

# Okmulgee County

## Plan of Safe Care (POSC) for Mothers, Caregivers, and Infants

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**Mother's Name:** \_\_\_\_\_ **Mother's DOB:** \_\_\_\_\_ **EDD:** \_\_\_\_\_

Mother's Full Street Address: \_\_\_\_\_

Mother's Contact Number(s): *Home:* \_\_\_\_\_ *Cell:* \_\_\_\_\_ *Other:* \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Father's DOB:** \_\_\_\_\_

Father's Full Street Address: \_\_\_\_\_

Father's Contact Number(s): *Home:* \_\_\_\_\_ *Cell:* \_\_\_\_\_ *Other:* \_\_\_\_\_

**Other Caregiver's Name<sup>1</sup>:** \_\_\_\_\_

Other Caregiver's Contact Number(s): *Home:* \_\_\_\_\_ *Cell:* \_\_\_\_\_ *Other:* \_\_\_\_\_

**Other Caregiver's Name:** \_\_\_\_\_

Other Caregiver's Contact Number(s): *Home:* \_\_\_\_\_ *Cell:* \_\_\_\_\_ *Other:* \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Child's DOB:** \_\_\_\_\_

Date POSC initiated: \_\_\_\_\_ POSC Monitor: \_\_\_\_\_

*To promote best outcomes, a Plan of Safe Care is developed with input from all service providers involved in the mother and infant's care, such as OKDHS child welfare, substance use treatment providers, behavioral health providers, OB/GYNs, pediatricians, home visitors, Part C early intervention, and other important service and medical providers to ensure: (1) the mother has appropriate medical care, substance use treatment, resources, and support throughout her pregnancy; and (2) the parent(s) and other caregivers have the skills and resources necessary to care for infants who were substance exposed during their mother's pregnancy or in early years. Each woman's and infant's needs vary; therefore, the POSC should be shared with each provider to ensure the plan is managed and monitored by the provider appropriate for the needs of the infant and the family, whether that is the medical provider, behavioral health clinician, home visitor, or the child welfare specialist. The health, treatment, and other needs addressed in this Plan of Safe Care parallel the requirements set forth in the Quality Improvement Center for Collaborative Community Court Teams (QIC-CCCT) initiative for treating pregnant women and parent(s)/caregiver(s) experiencing substance use disorder(s) and providing care to substance exposed infants (SEIs).*

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<sup>1</sup> Can include resource parent(s), parent's significant other/partner, etc.

## Plan of Safe Care (POSC) for Mothers, Caregivers, and Infants

<b>MOTHER'S HEALTH CARE</b>		
<b><i>Describe Mother's Plan</i></b>	<b><i>Contact info for provider/resource/referral</i></b>	<b><i>Comments/Next steps</i></b>
<u>Mother's Prenatal Care:</u>	Provider: Address: Phone #:  Provider: Address: Phone #:	
<u>Mother's Postpartum/Other Medical Care:</u>	Provider: Address: Phone #:	
<u>Coverage for Mother's Medical Care</u> (e.g. SoonerCare, Medicaid, private insurance, etc.):	Resource/Provider: Address: Phone #: Member/Coverage ID #:	
<u>Mother's Delivery Plan:</u> Hospital Name and Address:  Labor and Delivery Phone #: Transportation plan:  Backup transportation plan:  Hospital Bag:  Delivery/Post-delivery medications:  Infant feeding plan:	Provider: Address: Phone #:  Provider: Address: Phone #:  Provider: Address: Phone #:	
<u>Pregnancy/Post-pregnancy Nutrition/WIC:</u>	Provider: Address: Phone #:	

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<u>Discharge Feeding Plan:</u>	Resource/Provider: Address: Phone #:	
<u>Family Planning:</u>	Provider: Address: Phone #:	
<u>Other:</u>	Provider: Address: Phone #:  Provider: Address: Phone #:	
<b><u>MOTHER'S BEHAVIORAL HEALTH SERVICES</u></b>		
<b><i>Describe Mother's Plan</i></b>	<b><i>Contact info for provider/resource/referral</i></b>	<b><i>Comments/Next steps</i></b>
<u>Mental Health Assessment and Treatment:</u>	Provider: Address: Phone #:	
<u>Substance Use Assessment and Treatment:</u>	Provider: Address: Phone #:	
<u>Medication Assisted Treatment</u> (medication management for MAT &/or psychotropic medicines):	Provider: Address: Phone #:	
<u>Domestic Violence Assessment and Services:</u>	Provider: Address: Phone #:	

## Plan of Safe Care (POSC) for Mothers, Caregivers, and Infants

<u>Trauma Assessment and Services:</u>	Provider: Address: Phone #:	
<u>Other Services:</u>	Provider: Address: Phone #:  Provider: Address: Phone #:	
<b>FATHER'S BEHAVIORAL HEALTH SERVICES</b>		
<b><i>Describe Father's Plan</i></b>	<b><i>Contact info for provider/resource/referral</i></b>	<b><i>Comments/Next steps</i></b>
<u>Mental Health Assessment and Treatment:</u>	Provider: Address: Phone #:	
<u>Substance Use Assessment and Treatment:</u>	Provider: Address: Phone #:	
<u>Medication Assisted Treatment (medication management for MAT &amp;/or psychotropic medicines):</u>	Provider: Address: Phone #:	
<u>Domestic Violence Assessment and Services:</u>	Provider: Address: Phone #:	
<u>Trauma Assessment and Services:</u>	Provider: Address: Phone #:	

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<u>Other Services:</u>	Provider: Address: Phone #:  Provider: Address: Phone #:	
<b>OTHER CAREGIVER'S BEHAVIORAL HEALTH SERVICES (NAME: _____ )</b>		
<b><i>Describe Caregiver's Plan</i></b>	<b><i>Contact info for provider/resource/referral</i></b>	<b><i>Comments/Next steps</i></b>
<u>Mental Health Assessment and Treatment:</u>	Provider: Address: Phone #:	
<u>Substance Use Assessment and Treatment:</u>	Provider: Address: Phone #:	
<u>Medication Assisted Treatment (medication management for MAT &amp;/or psychotropic medicines):</u>	Provider: Address: Phone #:	
<u>Domestic Violence Assessment and Services:</u>	Provider: Address: Phone #:	
<u>Trauma Assessment and Services:</u>	Provider: Address: Phone #:	
<u>Other Services:</u>	Provider: Address: Phone #:	

## Plan of Safe Care (POSC) for Mothers, Caregivers, and Infants

OTHER CAREGIVER'S BEHAVIORAL HEALTH SERVICES (NAME: _____ )		
<i>Describe Caregiver's Plan</i>	<i>Contact info for provider/resource/referral</i>	<i>Comments/Next steps</i>
<u>Mental Health Assessment and Treatment:</u>	Provider: Address: Phone #:	
<u>Substance Use Assessment and Treatment:</u>	Provider: Address: Phone #:	
<u>Medication Assisted Treatment (medication management for MAT &amp;/or psychotropic medicines):</u>	Provider: Address: Phone #:	
<u>Domestic Violence Assessment and Services:</u>	Provider: Address: Phone #:	
<u>Trauma Assessment and Services:</u>	Provider: Address: Phone #:	
<u>Other Services:</u>	Provider: Address: Phone #:	
CARING FOR SUBSTANCE EXPOSED INFANT (SEI)		
<i>Describe plan for infant</i>	<i>Information/guidance provided</i>	<i>Referral/Comments/Next steps</i>
<u>Safe Sleep Environment:</u>		Resource/Provider: Address: Phone #:

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<u>Diagnosed Neonatal Abstinence Syndrome (NAS, aka withdrawal symptoms):</u>		Resource/Provider: Address: Phone #:
<u>Diagnosed/Suspected Fetal Alcohol Spectrum Disorder (FASD):</u>		Resource/Provider: Address: Phone #:
<u>Strategies and techniques for caring for a substance exposed infant (SEI):</u>		Resource/Provider: Address: Phone #:
<u>Infant Attachment and Bonding:</u>		Resource/Provider: Address: Phone #:  Resource/Provider: Address: Phone #:
<u>Parenting skills:</u>		Resource/Provider: Address: Phone #:  Resource/Provider: Address: Phone #:
<u>Other Needs:</u>		Resource/Provider: Address: Phone #:  Resource/Provider: Address: Phone #:

## Plan of Safe Care (POSC) for Mothers, Caregivers, and Infants

<b>INFANT/CHILD'S HEALTH AND WELFARE</b>		
<b><i>Describe plan for infant</i></b>	<b><i>Contact info for provider/resource/referral</i></b>	<b><i>Comments/Next steps</i></b>
<u>Pediatrician/Medical Home:</u>	Provider: Address: Phone #:  Provider: Address: Phone #:	
<u>Specialty Care Provider:</u>	Provider: Address: Phone #:  Provider: Address: Phone #:	
<u>Child's Basic Needs</u> (e.g. diapers, formula, clothing, crib, car seat, etc.):	Resource/Provider: Address: Phone #:  Resource/Provider: Address: Phone #:  Resource/Provider: Address: Phone #:	
<u>Coverage for Child's Medical Care</u> (e.g. SoonerCare, Medicaid, private insurance, etc.):	Resource/Provider: Address: Phone #: Member/Coverage ID #:	



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<u>Childcare:</u>	Resource/Provider: Address: Phone #:	
<u>Post-discharge Supports:</u>	Resource/Provider: Address: Phone #:  Resource/Provider: Address: Phone #:	
<u>Nutrition/WIC:</u>	Resource/Provider: Address: Phone #:	
<u>Developmental Screening:</u>	Resource/Provider: Address: Phone #:  Resource/Provider: Address: Phone #:	
<u>Other:</u>	Resource/Provider: Address: Phone #:  Resource/Provider: Address: Phone #:  Resource/Provider: Address: Phone #:	

## Plan of Safe Care (POSC) for Mothers, Caregivers, and Infants

<b>FAMILY'S LIVING NEEDS</b>		
<b><i>Describe plan</i></b>	<b><i>Contact info for provider/resource/referral</i></b>	<b><i>Comments/Next steps</i></b>
<u>Financial Supports/Resources:</u>	Resource/Provider: Address: Phone #:  Resource/Provider: Address: Phone #:	
<u>Safe Housing:</u>	Resource/Provider: Address: Phone #:  Resource/Provider: Address: Phone #:	
<u>Food/Nutrition/WIC:</u>	Resource/Provider: Address: Phone #:  Resource/Provider: Address: Phone #:	
<u>Transportation:</u>	Resource/Provider: Address: Phone #:	
<u>Other:</u>	Resource/Provider: Address: Phone #:	

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<b>FAMILY'S SUPPORT SYSTEM</b>		
<b><i>Identify supports/resources</i></b>	<b><i>Contact info for supports/resources</i></b>	<b><i>Comments/Next steps</i></b>
<u>Family Supports:</u>	Name: Address: Phone #:  Name: Address: Phone #:  Name: Address: Phone #:	
<u>Recovery Supports:</u>	Name: Address: Phone #:  Name: Address: Phone #:  Name: Address: Phone #:	
<u>Formal Support Systems</u> (systems that are or should be involved e.g., OKDHS, Beyond Families, Family Treatment Court, HUGS, CHBS, DRS, Legal Aid, etc.)	Contact/Agency: Address: Phone #:  Contact/Agency: Address: Phone #:	

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	<p>Contact/Agency: Address: Phone #:</p> <p>Contact/Agency: Address: Phone #:</p>	
<p><u>Information Sharing</u> (List valid releases of information that have been obtained):</p>	<p>Contact/Agency: Address: Phone #:</p> <p>Contact/Agency: Address: Phone #:</p> <p>Contact/Agency: Address: Phone #:</p>	
<p><u>Other:</u></p>	<p>Contact/Agency: Address: Phone #:</p> <p>Contact/Agency: Address: Phone #:</p> <p>Contact/Agency: Address: Phone #:</p>	

# Plan of Safe Care (POSC) for Mothers, Caregivers, and Infants

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Mother's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
OKDHS Child Welfare Specialist's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Substance Use Treatment Provider's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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Other Caregiver's Signature

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Printed Name

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Date

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Other Caregiver's Signature

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Printed Name

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Date