

The Comprehensive Addiction & Recovery Act



What is a Plan of Safe Care

- * The Plan of Safe Care is the services and supports for mom, infant and family members whom are impacted by substance abuse.
- * Developed by the family and the professionals who are providing care and services to the parents, infants and family members.
- * The Plan of Safe Care was federally required as of July 22, 2016, to be in place prior to any infant being discharged from the care of health care providers in the following circumstances:
 - ◇ Prenatally exposed to legal or illegal substance abuse
 - ◇ Exhibiting symptoms of withdrawal
 - ◇ Diagnosis of Fetal Alcohol Spectrum Disorder

Important Information to Bring to Hospital at Delivery Your Plan of Safe Care

- * The name, address and phone number of the facility you received prenatal care.
- * The name, address and phone number of the treatment center you are receiving substance abuse treatment.
- * The name, address and phone number of all medical professionals you are receiving care from, including; medical and mental health.
- * List of all prescribed medications, including prescriptions for substance abuse treatment, medical diagnosis or mental health disorder.
- * Information of any medical or mental health diagnosis (i.e. diabetes, asthma, depression, ADHD, etc.)
- * Description of your support system (i.e. who helps with transportation to and from appointments, babysitters, sponsors, etc.)
- * Your health insurance information.
- * Any additional information which would support your current treatment plan (i.e. progress reports, certificates, prescription bottles, drug screen result logs, etc.)
- * Authorization for delivering hospital to contact your treatment facility and request information regarding your compliance, progress and drug screen results.

THE MORE INFORMATION THE BETTER!!

(worksheet is on back)

Information to Provide to Delivering Hospital

Name of facility, hospital or clinic you received prenatal care:

Date began prenatal care:

Doctor/nurse name:

Address:

Phone:

Appointment dates:

Name of Substance Abuse Treatment Center:

Counselor/therapist name:

Address:

Phone:

Progress reports and drug screen results:

List any medical or mental health diagnosis:

Name of substances abused during pregnancy (legal and illegal) and date of last use:

List of all prescribed medications and dosages and reason why prescribed (including prescriptions for MAT, medical or mental health diagnosis):

- ◆
- ◆
- ◆
- ◆

Description of your support system: