

The Family Plan of Safe Care



The Meadowlark Initiative
HEALTHY PREGNANCIES
& SECURE FAMILIES

SUPPORTING MEADOWLARK FAMILIES: A GUIDE FOR CHILD AND FAMILY SERVICES AND MEADOWLARK INITIATIVE CARE TEAMS

The Meadowlark Initiative care teams work with families to ensure a healthy pregnancy, safe delivery, and a supported postpartum period. This is accomplished through a clinical team that includes an obstetrics provider, behavioral health provider, and care coordinator. An important tool in this work is the Family Plan of Safe Care (FPOSC). With the FPOSC, the care coordinator in each practice works with the mother and her chosen support person(s) to identify key supports, strengths, and potential needs, and then creates a plan for how to address those needs. These are supportive, non-punitive plans developed with mother and family input to ensure necessary services are in place for the infant and family.

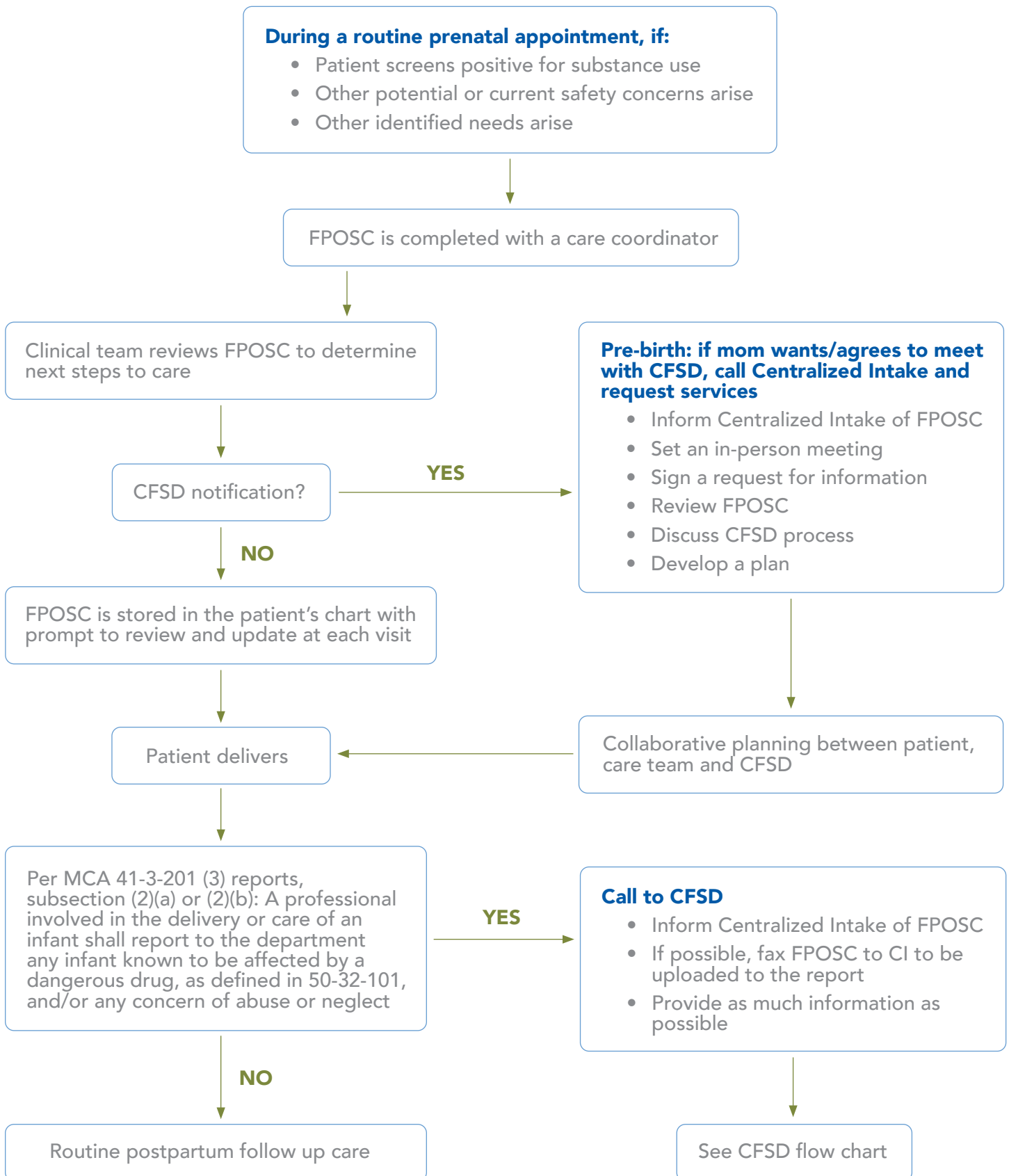
In the case of infants who have prenatal substance use exposure or for families who have other risk factors, the FPOSC can help inform the process with the Child and Family Services Division (CFSD) and allow the mother to have a voice in how the baby is cared for in the event she is unable to care for her baby for a period of time.



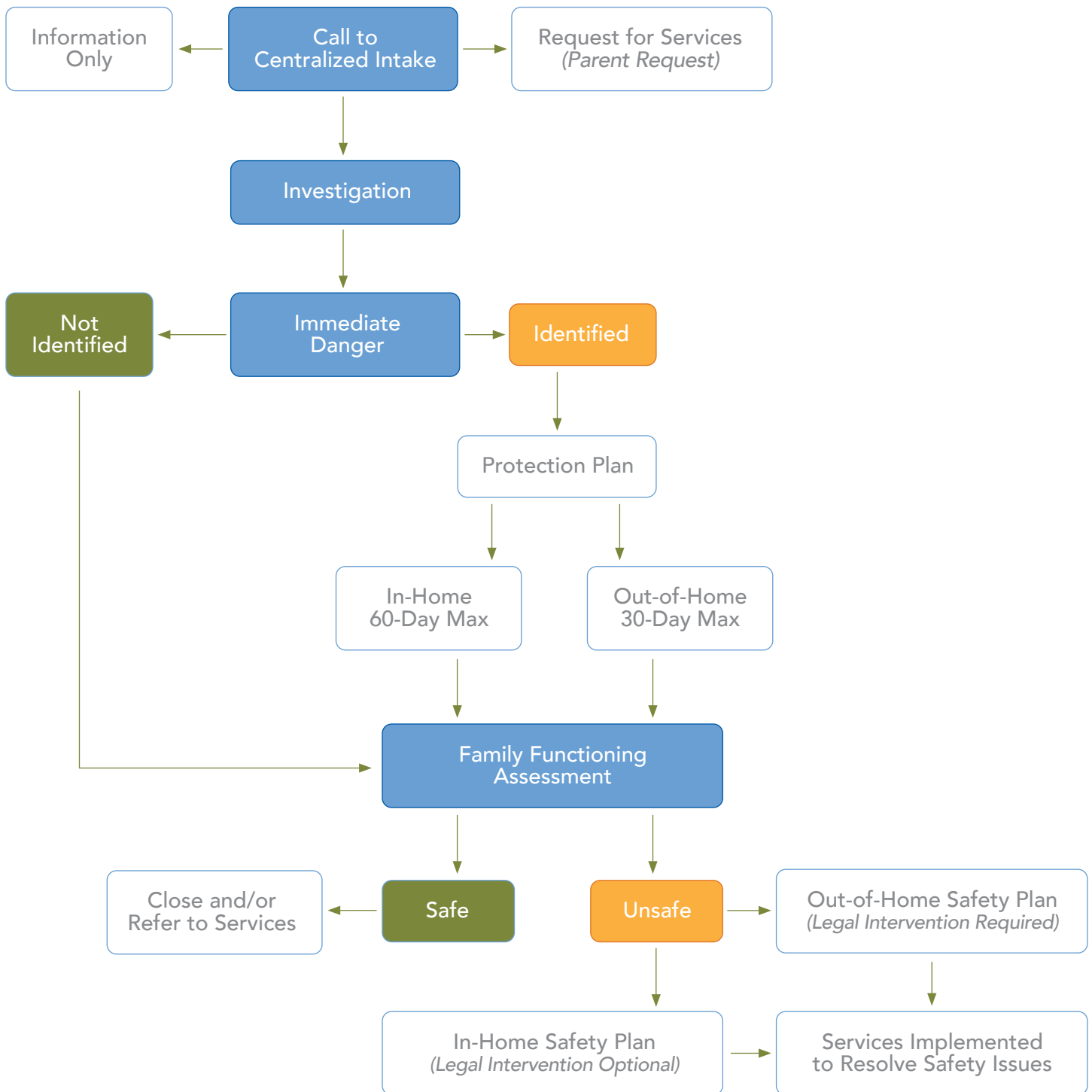
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MEADOWLARK CLINICAL TEAM WORKFLOW FOR USING THE FAMILY PLAN OF SAFE CARE (FPOSC)



CFSD OVERVIEW OF INVESTIGATION PROCESS





MONTANA'S RESPONSE TO INFANTS WITH PERINATAL SUBSTANCE EXPOSURE

The mission of the CFSD is to keep children safe and families strong. Information from the FPOSC can assist CFSD in preventing removals of children from their families while keeping children safely with their parents or helping identify relatives who can help safely care for the child.

Under Montana Law (MCA 41-3-201 (3)), medical providers who are involved in the delivery and/or care of an infant who has been affected by a dangerous drug (as defined by 50-32-101) are required to report this to CFSD.

Under federal law, the Child Abuse Prevention and Treatment Act of 2010 (CAPTA) and the Comprehensive Addiction and Recovery Act of 2016 (CARA) require states to have policies and procedures for safety planning in cases of prenatal substance exposure.

CFSD Safety Model Definitions

Immediate Danger Assessment: An assessment of safety threats that are actively occurring or in process of occurring and will likely result in an actual or substantial risk of physical or psychological harm to the child.

Protection Plan: A plan that describes an immediate, short term, sufficient protective action from identified safety threats in order to allow for completion of the Family Functioning Assessment.

Family Functioning Assessment: A wholistic assessment of the family including impending dangers, vulnerability of children and protective capacities of parents.

Impending Danger: Refers to a child in continuous state of danger due to parent/caregiver behaviors, attitudes, motives, emotions and/or situations posing a specific threat of actual or substantial risk of harm to a child.

In-Home Safety Plan: A plan with safety services, actions and responses that assure a child can be kept safe in their home.

Out-of-Home Safety Plan: A plan that depends primarily on a separation of the child from their home to protect them from impending danger and caregivers who lack sufficient protective capacities.