores lo actualicen a medida que avanzan los servicios y se satisfacen las necesidades o surgen otras nuevas. Tener un plan actualizado puede ser muy útil en el momento del parto y cuando se reúna con nuevos proveedores de servicios, vaya a los tribunales, se reúna con Protección de Menores, etc.

Ejemplo de texto: **"Le recomendamos que lo mantenga actualizado, por eso le sugiero que lo lleve con usted a las citas médicas, reuniones con su trabajador(a) social o gestor(a) de casos, etc. Puede agregar hojas impresas o resúmenes de sus citas directamente en la pestaña de citas. También puede anotar la fecha de su próxima cita en el formulario de registro para no olvidarla."**

Para las mujeres embarazadas: "Es muy importante que actualice el plan antes de dar a luz y que recuerde llevarlo al hospital. Así podrá mostrar al personal de enfermería y a los médicos todo lo que crea que puede ayudarles a atenderla, como su lista de medicamentos, los médicos que la atienden, etc."

Para las mujeres en tratamiento asistido con medicamentos: "Para las mujeres que siguen un Tratamiento Asistido con Medicamentos (MAT, *Medication Assisted Treatment*), recomendamos encarecidamente que lo lleven consigo al hospital y que tengan la información de su proveedor de MAT y de las prescripciones. Como su bebé puede tener síntomas de abstinencia del MAT, puede ser útil mostrar esto a sus médicos y al personal del hospital para que sepan todo lo que usted ha hecho para preparar a su bebé y con quién contactar en su clínica de MAT si necesitan verificar la prescripción."





Para las familias que trabajan con Protección de Menores o que van a los tribunales: "Esta es una herramienta estupenda para ayudarla a mostrar todo lo que ha hecho y logrado para mantenerse segura y saludable usted y a su bebé. A las familias les ha parecido muy útil esta herramienta cuando se reúnen con su asistente social, su abogado y cuando van al tribunal. No olvide actualizarlo antes de ir al tribunal o de ver a su asistente social."



Recuerde que hay una explicación de cada sección y documento en la hoja de introducción de su portafolio y en la parte superior de cada formulario.

Implementation Guide

Examples of completed guides are provided below this template.

Gather your Plan of Safe Care implementation team. As a group, review the Key Implementation Questions listed below and discuss how to best implement Plans of Safe Care at your organization. These questions are meant to guide you through the planning process as you get started and for reflection once you've had some time to implement the plan. Consider this a living document that should be revisited and updated as often as necessary.

Key Implementation Questions		
	Which patients will receive a Plan of Safe Care ("the Plan")?	
	How will they be identified?	
	What specific <u>sections</u> of the document(s) are we responsible for (may need to be provider-specific)?	
	Who is responsible for helping patients <u>develop or initiate</u> their Plan?	
	Who is responsible for helping patients <u>update/review</u> their Plan?	
	When is the Plan started with patients?	
	How often and when is the Plan updated/reviewed? (Example: monthly reviews, preparation for delivery, part of program completion, patient discharge, etc.)	
	How should providers document initiation and updates to the Plan?	
	Where are the portfolios stored?	
	Who is responsible for "ordering" more when there are only a few left? Or buying supplies to make more?	

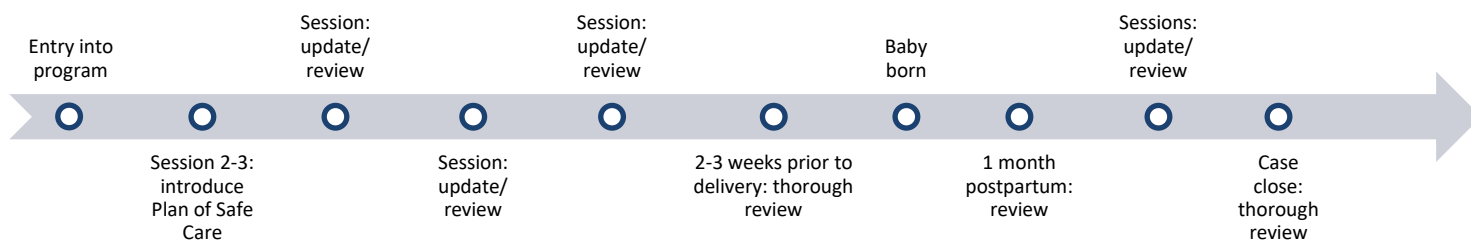
	<p>What are some anticipated challenges?</p> <p>What are potential solutions to address these challenges?</p>	
	<p>When will you meet as a team to reflect upon implementation? How often will you discuss as a team? Include:</p> <ul style="list-style-type: none"> • Date/time of first follow-up meeting • Any ongoing meetings to discuss (i.e., monthly staff meeting, etc.) 	



Workflow Diagram





Sketch out the workflow or timeline for your program.

EXAMPLE: Timeline for Pregnant Client Entry into Multisession Parenting Support Program





Implementation Guide Example: Substance Use Disorder Treatment Facility Parenting Program

Gather your Plan of Safe Care implementation team. As a group, review the Key Implementation Questions listed below and discuss how to best implement Plans of Safe Care at your organization. These questions are meant to guide you through the planning process as you get started and for reflection once you've had some time to implement the plan. Consider this a living document that should be revisited and updated as often as necessary.

Key Implementation Questions		
	Which patients will receive a Plan of Safe Care ("the Plan")?	All pregnant and postpartum clients in parenting program
	How will they be identified?	All participants in the parenting program. No special screening required.
	What specific <u>sections</u> of the document(s) are we responsible for (may need to be provider-specific)?	Parent coach/linkage specialist: -Family and support -Infant information -Referrals and services -Contact information -Child resources – including Parenting Action Plan -Certificates and accomplishments Recovery coach: -Relapse Prevention Plan
	Who is responsible for helping patients <u>develop or initiate</u> their Plan?	Parent coach
	Who is responsible for helping patients <u>update/review</u> their Plan?	Parent coach, linkage specialist, recovery coach
	When is the Plan started with patients?	For pregnant moms going to high-risk obstetric clinic: program enrollment For community-based clients: 2 nd or 3 rd session
	How often and when is the Plan updated/reviewed? (Example: monthly reviews, preparation for delivery, part of program completion, patient discharge, etc.)	Each session – review and update, if needed Thorough review 2-3 weeks prior to estimated due date and end of program
	How should providers document initiation and updates to the Plan?	In the client's electronic record: Include Plan of Safe Care in the service plan, record dates for initiation and updates to the Plan in notes section of the client's record
	Where are the portfolios stored?	In a box next to program specialist's desk in program office
	Who is responsible for "ordering" more when there are only a few left? Or buying supplies to make more?	Program director when there are 5 or fewer Portfolios in the box

Plan of Safe Care Provider Toolkit

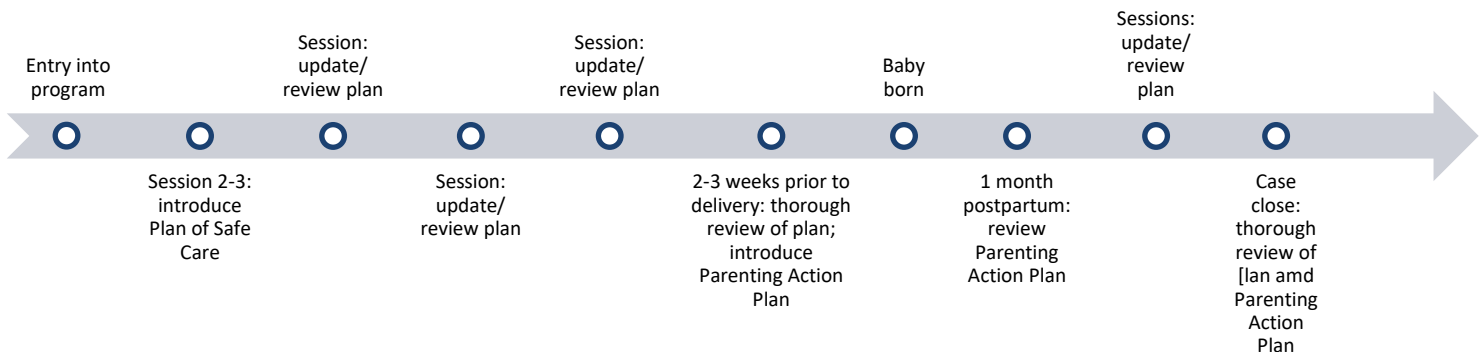
	<p>What are some anticipated challenges?</p> <p>What are potential solutions to address these challenges?</p>	<p>Time – program curriculum is already very comprehensive</p> <p>Potential solution: Now a required program component, identify something else to let go</p> <p>Retention of clients</p> <p>Potential solution: Start on 2nd or 3rd session when we are more aware of client's level of commitment to program</p>
	<p>When will you meet as a team to reflect upon implementation? How often will you discuss as a team? Include:</p> <ul style="list-style-type: none"> Date/time of first follow-up meeting <p>Any ongoing meetings to discuss (i.e., monthly staff meeting, etc.)</p>	<p>Monthly staff meeting:</p> <p>-Next meeting: Thursday, July 15, at 9 am</p> <p>-Standing agenda item on monthly staff meetings to discuss successes, challenges, and lessons learned</p>



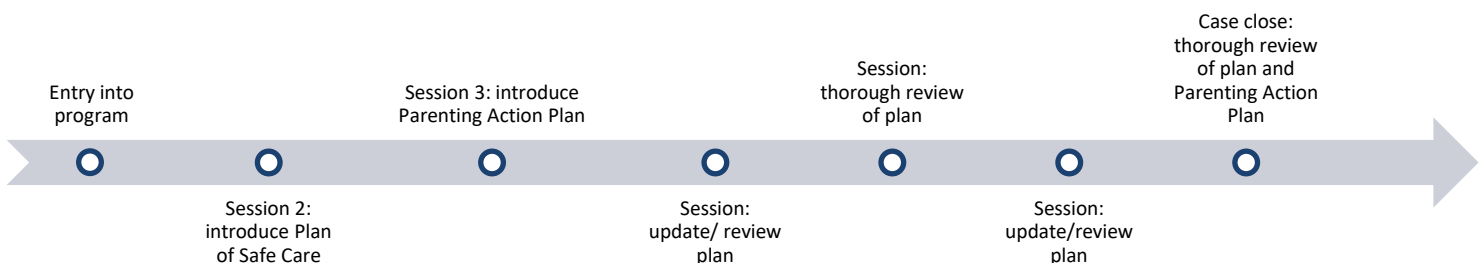
Workflow Diagram

Sketch out the workflow or timeline for your program.

Timeline for Pregnant Client Entry into Program:







Timeline for Postpartum Client Entry into Program (birth to 12 months):





Implementation Guide Example: Pediatric Specialty Clinic

Gather your Plan of Safe Care implementation team. As a group, review the Key Implementation Questions listed below and discuss how to best implement Plans of Safe Care at your organization. These questions are meant to guide you through the planning process as you get started and for reflection once you've had some time to implement the plan. Consider this a living document that should be revisited and updated as often as necessary.

Key Implementation Questions

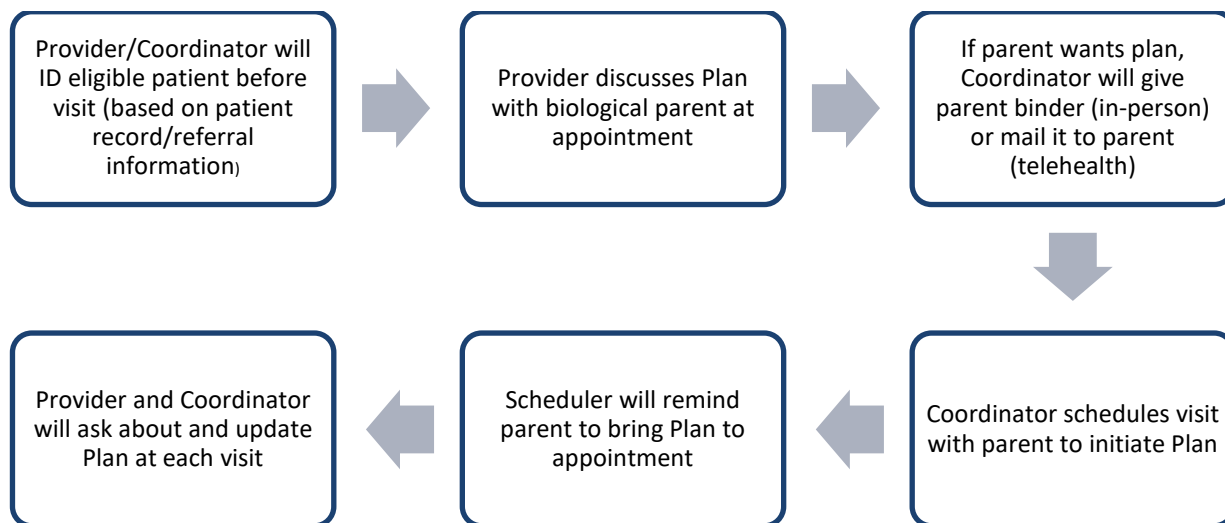
	Which patients will receive a Plan of Safe Care ("the Plan")?	Pilot: All Family Reunification Court (substance use specialty court) biological parents Long-term goal: All patients with birth parent engagement in appointments with family reunification as a primary goal, when appropriate (example: may not be appropriate if child is teenager, etc.)
	How will they be identified?	Pilot: Provider (Dr/NP) reviews chart to identify if the parent(s) meet criteria. Focus is on family reunification court families; provider to decide if good candidate after initial visit. Long-term goal: Embed in new referral intake form
	What specific <u>sections</u> of the document(s) are we responsible for (may need to be provider-specific)?	All sections Provider – Infant medical history, Additional Children's Form, Relapse Prevention Plan (specifically safe caregivers) Coordinator – Referrals and Resource section, Additional Children Form, Infant Information, Relapse Prevention Plan (safe caregivers)
	Who is responsible for helping patients <u>develop or initiate</u> their Plan?	Provider and coordinator
	Who is responsible for helping patients <u>update/review</u> their Plan?	Provider and coordinator
	When is the Plan started with patients?	Plan is introduced by provider during the initial visit with parent Appointment made with coordinator to initiate Plan
	How often and when is the Plan updated/reviewed? (Example: monthly reviews, preparation for delivery, part of program completion, patient discharge, etc.)	During each visit to clinic (with provider and coordinator, depending on section) and separate appointments/calls with coordinator, if needed
	How should providers document initiation and updates to the Plan?	Smart phrases to be added to Epic (electronic health record)
	Where are the portfolios stored?	Pilot: Sit with scheduler Long-term goal: Will be under social worker/coordinator desk
	Who is responsible for "ordering" more when there are only a few left? Or buying supplies to make more?	Pilot: Clinic scheduler will request more when supply is low (5 or fewer)

	<p>What are some anticipated challenges?</p> <p>What are potential solutions to address these challenges?</p>	<p>Volume, staff time, patient interaction due to Covid-19 (more challenging via telephone and telehealth than in person)</p> <p>Potential solutions:</p> <ul style="list-style-type: none"> • Screen all patients for eligibility – look for biological parent involvement in record along with age appropriateness • New coordinator has been hired <p>Staff and patients gradually returning to office</p>
	<p>When will you meet as a team to reflect upon implementation? How often will you discuss as a team? Include:</p> <ul style="list-style-type: none"> • Date/time of first follow-up meeting <p>Any ongoing meetings to discuss (i.e., monthly staff meeting, etc.)</p>	<p>Meetings</p> <ul style="list-style-type: none"> • Next clinic meeting: Tuesday, July 6, at 1 pm <p>Clinic meeting occurs every 2 weeks – will be a standing agenda item at these meetings</p>



Workflow Diagram

Sketch out the workflow or timeline for your program.



CONTACT INFORMATION

We are happy to provide consultation and technical assistance.

For questions, comments, to obtain copies of brochures and documents, or to request training or technical assistance, please complete the request form at <https://redcap.link/posc.request>.

REFERENCES

1. Texas Health and Human Services. Maternal Mortality and Morbidity Task Force and Department of State Health Services joint biennial reports (2018 & 2020) . Both reports available at <https://www.dshs.texas.gov/mch/DSHS-Maternal-Mortality-and-Morbidity-Presentations-and-Publications/.asp> Accessed April 30, 2021.
2. US Department of Health and Human Services. Final report: opioid use, misuse, and overdose in women. <https://www.rmtlc.org/wp-content/uploads/2017/08/final-report-opioid-508.pdf>. Published July 19, 2017. Accessed April 30, 2021.
3. National Institute on Drug Abuse. Substance use in women: DrugFacts. <https://www.drugabuse.gov/publications/drugfacts/substance-use-in-women>. Published January 22, 2020. Accessed September 3, 2021.
4. Substance Abuse and Mental Health Services Administration. 2018 national survey on drug use and health. <https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2018-NSDUH>. Published August 12, 2019. Accessed September 3, 2021.
5. Haight SC, Ko JY, Tong VT, Bohm MK, Callaghan WM. Opioid use disorder documented at delivery hospitalization—United States, 1999–2014. *MMWR Morb Mortal Wkly Rep*. 2018;67(31):845-849.
6. Straussner SL, Fewell CH. A review of recent literature on the impact of parental substance use disorders on children and the provision of effective services. *Curr Opin Psychiatry*. 2018;31(4):363-367.
7. US Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Preliminary estimates for FY 2019. AFCARS Report #27 <https://www.acf.hhs.gov/cb/resource/afcars-report-27>. Published August 24, 2020. Accessed September 3, 2021.
8. Texans Care for Children. Parental substance use in Texas CPS cases and opportunities to keep families safely together. <https://static1.squarespace.com/static/5728d34462cd94b84dc567ed/t/5cb8b6f9eb39313d24239b9c/1555609342776/pb-txbarfoundation-substance-use.pdf>. Published April 2019. Accessed September 3, 2021.

ADDITIONAL RESOURCES

American College of Obstetricians and Gynecologists. Opioid use and opioid use disorder in pregnancy. Committee Opinion No. 711. *Obstet Gynecol*. 2017;130(2):e81-e94. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/08/opioid-use-and-opioid-use-disorder-in-pregnancy>

Child Welfare Information Gateway. Parental Substance Use: A Primer for Child Welfare Professionals. <https://www.childwelfare.gov/pubPDFs/parentalsubuse.pdf>

Child Welfare Information Gateway. Plans of safe care for infants with prenatal substance exposure and their families. <https://www.childwelfare.gov/pubPDFs/safecare.pdf>

Child Welfare Information Gateway. State statutes search. <https://www.childwelfare.gov/topics/systemwide/laws-policies/state/>

National Center on Substance Abuse and Child Welfare. Children and families affected by parental substance use disorders (SUDs). <https://ncsacw.samhsa.gov/topics/parental-substance-use-disorder.aspx>

Screening, brief intervention, referral to treatment (SBIRT) resources. <https://www.sbirthoregon.org/>

Substance Abuse and Mental Health Services Administration. Clinical guidance for treating pregnant and parenting women with opioid use disorder and their infants. <https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054>

Substance Abuse and Mental Health Services Administration. A collaborative approach to the treatment of pregnant women with opioid use disorders. <https://store.samhsa.gov/product/A-Collaborative-Approach-to-the-Treatment-of-Pregnant-Women-with-Opioid-Use-Disorders/SMA16-4978>