

## Family Care Plan Template

|                                |                     |
|--------------------------------|---------------------|
| Mother/Birthing Person's Name: | Provider's Name:    |
| Anticipated delivery date:     | Provider Contact #: |

Family Care Plans address the health and substance use disorder treatment needs of the infant and affected family or caregiver. Consistent with good casework practice, the plan should be developed alongside of the mom/birthing person with input from the other parent or other caregivers, as well as any collaborating professional partners involved in supporting the infant and family. ***A Family Care Plan and subsequent CAPTA Notification is for birthing persons who are prescribed medications or using non-prescribed substances during their pregnancy that may result in withdrawal symptoms in the newborn.***

**Check all substances used by mother/birthing person prenatally:**

|                                   |                             |                 |                             |
|-----------------------------------|-----------------------------|-----------------|-----------------------------|
| Methadone                         | "> <input type="checkbox"/> | Benzodiazepines | "> <input type="checkbox"/> |
| Buprenorphine (Subutex, Suboxone) | <input type="checkbox"/>    | Cannabis        | <input type="checkbox"/>    |
| Opioids                           | <input type="checkbox"/>    | Cocaine         | <input type="checkbox"/>    |
| Alcohol                           | <input type="checkbox"/>    | Other:          | <input type="checkbox"/>    |

**Identify all applicable services currently engaged and new referrals for infant, mother/birthing person and/or caregivers:**

|  | Discussed | Current | Referral | Organization |
|--|-----------|---------|----------|--------------|
| Medication Assisted Treatment (Methadone, Buprenorphine, Naloxone) |           |         |          |              |
| Mental Health Counseling   |           |         |          |              |
| Substance Use Counseling   |           |         |          |              |
| Medical Care   |           |         |          |              |
| Secure Environment & Medication Storage Plan                       |           |         |          |              |
| Reproductive Health  |           |         |          |              |
| Safe Sleep Plan  |           |         |          |              |
| 12 Step Groups   |           |         |          |              |
| Recovery Supports  |           |         |          |              |
| Childcare  |           |         |          |              |
| Home visiting  |           |         |          |              |
| WIC  |           |         |          |              |
| Birth to Three   |           |         |          |              |
| Housing Assistance   |           |         |          |              |
| Insurance Support  |           |         |          |              |
| Parenting Groups   |           |         |          |              |
| Other  |           |         |          |              |

**Identified Family Strengths, Supports and Goals (Eg: breastfeeding, housing, parenting, and recovery):**

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Signature of parent /caregiver: \_\_\_\_\_

Signature of provider: \_\_\_\_\_

Please check if any of the following are applicable:

- Family Care Plan was completed and will be provided to infant's PCP for ongoing monitoring
- Mother/birthing person was engaged in services prior to delivery (ex: counseling, treatment, parenting classes)
- Additional referrals were made for services at the time of delivery for the infant and/or mother/birthing persons/caregivers

Name of hospital staff (print): \_\_\_\_\_

Signature of hospital staff: \_\_\_\_\_