

PLAN OF SAFE CARE MOTHER'S COMPONENTS			
MOTHER	SUBSTANCE USE & MENTAL HEALTH	Substance Use History	<ul style="list-style-type: none"> <li>Identify all substances used in past (legal and illegal).</li> <li>Identify current use pattern (legal and illegal).</li> <li>Mother's age when she first began to use each substance?</li> </ul>
		Mental Health History	<ul style="list-style-type: none"> <li>Has the mother been Baker Acted in the past?</li> <li>Has the mother been clinically diagnosed with a mental health disorder?</li> <li>Is there unresolved trauma in the mother's life?</li> </ul>
		Treatment History	<ul style="list-style-type: none"> <li>Discharge status from last program attended?</li> <li>Has individual been involved in ongoing recovery work since discharge?</li> <li>Does the mother need to be engaged/re-engaged in treatment?</li> </ul>
		Medication Assisted Treatment (MAT)	<ul style="list-style-type: none"> <li>Assessment of mother's compliance with MAT during pregnancy?</li> <li>Current medication (dosage and dispensing schedule)?</li> <li>Is MAT supported by cognitive/behavioral therapy, group work, peer support?</li> </ul>
		REFERRALS FOR SERVICES	<p>Assessment of mother's past and current history indicates the need for the following <b>TREATMENT SERVICES</b> need to be initiated (by order of priority need):</p> <ol style="list-style-type: none"> <li></li> <li></li> <li></li> </ol> <ul style="list-style-type: none"> <li>Identify and address challenges/barriers to service initiation.</li> </ul>
		Prenatal Care History	<ul style="list-style-type: none"> <li>Describe mother's participation in receiving prenatal care.</li> <li>Results of prenatal drug screening?</li> </ul>
	MEDICAL CARE	Pregnancy History	<ul style="list-style-type: none"> <li>Did the mother experience or has a history of pregnancy complications?</li> <li>Is the mother currently experiencing or has a history of postpartum depression?</li> </ul>
		Other Medical Concerns	<ul style="list-style-type: none"> <li>Identify any other ongoing medical issues requiring follow-up or additional treatment.</li> </ul>
		Screening and Education	<ul style="list-style-type: none"> <li>Is mother planning on breastfeeding infant?</li> <li>Has the mother considered family planning options?</li> </ul>
		OB-GYN	<ul style="list-style-type: none"> <li>Date and purpose for mother's next scheduled follow-up visit?</li> </ul>
		REFERRALS FOR HEALTH CARE	<p>Assessment of mother's <b>UNMET HEALTH CARE NEEDS</b> indicates the following unresolved/ongoing issues need to be addressed (by order of priority need):</p> <ol style="list-style-type: none"> <li></li> <li></li> <li></li> </ol> <ul style="list-style-type: none"> <li>Identify and address challenges/barriers to service initiation.</li> </ul>

PLAN OF SAFE CARE INFANT'S COMPONENTS			
INFANT	MEDICAL CARE	Prenatal Exposure	<ul style="list-style-type: none"> <li>• Did the infant test positive at time of birth?</li> <li>• Was infant symptomatic/asymptomatic for withdrawal symptoms?</li> <li>• Describe pharmacological and non-pharmacological interventions:</li> </ul>
		Hospital Care	<ul style="list-style-type: none"> <li>• Was the infant diagnosed with Neonatal Abstinence Syndrome?</li> <li>• If yes, what was the infant's length of stay in hospital/NICU?</li> </ul>
		Other Medical or Developmental	<ul style="list-style-type: none"> <li>• What other medical concerns have been identified?</li> <li>• Are there any developmental issues which may require follow-up screening?</li> </ul>
		Pediatric Care Follow-Up	<ul style="list-style-type: none"> <li>• When is the next scheduled well-baby check-up?</li> <li>• Does infant require any specialized screenings or treatment(s) at this time?</li> </ul>
		REFERRALS FOR EARLY INTERVENTION	<p><b>NOTE: All infants suspected of being affected by substance exposure should be referred to a home visiting program for follow-up.</b></p> <ul style="list-style-type: none"> <li>• Program selected/assigned worker:</li> <li>• Date of first home visit?</li> </ul>

PLAN OF SAFE CARE FAMILY COMPONENTS			
FAMILY MEMBERS	INFORMATION	Child Welfare Involvement	<ul style="list-style-type: none"> <li>• Discuss prior reports involving Substance Misuse allegations.</li> <li>• Has any child in the home previously been adjudicated dependent?</li> </ul>
		Risk Level	<ul style="list-style-type: none"> <li>• What is the basis for the assessed risk level?</li> <li>• <b>NOTE: Any safety concerns should be reported immediately to Florida Abuse Hotline (1-800-96ABUSE).</b></li> </ul>
		Parent-Child Relationship	<ul style="list-style-type: none"> <li>• Using behaviorally specific observations describe caregiver-child dynamics.</li> <li>• Assess need for parenting interventions. Typically, skill-based for older children and attachment-based for infants and very young children.</li> </ul>
		Living Arrangements	<ul style="list-style-type: none"> <li>• Identify all household members and caregiver responsibilities, if any.</li> </ul>
		Support Network	<ul style="list-style-type: none"> <li>• Describe level of support for family (extended family, neighbors, church, etc.)</li> </ul>
		Current Services	<ul style="list-style-type: none"> <li>• Identify all services and community supports currently in place.</li> </ul>
		SUPPORTS & SERVICES	<ul style="list-style-type: none"> <li>• Services initiated to add support or address unmet needs (program/worker):</li> </ul>

The goal of a Plan of Safe Care is to ensure that you, your child and your family receive the services necessary to advance personal and family recovery and resiliency. Our goal is to accomplish this by building on the strengths you have as an individual, family and within your community so that together we can reduce the risk associated to infants who may have been affected by prenatal exposure to alcohol or drugs.

Your participation in a Plan of Safe Care is voluntary and in keeping with 39.01(1)(b), F.S., we strive to work with you in a constructive, supportive and non-adversarial manner to provide you with the best prevention and intervention strategies to accomplish our mutual goals.

\_\_\_\_\_  
(Parent) (Date)

\_\_\_\_\_  
(Worker) (Date)

\_\_\_\_\_  
(Parent) (Date)