Colorado Plan of Safe Care

A Plan of Safe Care is a helpful tool for families with infants who are affected by substance use during pregnancy. This is your plan and can be used to highlight your family's strengths and connect you to support for keeping you and your baby healthy and safe. It can also change as your needs change. Complete this form with a trusted provider and make sure you get the support you need during pregnancy and after your baby is born. If you have already started a plan (either for yourself, your baby, or both) you can update that one without starting over. Your plan will not be shared, unless you choose to share it. You can choose to share this plan with doctors, service providers, case managers, or others who support you and your baby. Sharing your plan helps make sure the people working with you are also working together, and know about the support you've built.

	Contact Information	
Name of Infant:	Due Date/Date of Birth:	County:
	DOB: Preferred	Language:
Phone number:	Can we leave a message at this number? \Box Yes \Box No	Email:
Name of other caregiver:	DOB: Preferred Language:	Phone number:
Is this person able and willing to provide	e safe and sober care to you and your child/children? \square Ye	s 🗌 No
Who else is able and willing to provide s	safe and sober care to you and your child/children? Please list	names and phone numbers:
	Here are some examples of things that may be helpful to y, parenting, and available supports in your area please visit: 1ental Health Hotline is free, confidential, and available 24/7:	toughasamother.org/search/ or ownpath.co/
	about home visiting programs at <u>https://cohomevisiting.org</u>	
Find information	about home visiting programs at <u>https://cohomevisiting.org</u>	/find-home-visiting-programs/
Find information Basic Family Needs and Supports Financial assistance/TANF Food assistance/WIC/SNAP	about home visiting programs at https://cohomevisiting.org Parenting Supports Medical home/pregnancy/ postpartum care Lactation & feeding support	/find-home-visiting-programs/ Infant Needs and Supports Primary care provider/pediatrician Medical insurance
Find information Basic Family Needs and Supports Financial assistance/TANF Food assistance/WIC/SNAP Housing assistance	about home visiting programs at https://cohomevisiting.org Parenting Supports Medical home/pregnancy/ postpartum care Lactation & feeding support Home visiting program	Infant Needs and Supports Primary care provider/pediatrician Medical insurance Infant mental health services
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Find information Basic Family Needs and Supports Financial assistance/TANF Food assistance/WIC/SNAP Housing assistance Medical insurance Family Resource Centers	about home visiting programs at https://cohomevisiting.org Parenting Supports Medical home/pregnancy/ postpartum care Lactation & feeding support Home visiting program Intimate partner violence support Peer recovery support (eg: HardBeauty)	Infant Needs and Supports Primary care provider/pediatrician Medical insurance Infant mental health services Early Intervention Child development specialist
Find information Basic Family Needs and Supports Financial assistance/TANF Food assistance/WIC/SNAP Housing assistance Medical insurance	about home visiting programs at https://cohomevisiting.org Parenting SupportsMedical home/pregnancy/ postpartum careLactation & feeding supportHome visiting programIntimate partner violence supportPeer recovery support (eg: HardBeauty)Harm Reduction (perinatalharmreduction.org)	Infant Needs and Supports Primary care provider/pediatrician Medical insurance Infant mental health services Early Intervention Child development specialist Public health nursing
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	PLAN FOR MYSELF				
	I need help finding a doctor for myself		I'm interested in learning and building my parenting skills		
	I would like information on what to do if I feel stressed, sad, overwhelmed, or anxious during or after pregnancy		I'm interested in connecting with people with lived experience like a peer recovery coach, peer doula, etc.		
	I'm interested in learning about harm reduction, substance use treatment, and/or recovery services in my community		I would like information about residential substance use treatment programs for pregnant/parenting people		
	I'm interested in connecting with a home visiting program or public health nursing services		I would like information on intimate partner/domestic violence resources		

Would you like to create a plan to prevent return to use? This can be added to your Plan of Safe Care 🗆 Yes 🗆 No

What services would you like or do you already have?				
Service	Status	Referral Date	Oi	ganization & Contact Info
Prenatal/ postpartum medical care provider	 Receiving Need referral N/A 			mail:Date of Next Visit:
Substance Use Treatment	 Receiving Need referral N/A 		Phone Number: I	mail:Date of Next Visit:
Mental Health/ Postpartum Counseling Services	 Receiving Need referral N/A 		Clinic/Provider Name: Phone Number: B	mail:Date of Next Visit:
Peer Support	 Receiving Need referral N/A 		Organization's Name:	Peer's NameDate of Next Visit:
Home Visiting Program	 Receiving Need referral N/A 		Phone Number: B	mail:Date of Next Visit:
Parenting Classes/Groups	 Receiving Need referral N/A 		Organization: Contact info:	Next class/meeting
Other:	 Receiving Need referral N/A 			

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	□ I would like information about the potential health effects of substance exposure for my baby and when to seek special care			I am worried about child welfare involvement and have questions about reporting and confidentiality	
	I have questions about breast/chestfeeding, especially when using substances or medications			I'm interested in learning about how to support my baby's milestones and development	
	□ I would like to learn how to safely store medications and substances			I need help getting baby items (crib, car seat, diapers, formula, etc)	
		SERVICES A	ND	SUPPORTS	
	llow-up pediatric re/medical home	Date of warm handoff: Clinic/PCP Name: Location: Known medical needs or diagnoses:		Next visit:	
	nfant discharge Medication(s):				
Feeding plan □ Exclusively nursing □ Exclusively bottle feeding □ Exclusively bottle feeding □ Breastmilk □ Formulakcal/oz □ounces everyhours □ Other:		 Breastmilk Formulakcal/oz ounces everyhours 			
Ва	by items	(Who or what services will support you with getting needed baby items?)			
Ch	ild care plan	(Who can provide safe & sober child care if you go to work, get sick, have an appointment?)			
Sa	fe sleep	(Where will your baby sleep?)			
	fe storage of bstances	(Where are medications, alcohol, naloxone, and other substances kept?)			
	fant development & arning supports	Complete referral to Early Intervention Services: <u>Online referral form</u> Email: <u>GetStartedwithEI@state.co.us</u> Call: 833-733-3734 (833-REFER-EI)	(Info on infant development and learning services from Early Intervention Colorado: <u>Materials for families and community partners</u> Consent Form: <u>English Form</u> <u>Spanish Form</u> Date of Referral:	

PLAN FOR OUR FAMILY				
	Family Needs, Strengths, Supports			
Service	Status		Referral Date	Organization & Contact Info Org name/person referred to/phone # and email
Food Assistance/ WIC/ SNAP	 Receiving Need referral 	□n/A		
Transportation	 Receiving Need referral 	□n/A		
Medical Insurance	 Receiving Need referral 	□n/a		
Child Care Programs	 Receiving Need referral 	□n/a		
Housing Assistance	 Receiving Need referral 	□n/a		
Financial Assistance	 Receiving Need referral 	□n/A		
Phone/ Internet/ Computer	 Receiving Need referral 	□n/A		
Family Counseling / Mental Health Services	 Receiving Need referral 	□n/A		
Substance use treatment for significant-other or second caregiver	 Receiving Need referral 	□n/A		
Fatherhood Programs	 Receiving Need referral 	□n/A		
Parenting Skills Classes	 Receiving Need referral 	□n/A		
Other:	 Receiving Need referral 	□n/A		
Top priorities/goals for our • •	family are:		Ster	s to achieve our goals: