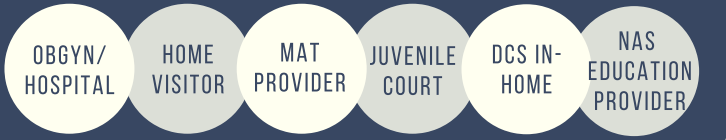




Pregnancy Coordinated Care Pilot

A PROJECT OF THE SAFE, HEALTHY INFANTS & FAMILIES THRIVE COLLABORATIVE

IDENTIFICATION SOURCES



NO WRONG DOOR ACCESS

IDENTIFY PREGNANT PARENT WITH SUBSTANCE USE DISORDER OR SUBSTANTIAL RISK OF SUBSTANCE USE DURING PREGNANCY

OFFER PILOT PROGRAM PARTICIPATION

PRENATAL PLAN OF SAFE CARE DEVELOPED BY PLAN HOLDER PROVIDER

- REFERRALS FOR NEEDED SERVICES INCLUDING:
 - PRENATAL CARE
 - HOME VISITING
 - SUBSTANCE USE DISORDER ASSESSMENT & TREATMENT
 - MEDICATION ASSISTED TREATMENT
 - NAS SUPPORT GROUPS
- SAFE SLEEP INFORMATION & TRAINING
- RESOURCE CONNECTIONS
- SAFE ALTERNATIVE CAREGIVERS
- FAMILY SUPPORT
- EDUCATION ON POTENTIAL MEDICAL NEEDS FOR INFANT
- RELEASES OF INFORMATION TO ALLOW COORDINATION BETWEEN SYSTEMS
- BREASTFEEDING & BIRTHING PLAN (SELECT A HOSPITAL & TAKE A TOUR)

PLAN HOLDER TO INITIATE REFERRALS & CARE COORDINATION WITH OTHER INVOLVED PROVIDERS AS EARLY IN PREGNANCY AS POSSIBLE.

PLAN HOLDER AGENCY TO REVIEW THE PLAN WITH THE FAMILY AT LEAST MONTHLY. SCHEDULE COORDINATED STAFFINGS AS NEEDED.

MULTI-DISCIPLINARY STAFFING TO BE HELD 45 DAYS BEFORE DUE DATE TO REVIEW PLAN AND PREPARE FOR BIRTH EVENT

BIRTH EVENT



HOSPITAL MAKES AN AZEIP REFERRAL

IS A MANDATED REPORT REQUIRED?

YES

NO

PLAN HOLDER PROVIDER CONTINUES TO SUPPORT FAMILY AND TRANSITION TO FAMILY CARE PLAN MONTHLY DURING FOURTH TRIMESTER (ONE YEAR POST-PARTUM)

COORDINATE CARE WITH HOSPITAL SOCIAL WORKER

REPORT MADE TO DCS HOTLINE

DCS INVESTIGATOR OUTREACHS PLAN HOLDER PROVIDER BEFORE MEETING FAMILY WHENEVER POSSIBLE

SAFETY DECISION MADE BY DCS INVESTIGATOR

DCS CASE CLOSED

DCS OPEN FOR OVERSIGHT

CONTINUED ON NEXT PAGE

PRENATAL PERIOD

POST-PARTUM PERIOD

DCS OPEN FOR OVERSIGHT

NO

OUT-OF-HOME PLACEMENT

HOLD A COORDINATED STAFFING AS SOON AS POSSIBLE AFTER REMOVAL

- FOLLOW-UP ON TDM DISCUSSION & REFERRALS
- ENSURE PARENTING TIME HAS BEEN STARTED
- ENCOURAGE PARENT TO ATTEND POST-PARTUM APPOINTMENT
- ENSURE CAREGIVER HAS TAKEN THE INFANT TO PEDIATRIC APPOINTMENTS & PARENT IS INVITED TO ATTEND WHENEVER POSSIBLE

OVERSIGHT OF INFANT CARE PLAN BY DCS FOR 3 MONTHS

CAN THE CHILD REMAIN SAFELY IN THE HOME WHILE WORKING ON CASE PLAN GOALS?

CASE PLAN STAFFING HELD 60 DAYS AFTER REMOVAL

- DISCUSS PROGRESS OF SERVICES FOR PARENT AND INFANT
- DISCUSS ANY BARRIERS.

YES

TEAM DECISION MAKING (TDM) MEETING

- PLAN OF SAFE CARE OWNERSHIP TRANSFERS TO DCS'S INFANT CARE PLAN
- REVIEW PRENATAL PLAN AT TDM, INCLUDING ACHIEVEMENTS AND GOALS
- IDENTIFY ADDITIONAL RESOURCES NEEDED
- ENSURE INFANT REFERRALS HAVE BEEN MADE:
 - AZEIP
 - BEHAVIORAL HEALTH BIRTH TO 5 ASSESSMENT/ RAPID RESPONSE
 - PEDIATRICIAN AWARE OF PRENATAL SUBSTANCE EXPOSURE
- ENSURE PARENT REFERRALS ARE MADE:
 - FAMILY TREATMENT COURT
 - POSTPARTUM CARE APPOINTMENT/FAMILY PLANNING
 - PEER SUPPORT & HOPE CLASS WITH PARENTS 4 PARENTS
- IS BREAST FEEDING BEING RECOMMENDED BY PHYSICIAN? IF SO, ARRANGE A PLAN FOR PARENT TO PROVIDE FROZEN BREAST MILK TO THE OUT-OF-HOME CAREGIVER.
- INITIATE SHARED PARENTING AS SOON AS POSSIBLE UPON PLACEMENT. DISCUSS BOUNDARIES THAT BOTH PARENTS AND CAREGIVERS ARE COMFORTABLE WITH (PHONE, EMAIL, LOG, ETC)
- DISCUSS CONDITIONS FOR RETURN WHEN APPLICABLE
- PROVIDE PARENT THE PRELIMINARY PROTECTIVE CONFERENCE BROCHURE

FAMILY CARE PLAN OVERSIGHT BY PILOT PROVIDER BEGINS AFTER 3 MONTHS

IN HOME PLACEMENT

IMMEDIATE REFERRAL TO SENSE

10 DAY STAFFING HELD-- FOLLOW-UP FROM TDM ON PROGRESS OF REFERRALS & SERVICES

CONTINUED OVERSIGHT OF INFANT CARE PLAN BY DCS AS LONG AS CASE REMAINS OPEN

MONTHLY REVIEW OF INFANT CARE PLAN AND COORDINATED STAFFINGS AT 45, 60, 90 & 120 DAYS

NURSE IN-HOME VISIT IN FIRST 30 DAYS & LAST 30 DAYS

SENSE SERVICES CLOSE AT 120 DAYS

PLAN HOLDER PROVIDER CONTINUES TO SUPPORT AND PROVIDES OVERSIGHT OF THE FAMILY CARE PLAN MONTHLY DURING FOURTH TRIMESTER (ONE YEAR POST-PARTUM)

POST-PARTUM PERIOD