



# Family Care Plan

OVERVIEW AND WALK THROUGH

# TODAY'S AGENDA

- ~ Brief Review of the 4 W's of a Family Care Plans
- ~ Introduction to Sally & Max
- ~ Overview of Sally's Family Care Plan Contents
- ~ How Sally used her plan and who she involved in updating and maintaining it
- ~ Family Care Plan Best Practices
- ~ Current Family Care Plan Resources and Supports
- ~ What is to come....

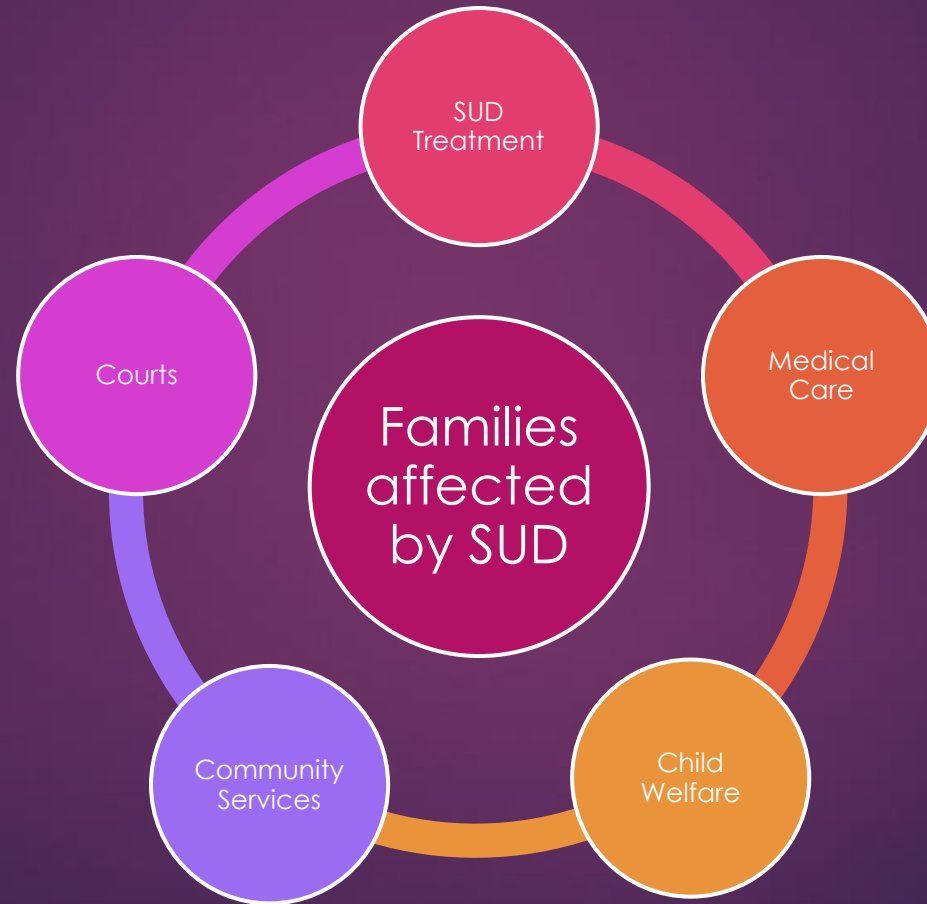
# The 4 W's of Family Care Plans

- **WHAT** IS A FCP?
- **WHO** COULD BENEFIT FROM A FCP?
- **WHO** SHOULD BE INVOLVED IN CREATING AND UPDATING A FCP?
- **WHEN** SHOULD A FCP BE DEVELOPED?

# WHAT is a Family Care Plan

- The FCP is a portfolio that **belongs to an individual** and is completely personalized to their journey. It contains documents and information about them, their infant, their child(ren), and any other family members they may wish to include
- The FCP is a **living document**. They are reviewed, monitored, added to, and updated as needed to address the changes of the family and its members
- It **can be used to communicate information across systems** about their desires, their needs and strengths, their recovery journey, and any preparations and steps they are making/have made for themselves, their infant, children, and family

# Families Affected by SUD and the Systems They Encounter



# Who can benefit from Family Care Plans

- **Pregnant and postpartum mothers** with infants at risk of / affected by prenatal substance exposure
- **Any family** impacted by substance use **that has dependent children**
- **Any family impacted by substance use** and prior or current experience with:
  - Child Welfare
  - Court systems
  - Domestic or intimate partner violence
  - Incarceration
  - Homelessness or shelter instability
- **Key Questions**

## Key Questions that we need to organizationally integrated if substance use/misuse is suspected

01

Ask all females of childbearing age if they are currently pregnant or raising dependent children if they currently have/or would like to have a Family Care Plan

02

Ask all females of childbearing age who are not pregnant along with all adolescent and adult males if they would like to have a child in the next year and offer Family Care Plans to those who want to have a child

03

Questions and scripts will be included in the New FCP Toolkit that will assist with introducing Family Care Plans to all clients

# Who should be involved in creating an updating a Family Care Plan

A Family Care Plan is created and updated regularly by the pre-pregnancy, pregnant, or parenting individual with the assistance of a substance use/co-occurring treatment provider, support service provider, or health care provider. The individual and/or family can then share the FCP with whichever providers they choose, including but not limited to:

- OB/GYN
- Substance use treatment providers
- Case managers
- Social workers
- Pediatrician
- Parent coaches/Peer support

Individuals and families should be encouraged to share it with all their providers, but it is their FCP and they should choose with whom they are comfortable sharing it.



# When should a Family Care Plan begin

- Ideally, developed **prior to pregnancy**, but if pregnant, should be developed as early in the pregnancy as possible
- If a FCP was not developed prior to or during pregnancy, it should be introduced to the family as **soon as the need is identified.**
- This could be **post-delivery at the hospital**, at the **start of a child welfare investigation**, or when a parent or caregiver **with dependent children begins to engage in substance use treatment.**

**We do not want to lose the opportunity to connect the individual and family to services and resources they need**



# Sally & Max

A FAMILY CARE PLAN WALKTHROUGH

# Sally & Max ~ 5 Months Ago

- Sally is 23 years old, pregnant, and has a 5-year-old son, Max
- She and Max have been living with Max's dad John since Max was born
- Sally and John have been using opioids together since they met 6 years ago
- John has been physically and emotionally abusive of Sally throughout their relationship and when John found out Sally was pregnant with their second child, he became violent with her again
- During this encounter the police became involved. John was arrested and is currently pending trial for DV charges
- Due to the ongoing abuse Sally took Max and they began staying at friends' houses or in her car
- It was around this time that Max's school made a report to Child Welfare because Max disclosed that he was living in their car, that his mommy sleeps a lot, and that he is worried that his dad is going to find them and hurt them.
- CPS conducted an investigation and determined there was a safety threat, so a Permanency Case was opened

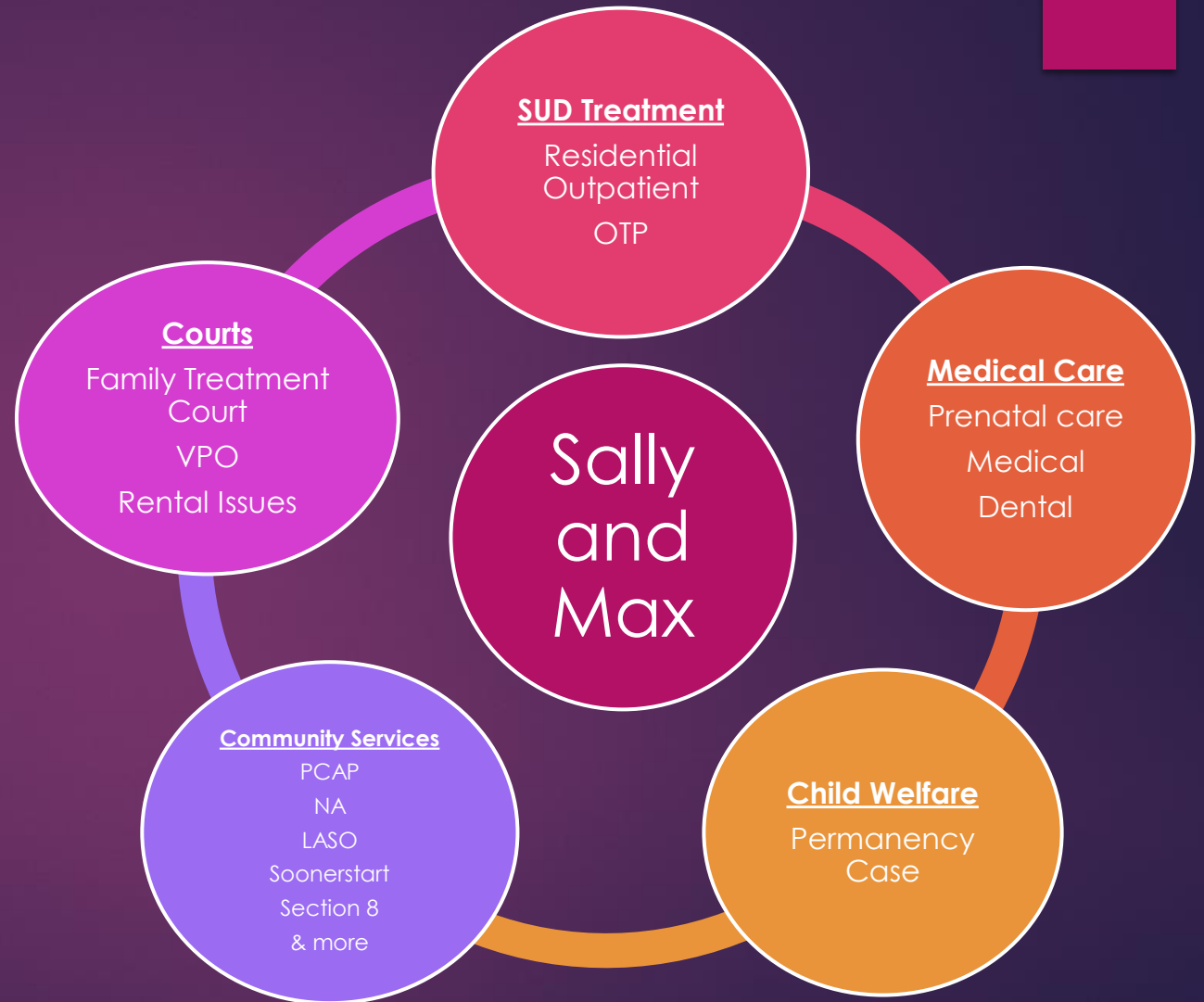
# Sally & Max ~ 4 Months Ago

- Max was placed in foster care via a kinship placement with his maternal grandmother, Rose
- Sally was referred by the CW specialist to a SUD treatment agency for an assessment due to concerns over her substance use
- Upon assessment Sally met ASAM placement criteria for residential treatment. While in residential treatment she was diagnosed with Opioid Use Disorder and was placed on methadone. Also, while in treatment Sally was offered the opportunity to begin her FCP.
- During this time, Sally's CW specialist referred her case to Family Treatment Court, and it was accepted.
- Sally successfully completed residential treatment in 90 days and was discharged.
- Upon discharge Sally returned to Oklahoma City and began engaging in outpatient SUD treatment for her opioid use disorder, continue her methadone, and receive treatment for past trauma
- After demonstrating compliance with her ISP, regular visitation, and engagement in Max's medical and educational needs, Max was returned to Sally's custody on trial basis with oversight by FTC.

# Sally & Max ~ Today

- Currently Sally works part time at Wal Mart, has a Section 8 voucher and an apartment.
- She has been receiving her prenatal care via the STAR clinic where she sees Dr. Pierce.
- Sally also has been connected to PCAP for 3 years of ongoing intensive case management and support services after the birth of her baby
- She attends NA meetings and has a sponsor, Maggie.
- Sally attends classes/groups: DV, CF!, Seeking Safety.
- She has created a birth plan and hopes to room in with her baby after its birth and also wishes to breastfeed
- Ongoing threats from John have affected their housing stability so Sally is working with LASO to obtain rental protections and enforcing the VPO
- Sally is also working with LASO and the FTC team to secure full custody of Max upon dismissal of the deprived case and also working with a victim witness coordinator as she prepares to testify in court regarding John's DV charges.
- Max is receiving his medical and dental care at OU Children's. He is in speech therapy and has an appointment for a Soonerstart evaluation. He also is receiving TFCBT at OUHSC to address his past trauma and both Sally and Max are in PCIT

**Sally and Max are currently engaging with the following systems:**



# Typical Sections Addressed in a FCP

## Section 1:

My Family Care  
Plan document

## Section 2:

My Medical  
History and Care

## Section 3:

My Substance  
Use Care

## Section 4:

My Child(ren)'s  
Medical History  
and Care

## Section 5:

Our Families  
Needs

## Section 6:

My Information  
and Resources  
for Self Advocacy

## Section 7:

My Notes and  
Additional  
Documents

## Section 1: My Family Care Plan

# SECTION 1

## OF MY FAMILY CARE PLAN



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### **THIS IS THE BEGINNING SECTION OF MY FAMILY CARE PLAN.**

Things that may be helpful for me to keep in this section of my plan:

- My completed Family Care Plan document
- My support system contact form
- My referral log
- My Wellness Plan
- My family care plan update tracking form



# Documents that Sally Choose to keep in her Family Care Plan under Section 1

- Her **completed FCP Documents** that identify who assisted her in creating the plan, Sally's identified strengths, goals, needs, supporters
  - *Completed with help of the Residential Treatment PRSS that introduced beginning a FCP to her (we have a script to help with this)*
- **The FCP Update Tracking Sheet**
  - *Completed with assistance of everyone helping her update her family's plan as she and her family move through recovery*
- **Referral Tracking Sheet** so she can keep up with referrals, contact information, and next steps
  - *Completed with the help of each referral source*

**Reminder:** This is Sally's plan and only documents that she wishes to include should be included

# MY FAMILY CARE PLAN



OKIMREADY.ORG/TAAM

## MY FAMILY CARE PLAN WAS CREATED ON THIS DATE:

May 19<sup>th</sup>, 2024

Date Sally began her FCP

## WITH THE SUPPORT OF THE FOLLOWING:

My Substance Use Treatment Provider

Who helped Sally begin her plan

Provider Name: WwC Residential Treatment Services, Inc.  
Provider Contact Info: (405) 000-1111

My Prenatal Provider

Provider Name:  
Provider Contact Info:

My Home Visiting Program

Provider Name:  
Provider Contact Info:

My Child Welfare Case Worker

Provider Name:  
Provider Contact Info:

Other (Please Specify Role)

Provider Name:  
Provider Contact Info:

Pregnancy and parenthood are special times when you make plans to care for yourself and your family. The Family Care Plan is a way for you to advocate for yourself, your family, and if pregnant ~ even your unborn child.

This plan is completely personalized to your journey and can help you in the following ways:

- Decide how you will take care of yourself and your family
- Think about the people who can help
- Identify available resources and information to help you and your family thrive
- Help you keep everything organized and stored in one place

It then assists the person in identifying personal and family strengths, goals around family and friends, parenting, work/school, health, & recovery.

MY FAMILY CARE PLAN

THIS FAMILY CARE PLAN BELONGS TO: \_\_\_\_\_

Pregnancy and parenthood are special times when you make plans to care for yourself and your family. If you use substances like alcohol or drugs, it is especially helpful to create a Family Care Plan. The Family Care Plan is a way for you to advocate for yourself, your family, and even your unborn child. This plan is completely personalized to your journey and will help you in the following ways:

- Decide how you will take care of yourself, your baby, and your family
- Think about the people who can help.
- Identify available resources and information to help you and your family thrive
- Help you keep everything organized and stored in one place

Personal and Family Strengths: Please list all of your family's strengths.

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MY GOALS:

For each of the categories below, write down things that you are doing well and where you need improvement. Take time and reflect on these, and write a goal for each category.

Family & Friends

What I'm Doing Well \_\_\_\_\_

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Where I Need Improvement \_\_\_\_\_

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My Goals \_\_\_\_\_

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## Section 2: My Medical History and Care

# SECTION 2

## MY MEDICAL HISTORY AND CARE



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**THIS IS THE SECTION OF MY PLAN WHERE I CAN KEEP INFORMATION RELATED TO MY PAST AND PRESENT MEDICAL CARE.**

Things that may be helpful for me to keep in this section of my plan:

- My Insurance Information
- Contact Information for my current OBGYN and Primary Care Provider
- Signed Log of my prenatal appointments, if applicable
- A copy of my birth plan, if applicable
- A copy of my pain management plan for labor, delivery, and postpartum hospitalization, if applicable
- Any other documents that I want to keep in my Family Care Plan that are related to my medical or mental health history or care

## Documents that Sally choose to keep in her Family Care Plan under Section 2

- Her Insurance information and contact info for all medical providers such as Dr. Pierce for Prenatal Care
  - Completed with help of outpatient PRSS
- Logs and summaries of prenatal visits with STAR Clinic
  - Completed with help from staff STAR Clinic
- Copy of her birth plan
  - Completed with help of Outpatient treatment CW
- Copy of her plan for pain management during labor, delivery, and postpartum hospitalization
  - Completed with help from STAR Clinic

**Reminder:** This is Sally's plan and only documents that she wishes to include should be included







# Documents that Sally Choose to keep in her Family Care Plan under Section 3

- Words of encouragement from Sally to herself for when times get tough
- Contact information for all her SUD treatment providers and supports / past & present
  - Completed with support of treatment providers
- Monthly Treatment Summaries from residential treatment provider
- Discharge Summary/aftercare plan from Residential Treatment provider
  - Completed with support of Residential Treatment staff
- Her Methadone Dosage Information
  - Completed with support from OTP Provider
- Her plan of Safe Storage for MOUD
  - Completed with support from OTP
- Monthly Treatment Summaries from outpatient treatment provider
  - Completed with support of outpatient treatment clinical staff
- Log of her drug screen results
  - Could also be incorporated into her monthly treatment summary
- Log of NA meetings she attends
  - NA can sign log

**Reminder:** This is Sally's plan and only documents that she wishes to include should be included

Section 4: My  
Child(ren)'s  
Medical  
History and  
Care

**SECTION 4**

**MY CHILD(REN)'S  
MEDICAL HISTORY  
AND CARE**



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**THIS IS THE SECTION OF MY PLAN THAT I CAN KEEP INFORMATION RELATED TO MY CHILDREN'S MEDICAL CARE.**

Things that may be helpful for me to keep in this section of my plan:

- My children's Insurance Information
- Contact Information for my child(ren)'s pediatrician and medical providers
- Pediatrician Appointment Log(s)
  - Date of visit
  - Provider seen (if different from primary)
  - Type of Appointment
  - Notes/Outcome
  - Staff initials/signature
- Copy of vaccination record
- Specialist / Other Provider Appointment Log(s)
  - Date of visit
  - Provider seen (if different from primary)

# Documents that Sally Choose to keep in her Family Care Plan under Section 4

- Max's SoonerCare information and contact info for pediatricians, medical, and treatment providers (PCIT, TFCBT, Speech)
- Max's vaccination record
- Soonerstart evaluation for Max
  - All the above completed with support of PRSS
- Appointment logs and summaries for PCIT, Speech, TFCBT
  - With support from each clinic staff
- **Once Sally gives birth** she may want to keep medical info here for the newborn such as hospital and medical information related to their birth, hospital stay and care, and once discharged information related to their pediatrician or specialty care

**Reminder:** This is Sally's plan and only documents that she wishes to include should be included

## Section 5: My Family's Needs

# SECTION 5

## MY FAMILY'S NEEDS



OKLAHOMA  
Mental Health &  
Substance Abuse

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### **THIS SECTION OF MY PLAN IS WHERE I CAN KEEP INFORMATION RELATED TO ME AND MY FAMILIES NEEDS.**

Things that may be helpful for me to keep in this section of my plan:

- Copy of my Child Welfare Individual Service Plan
- Copy of my Plan of Safe Care
- Community supports I am working with
  - 12-step or recovery support group
  - Prenatal classes/groups
  - Home visiting programs
  - Domestic violence classes/groups
- Parenting supports I am interested in receiving or am already engaging with
  - Parenting classes
  - Early Head Start / Head Start
- Educational resources I am interested in receiving or am already engaging with
  - GED classes
  - Vocational/technical programs
  - Childcare
  - Home-visiting programs
- Economic resources I am interested in receiving or am already engaging with
  - TANF
  - Housing/utility assistance
  - Social Security Income (SSI) / Social Security
- Legal assistance I am interested in receiving or am already engaging with

# Documents that Sally Choose to keep in her Family Care Plan under Section 5

- Contact info for CWS, FTC Team, LASO, PCAP, Group leads
- Copy of Sally's ISP and the Plan Of Safe Care
- Log of Meetings/short summaries of meetings with CPS workers
- List of supports that Sally would like to be included in all FTM meetings
- Log/short summaries of Family Team meetings
- Log/short summaries from FTC appearances
- Copy of Sally's visitation and log of visits to demonstrate she is engaging in a parental role with Max with her mother's support and modeling
  - All of the above completed with the help of Child Welfare Specialist
- Logs of prenatal classes, DV groups, PCAP appointments
  - Completed with help of the group leaders
- Copy of Section 8 Voucher and Section 8 Inspection
- Copy of Max's IEP
- Copies of pay stubs from her job
  - All of the above completed with the help of outpatient PRSS
- Copy of the VPO and draft sole custody orders
  - Completed with help from LASO

**Reminder:** This is Sally's plan and only documents that she wishes to include should be included

## Section 6: My Family's Needs

# SECTION 6

## MY INFORMATION & RESOURCES FOR SELF ADVOCACY



OKLAHOMA  
Mental Health &  
Substance Abuse

[OKIMREADY.ORG/TAAM](https://OKIMREADY.ORG/TAAM)

**THIS SECTION OF MY PLAN IS WHERE I CAN KEEP INFORMATION AND EDUCATION ON SAFE PARENTING, ALONG WITH INFORMATION AND RESOURCES THAT MAY BE HELPFUL TO ME WHEN I NEED TO ADVOCATE FOR MYSELF OR MY FAMILY.**

Information that may be helpful for me to keep in this section of my plan:

- MOUD and pregnancy
- MOUD and breastfeeding
- Safe Sleep info
- Substance/alcohol use and pregnancy
- Postpartum depression and anxiety
- Child development
- Preventing child abuse and neglect
- Preventing domestic and sexual violence
- Medication safety
- American College of Obstetricians and Gynecologists statement on MOUD as the standard of care for mothers with OUD during pregnancy
- Information on the civil rights protection for persons on MOUD along with contact information for support
- Letter from your healthcare provider stating that it is both safe and encouraged to breastfeed on MOUD



# Documents that Sally Choose to keep in her Family Care Plan under Section 6

- Handouts and information for self advocacy such as:
  - Signs and symptoms of NAS
  - Information on Eat, Sleep, and Console
  - Handouts on MOUD and Pregnancy
  - Handout on MOUD and Breastfeeding
  - Safe Sleep Handout
  - TEAM Birth one pager to help Sally understand and speak up about preferences while in the hospital
  - American College of Obstetricians and Gynecologists statement on MOUD being the standard of care for mothers with OUD during pregnancy
  - Civil rights protection information for persons on MOUD and contact information for assistance in the event Sally's civil rights are being violated
    - All materials pulled from FCP Resources (coming August 2024) and explained and provided to Sally by her outpatient CW
- Letter from Sally's healthcare provider stating that it is both safe and encouraged for Sally to breastfeed on methadone
  - Obtained prior to birth of infant with the help of Sally's outpatient PRSS

**Reminder:** This is Sally's plan and only documents that she wishes to include should be included

Section 7:  
My Notes &  
Additional  
Documents

SECTION 7

MY NOTES AND  
ADDITIONAL  
DOCUMENTS



OKLAHOMA  
Mental Health &  
Substance Abuse

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**THIS IS THE SECTION OF MY PLAN WHERE I CAN STORE BLANK NOTE PAGES SO I CAN EASILY JOT DOWN DATES OF NOTES FROM APPOINTMENTS, THINGS I WANT TO REMEMBER AND QUESTIONS I MAY HAVE FOR PROVIDERS**

This section can also be a great place to keep blank calendars so I can more easily schedule and track my families appointments.

This section is also a great place to add anything else I feel could strengthen my plan.



# Documents that Sally Choose to keep in her Family Care Plan under Section 7

- Blank Calendars for appointment planning and tracking
- Notes pages where Sally can jot things down such as questions, she wants to ask, things she needs to follow up on, or things she needs to remember
- Anything else Sally wishes to keep her that may not fit well into another section of her plan

**Reminder:** This is Sally's plan and only documents that she wishes to include should be included

## Who Sally chose to involve in the maintenance and coordination of her plan and how they interacted with the plan

Her residential SUD treatment provider

Her outpatient SUD treatment provider

Her methadone provider

Child Welfare

Family Treatment Court

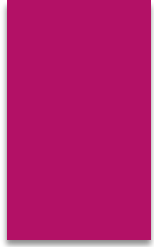
Legal Aid

Prenatal Care Provider

PCAP

NA meeting leaders and sponsor

Group leaders for PCIT, DV Classes, prenatal classes



# Some Ways Sally Choose to Use Her Family Care Plan

- ▶ Identify the steps she wanted to take to safely take care of herself, Max, and her baby and identify the resources/supports she needed connection with to achieve her goals
- ▶ Identify who she has in her life to help and support her along her recovery journey
- ▶ Create her Wellness Plan to identify triggers, coping skills, and identify who her safe care givers would be for Max and the baby in the event she were to relapse
- ▶ Provide a place for her to keep documents and important information in one place and to demonstrate that she has a well laid recovery plan
- ▶ As a Coordination tool so that all the providers and systems she, Max, and eventually her baby are engaging with can have easy access to important information, combine efforts to best serve and support her family, and identify resources that Sally and her family may benefit from
- ▶ Track the referrals she has been given in one place and what her next steps need to be for each
- ▶ Provide an organized and concise review of everything she and her family have accomplished
- ▶ For self advocacy: Sally keeps all the materials she needed in one place to support her as she advocates for herself and her family



# Family Care Plan Best Practices

# FCP Best Practices

- ▶ The Family Care Plan should be offered to all adults of reproductive age with substance use, misuse, or abuse who want to have a child within 12 months, are pregnant, or have dependent children.
- ▶ It may take a few visits or talks with the person and family to see the value of the FCP and how it can help them demonstrate their progress and the actions they are taking to ensure they, their baby, and family are safe and healthy. The Family Care Plan can be overwhelming at first, so an early introduction allows more time for anyone who may be hesitant at first.
- ▶ If initially they state that they are not interested in a FCP be sure to revisit how the plan may be of benefit to them as they continue to engage in treatment.

**Introduce the  
FCP as early  
as possible**

# FCP Best Practices

- ▶ Your agency or organization will want to determine how to weave the process of family care planning across the foundation of your service delivery to ensure that all roles supporting families affected by SUD are aware of the FCP purpose, process, and how they can help families review and add to their plan. Work with your FCP implementation team to decide what makes the most sense for your agency or organization and clients.
- ▶ If the plan belongs to a pregnant mom, **it is vital** that that it be updated prior to delivery and that Mom takes it to the hospital with her, particularly if child welfare involvement is anticipated.

**Review the  
FCP Regularly**

# FCP Best Practices

- ▶ The individual and family have better outcomes when their providers across systems have access to information regarding the individual's treatment, needs, goals, engagement, and care.
- ▶ Helping pregnant and parenting people recognize the importance of care coordination and sharing their FCPs with all their providers is important, but it is also important to express understanding if they do not trust certain providers. Let them know it's okay to be hesitant and ask them to think about how sharing this with their providers might be helpful. If the person agrees to share their FCP with one or more of their providers, ensure you have them sign appropriate ROIs

**Encourage  
them to  
share their  
plan with all  
their  
providers**



# FCP Best Practices

- ▶ Each person may view their Family Care Plan differently. Some may view it as a tool to keep everything they need organized; some may view it as a way to show all their accomplishments and hard work; and others may view it as a keepsake to share with their child in the future.
- ▶ No matter how they view it, clients should be encouraged to individualize it and add whatever they see fit.

**Remember that  
the FCP is their  
tool and  
encourage  
them to make it  
their own**

# Family Care Plan Resources

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CURRENT AND COMING SOON

# Current Resources

- **Monthly Family Care Plan Coaching Calls :**

- The ODMHSAS and state subject matter experts offer monthly coaching calls for those implementing Family Care Plans. These calls will provide training on subjects related to FCPs and family-centered services as well as an opportunity for Q&A and support.
- Calls occur on the 4th Wednesday of the month from 10-11
- Contact [Kady.Turcotte@odmhsas.org](mailto:Kady.Turcotte@odmhsas.org) for call registration details

- **Family Care Plan Template**

- **Family Care Plan Scripts**

- If you were registered for the call today, we will be sending you a link to the recording of this call, the **most recent FCP Template** for Section 1, **2 FCP scripts** for A) Example script for introducing a FCP to an individual and B) example scripts to help a person introduce their plan to their other caregivers

Coming  
Soon....

### July Family Care Plan Coaching Call

- New Family Care Plan Toolkit and Resource Documents

24 July 2024

### Family Care Plan Technical Assistance Rollout

Sep.–30 June 2024

1 Aug. 2024

The **new Family Care Plan Toolkit and Resource Documents** will be distributed and also available on the ODMHSAS website and Tough as a Mother Website

# Have Family Care Plan Questions, Need Support, or Encountering Barriers?



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