



Implementing Plan of Safe Care in the Hospital Setting

# Emerging Evidence and Practices for Addressing Neonatal Abstinence Syndrome in Infants and Families Affected by SUD

August 9, 2024

PRESENTED BY:  
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*Throughout this presentation, the terms mother or maternal or she or her are used in reference to the birthing person. We recognize not all birthing people identify as mothers or women. We believe all birthing people are equally deserving of patient-centered care that helps them attain their full potential and live authentic, healthy lives*

# POSC CURRICULUM ROADMAP

## Webinar 1

Federal and State Regulations & POSC template

## Webinar 2

Neurobiology of SUD & Best Practices for Screening, Assessing and Toxicology

## Webinar 3

Understanding perinatal SUD: Effects on Pregnancy, Parents, and Baby

## Webinar 4

Dosing MAT Before, During, and After Pregnancy & Breastfeeding and SUD, MAT

## Webinar 5

Harm Reduction & Stigma and SUD treatment

## Webinar 6

Supporting Substance Exposed Infants & Considerations for Working with DCFS

## Webinar 7

POSCs and supporting the pregnant person/parent & Operationalizing the POSC

## Webinar 8

Discharge planning & Transitions of Care and Community Resources for PPP

## Webinar 9

Trauma Informed Care and Social Determinants of Health for PPP

## Webinar 10

**TODAY: Emerging Evidence and Practices for Addressing Neonatal Abstinence Syndrome in Infants and Families Affected by SUD**

# OUR EXPERTS



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## Presenter Disclosures

Faculty	Nature of Commercial Interest
Jennifer Bridgeforth, MBA, CPhT, CPC, CPMA, CHC	Ms. Bridgeforth discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Helen DuPlessis, MD, MPH	Dr. DuPlessis discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients. She is also a Board Member of Blue Shield of California Health Plan
Karen Hill, RN, ANP-C, PhD	Karen Hill discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Charles Robbins, MBA	Mr. Robbins discloses that he is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.
Jeanene Smith, MD	Dr. Smith discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of health care clients.

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- » Certificates of completion will be emailed within 10–12 business days of course completion.

# LEARNING OBJECTIVES: SUPPORTING SUBSTANCE EXPOSED INFANTS

- Summarize the symptoms of and approaches to diagnosing neonatal abstinence syndrome (NAS), also known as neonatal opioid withdrawal syndrome (NOW)
- Contrast traditional and emerging care practices for NAS and relative outcomes
- List at least 4 specific non-pharmacologic interventions that can be used to treat NAS
- Describe a basic approach to team-based care for mothers with OUD/SUD and infants with NAS

# CHAT

Use the chat feature on your computer to respond to the following prompt.

>> *What information would be most helpful to you in supporting your work with substance exposed infants and families?*

Do not press **ENTER** until the presenter tells you to do so.

# DIAGNOSIS, TREATMENT AND SUPPORT FOR INFANTS WITH NEONATAL WITHDRAWAL SYNDROMES

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# MEET KAYLA'S NEWBORN

- »» Baby M was born in February 2019
- »» Initially ambivalent, Kayla warmed to the idea of being a mom
- »» Mom has been mostly adherent with buprenorphine but continues to intermittently use pressed opioid pills and occasional alprazolam
- »» Total infant stay was 28 Days
- »» Total morphine need was:
  - »» 50.6 mg total
  - »» 18.7 mg/day
  - »» 2.3 mg/dose
- »» Infant stayed on 4 different hospital units
- »» Kayla felt judged, inadequate and powerless





# CLARIFYING TERMINOLOGY ABOUT NEONATAL WITHDRAWAL

- » Neonatal Abstinence Syndrome (NAS) - a recognized constellation of clinical signs of withdrawal that may occur in neonates after in utero exposure to opioids and other substances
- » Neonatal Withdrawal Syndrome (NWS) – same general definition as NAS focused on withdrawal from exposure to opioids or other substances
- » Neonatal Opioid Withdrawal Syndrome (NOWS) – specific withdrawal from opioids (FDA, 2013)



# NEONATAL ABSTINENCE SYNDROME (NAS): HOSPITAL CARE

***NAS is a post-birth drug withdrawal syndrome characterized by:***

*Central Nervous System irritability*

*Autonomic hyperreactivity*

*Gastrointestinal dysfunction*

- » NAS may not be recognized (occurs in 50-80% of exposed infants)
- » Having a protocol for identification and management is critical
- » Historic approaches to management are giving way to new paradigms
- » Goals
  - » Optimize growth and development
  - » Minimize negative outcomes
  - » Support secure attachment and post-discharge follow-up
  - » Optimize opportunity for health and wellbeing
  - » Reduce lengths of stay and treatment

# STANDARDIZING THE CLINICAL DEFINITION OF OPIOID WITHDRAWAL IN NEONATES

Required for NAS diagnosis:

1. In utero exposure (known by history, toxicology not necessary) to opioids with or without the presence of other psychotropic substances
2. The presence of at least two of the most common clinical signs characteristic of withdrawal (excessive crying, fragmented sleep, tremors, increased muscle tone, gastrointestinal dysfunction).

*Journal of Pediatrics, 2021*

# SYMPTOMS OF NEONATAL ABSTINENCE SYNDROME



- » High-pitched cry
- » Hyper-irritability
- » Tremors, jitteriness
- » Myoclonic jerks, hyperactive Moro
- » Rare seizures



- » Poor feeding
- » Emesis, regurgitation
- » Diarrhea
- » Failure to thrive



- » Tachycardia
- » Tachypnea
- » Temperature instability
- » Skin mottling
- » Nasal stuffiness
- » Sweating

# DIAGNOSIS REQUIRES A HEIGHTENED INDEX OF SUSPICION AND KNOWLEDGE ABOUT TIMING

- » Variation in onset
  - » Range is typically 24-72 hours
  - » Exposure to single-substance, shorter acting drugs may present during the hospitalization (e.g., heroin, morphine)
  - » Exposure to substance with “longer” half-lives present later
    - » Codeine, hydrocodone, fentanyl – 2-5 days
    - » Methadone – 4-10 days
    - » Benzodiazepines (7-12 days), chlordiazepoxide (14-21 days), barbiturates (7 days)
- » Effects of poly-substance exposure may delay onset and increase types of symptoms
- » Variation in duration



# ASSESSMENT OF NAS

» Eat -  $\geq$  1 oz or full BF session

» Sleep -  $\geq$  1 hour between feeds

» Console – Cease crying within 10 min. of being consoled

Studies now demonstrate good correlation between the two assessment protocols for management of NOWS (Amin, 2022; Young, 2023)

## Finnegan Neonatal Abstinence Scoring Tool (FNAST)

Patient ID:		Name:		Today's Weight:				DOB:		Date:	
Signs & Symptoms	Time	Score	AM				PM				Comments
<b>Central Nervous System Disturbances</b>											
Crying: Excessive High Pitched		2									
Crying: Cont. High Pitched		3									
Sleeps < 1 Hr After Feeding		3									
Sleeps < 2 Hr After Feeding		2									
Sleeps < 3 Hr After Feeding		1									
Hyperactive Moro Reflex		2									
Markedly Hyperactive Moro Reflex		3									
Mild Tremors: Disturbed		1									
Mod-Severe Tremors: Disturbed		2									
Mild Tremors: Undisturbed		3									
Mod-Severe Tremors Undisturbed		4									
Increased Muscle Tone		2									
Excoriation (Specific Area)		1									
Myoclonic Jerk		3									
Generalized Convulsions		5									
<b>Metabolic, Vasomotor And Respiratory Disturbance</b>											
Sweating		1									
Fever < 101 (37.2-38.3c)		1									
Fever > 101 (38.4c)		2									
Frequent Yawning (> 3)		1									
Mottling		1									
Nasal Stuffiness		1									
Sneezing (>3)		1									
Nasal Flaring		2									
Respiratory Rate (> 60/Min)		1									
Respiratory Rate (>60/Min With Retractions)		2									
<b>Gastrointestinal Disturbances</b>											
Excessive Sucking		1									
Poor Feeding		2									
Regurgitation		2									
Projectile Vomiting		3									
Loose Stools		2									
Watery Stools		3									
<b>Score</b>											
Total Score											
Average Daily Score											
Inter-Observer Reliability %											
Initials Of Scorer 1											
Initials Of Scorer 2											

# CHANGING PARADIGMS: PRESERVING THE DYAD; BEING LESS INVASIVE

## Eat, Sleep, Console

- **Eat** -  $\geq 1$  oz or full Breastfeeding session
- **Sleep** -  $\geq 1$  hour between feeds
- **Console** – Cease crying within 10 minutes of being consoled

Grossman MR, et al. Pediatrics. 2017;139(6):e20163360

- **Special ward setting** (non-intensive care unit)
- **Staffing** - dedicated, trained
- **Parent's Roles** – assessments
- **Improved communication**
- **Comprehensive care**

**Prenatal  
Consultation**



**Inpatient Observation & NAS  
Treatment while Rooming In**



**Appropriate Neuro-developmental +  
Primary Care Follow-Up and Support**

# STANDARDIZED NON-PHARMACOLOGIC CARE BUNDLE

- » Support and coaching for parents (consoling support interventions)
- » Proactive skin protection
- » Environmental Accommodations
- » Swaddling
- » Breastfeeding promotion/On demand feeds
- » Non-nutritive sucking
- » Cuddler program
- » Establishing policies and procedures



- Maternal presence and Rooming-in
- Dim lights
- Reduced NICU admission
- Reduced/coordinated interventions
- Reduction in white noise/sound (location)
- Limit visitors



# STANDARDIZED NON-PHARMACOLOGIC CARE BUNDLE (CONT.)

- Non-pharmacologic interventions
- Rapid weaning protocol
- Guidelines for assessment and monitoring
- Methadone and Adjunctive therapies
- When needed (PRN) vs scheduled Morphine

## Outcomes realized:

- Better engaged, more confident parents
- Reduced use and absolute dosage of medication
- Reduced length of stay
- Reduced overall costs of care



# EMPOWERING MESSAGES TO PARENTS



On the inpatient unit, we explained that our first-line and most important treatment would center around measures to comfort the infant and that these should be performed by a family member. Parents were told that they were the treatment of their infants and must be present as much as possible. Nurses and physicians focused on supporting and coaching parents on the care of their infants.





LA County Department of  
Children and Family Services

# A FEW RESOURCES TO CONSIDER FOR THE DYAD

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## Plan of Safe Care REDUX

**Primary, Obstetric  
and Gynecological  
Care**



**Infant Health and  
Safety**

(neurodevelopment  
expertise/high risk infants)



**Prevention and  
Treatment of Mental  
Health and Substance  
Use Conditions**



**Infant and Child  
Development**

(developmental screening,  
Help Me Grow)



**Parenting and Family  
Support**

(home visiting, classes, Road  
to Resilience)



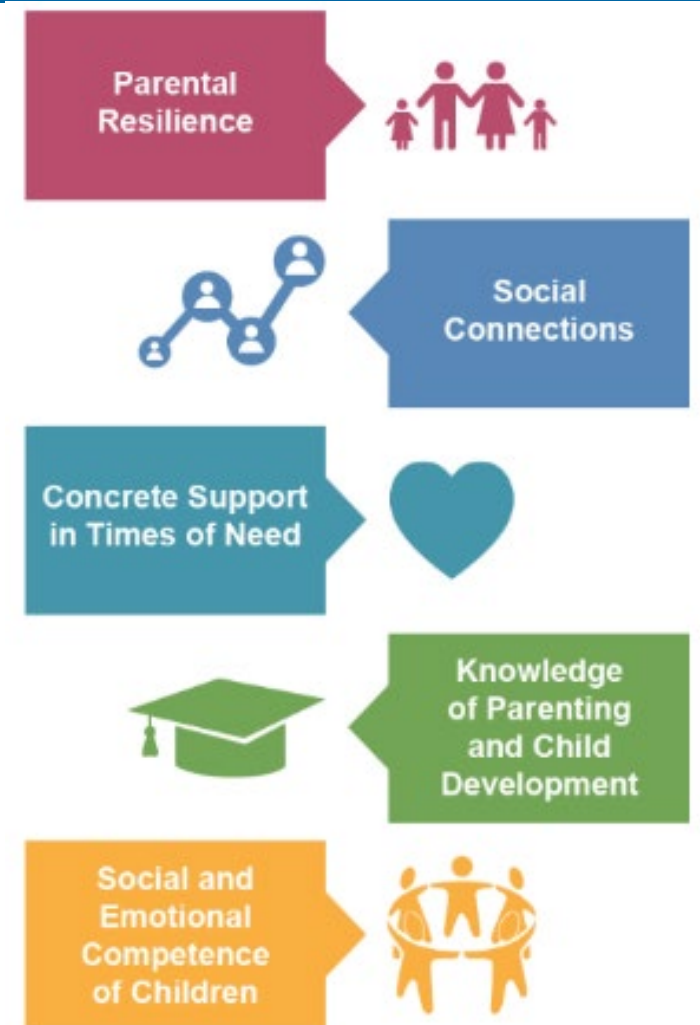
**\*Other referrals**

(e.g., addressing social  
determinants of health)



# THE IMPORTANCE OF FAMILY CONNECTION AND SERVICES

- » All children deserve to have their needs met and have the chance to develop their capacities in the security of a committed, nurturing, and consistent family.
- » Agencies serving children and youth, including healthcare institutions, child welfare, mental health, education, and other community service providers, must collaborate effectively to engage and surround the child and family with needed services, resources, and supports, rather than requiring caregivers to navigate multiple systems and service providers.



Picture from Children's Home Society, Concept from Center for the Study of Social Policy.

# A FEW RESOURCE EXAMPLES PREVENTION AND AFTERCARE SERVICES

- » DCFS partners with organizations already working in local communities to provide support services for parents, youth, and caregivers across Los Angeles County.
  - » Identify the Service Panning Area (SPA) for the dyad
  - » Browse the online [directory](#)
- » Other quick resources in LA County
  - » L.A. County Perinatal and Early Childhood Home Visiting Network Best Bay Network HV eDirectory <https://www.homevisitingla.org/>
  - » Partnerships for Families

Parenting

Concrete Supports

Parent/Child Activities

Therapy

#### Eligibility:

Families who are expecting a baby or have a child up to 12 months  
(or 2 years with County approval)  
and are impacted by Domestic Violence, Mental Health and/or Substance Abuse.  
Teenage Parents are eligible.

#### PFF Providers:

- SPA 1 Children's Bureau of Southern CA (213) 342-0100
- SPA 2 The Help Group (818) 947-5553
- SPA 3 SPIRITT Family Services (626) 442-1400
- SPA 4 Para los Niños (213) 413-1466 ext. 402
- SPA 5 The Help Group (818) 947-5553
- SPA 6 Children's Institute, Inc. (213) 260-7600
- SPA 7 Human Services Association (562) 806-5400 ext. 179
- SPA 8 Children's Institute, Inc. (213) 260-7600
- Countywide American Indian - United American Indian Involvement (213) 202-3970 ext. 7136
- Countywide Asian Pacific Islander - Koreatown Youth & Community Center (213) 365-7400 ext. 5507



# A FEW RESOURCE EXAMPLES PREVENTION AND AFTERCARE SERVICES



## Prevention & Aftercare (P&A)



### HAVE YOU HEARD ABOUT THE PROTECTIVE FACTORS?

*Studies show that the strongest, healthiest families have qualities in common. These “protective factors” help create a safe and healthy environment for adults to be the best parents they can be—and for children to learn, grow, and develop to their best potential.*

To strengthen your family’s protective factors, visit a P&A agency in your community for traditional and non-traditional **services, activities, resources** and **supports** such as:

- Family Fun Nights!
- Financial Literacy
- Fatherhood Classes
- Parenting Educational Classes
- Concrete Support for Basic Family Needs
- Wellness Activities
- Peer Support Groups
- Linkage to additional needed resources
- Parent-Child Family Centered Activities

**Services are FREE to all LA County families, regardless of age, immigration status or insurance status.**

#### Where to go for P&A?

- SPA 1 – Penny Lane Centers (661) 266-4783
- SPA 2 – The Help Group (818) 938-3504
- SPA 3 – SPIRITT Family Services (909) 630-6305
- SPA 4 – Para Los Niños (213) 814-1550 ext. 700
- SPA 5 – The Help Group (818) 938-3504 or (310) 751-1171?
- SPA 6 – Children’s Bureau (Magnolia Place) (213) 342-0100
- SPA 7 – SPIRITT Family Services (562) 903-7000
- SPA 8 – South Bay Center for Counseling (424) 260-8381
- American Indian Families Countywide – United American Indian Involvement (213) 202-3970
- API Families Countywide – Special Services for Groups (213) 252-2100

#### Connect to agencies’ websites with QR code:



If you have any questions, call:  
Nicole Davis (213) 905-3291  
Christopher Perdue (213) 276-4628  
Email: [PreventionandAftercare@dcss.lacounty.gov](mailto:PreventionandAftercare@dcss.lacounty.gov)



Brought to you by:  
Los Angeles County Department of Children and Family Services





# MANDATED SUPPORTING INITIATIVE (MSI)

HOME

TRAINING & TOOLS

PLANS OF SAFE CARE

SUPPORTIVE RESOURCES

INFORMATION FOR FAMILIES

ABOUT US



## Los Angeles County Mandated Supporting Initiative

- Take the Training
- Decision Support Process Tipsheet
- General Neglect Decision Tree
- Join the MSI Coalition

# EDUCATE STAFF ABOUT NAS/NOWS AND EMERGING PRACTICES

## OPIOIDS and NAS

When reporting on mothers, babies, and substance use

## LANGUAGE MATTERS

### Identification, evaluation, and treatment

- » Clinical providers and staff with strong foundation of knowledge can educate and support families
- » Positive interactions with families of newborns with NAS contribute to better outcomes and reduced length of stay (LOS)
- » Provider and staff interactions with families should be supportive and non-judgmental
- » Families can play valuable role in care, including mothers being encouraged to breastfeed if on stable substance use disorder treatment with medications



### I am not an addict.

I was exposed to substances in utero. I am not addicted. Addiction is a set of behaviors associated with having a Substance Use Disorder (SUD).



### I was exposed to opioids.

While I was in the womb my mother and I shared a blood supply. I was exposed to the medications and substances she used. I may have become physiologically dependent on some of those substances.



### NAS is a temporary and treatable condition.

There are evidence-based pharmacological and non-pharmacological treatments for Neonatal Abstinence Syndrome.



## YOUR PRACTICE AND THOUGHTS ABOUT THE FOLLOWING STATEMENTS

- A. You should call the hotline immediately for anyone on Medications for Addiction Treatment (MAT)
- B. If the parent and infant are affected by substances, you should inform your charge nurse
- C. You should use the email notification system for parents on a stable recovery path, even if the infant has mild NAS symptoms
- D. You should never bother the DCFS hotline worker with a question about someone who already has a POSC





**QUESTIONS?**

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**TODAY: Emerging Evidence and Practices for Addressing Neonatal Abstinence Syndrome in Infants and Families Affected by SUD**

**FOR ANY QUESTIONS OR COMMENTS**

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**CONTACT US**

**BEFORE YOU  
GO: PLEASE  
COMPLETE THE  
EVALUATION OF  
TODAY'S  
SESSION**

[https://healthmanagement.qualtrics.com/jfe/form/SV\\_0oWhzwXK7gnqiEe](https://healthmanagement.qualtrics.com/jfe/form/SV_0oWhzwXK7gnqiEe)





# RESOURCES

- » **NAS Toolkit** – 39 best practices, guidelines and protocols on perinatal SUD  
[nastoolkit.org](http://nastoolkit.org)
  - » *Breastfeeding: Best Practice 9*
  - » *NAS: Best Practices 16-24*
  - » *Outcomes of exposed infants: Best Practices 28-33*
  - » *Neurobiology of SUD: Best Practice 7, 8, 10, 13, 14, 37*
- » L.A. County Department of Children and Family Services – Help For Families Webpage  
<https://dcfs.lacounty.gov/help-for-families/>
- » L.A. County Mandated Supporting Initiative website  
<https://supportingfamilies.lacounty.gov/> (see resources under POSC tab)
- » HMA's SUD Website: [addictionfreeca.org](http://addictionfreeca.org)
- » National Clinician Consultation Center (UCSF):  
  
CA Substance Use Line:  
<https://nccc.ucsf.edu/clinician-consultation/substance-use-management/california-substance-use-line/>  
  
National Substance Use Management  
<https://nccc.ucsf.edu/clinician-consultation/substance-use-management/>
- » National Center on Substance Abuse and Child Welfare. SAMHSA funded.  
<https://ncsacw.acf.hhs.gov/>
- » SAMHSA: SAMHSA's National Helpline <https://www.samhsa.gov/find-help/national-helpline>

# RESOURCES

## **Mandated Supporting Initiative**

- » [General Website https://supportingfamilies.lacounty.gov/](https://supportingfamilies.lacounty.gov/)
- » [Plans of Safe Care tools and Newborn Risk Assessment](#)

**The NAS Toolkit (nastoolkit.org)** – thirty-nine best practices for addressing the needs of pregnant/parenting pregnant persons with SUD and their affected infants

## **The Clearinghouses for Evidence-based Practices**

- » The California Evidence-based Clearinghouse for Child Welfare. <https://www.cebc4cw.org/>
- » Title IV-E Prevention and Services Clearinghouse. <https://preventionservices.abtsites.com/>

## **Home Visiting**

- » Maternal Infant and Early Childhood Home Visiting. <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>
- » California Home Visiting Program. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/CHVP/Pages/default.aspx>
- » Evidence-based Practices and Resource Center (formerly National Center for Evidence-based Practices). <https://www.samhsa.gov/ebp-resource-center>
- » Child Welfare Information Gateway. Strengthen Families and Education to Prevent Maltreatment. <https://www.childwelfare.gov/pubpdfs/parented.pdf>

**The CA Bridge Program** [cabridge.org](http://cabridge.org)

## **The Substance Abuse and Mental Health Services Administration (SAMHSA)**

- National Center on Substance Abuse and Child Welfare. Resources on Plan of Safe care Implementation. <https://ncsacw.acf.hhs.gov/topics/capta-plans-of-safe-care/>
- Substance Abuse Mental Health Services Agency. Medications to Treat Opioid Use Disorder. Treatment Improvement Protocol (TIP) Series 63, FullDoc. HHS Publication NO (SMA) 18-5063FULLDOC. Rockville, MD: Substance Abuse Mental Health Services Agency, 2018.
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[https://www.samhsa.gov/sites/default/files/topics/alcohol\\_tobacco\\_drugs/healthy\\_pregnancy\\_healthy\\_baby\\_flyer.pdf](https://www.samhsa.gov/sites/default/files/topics/alcohol_tobacco_drugs/healthy_pregnancy_healthy_baby_flyer.pdf)

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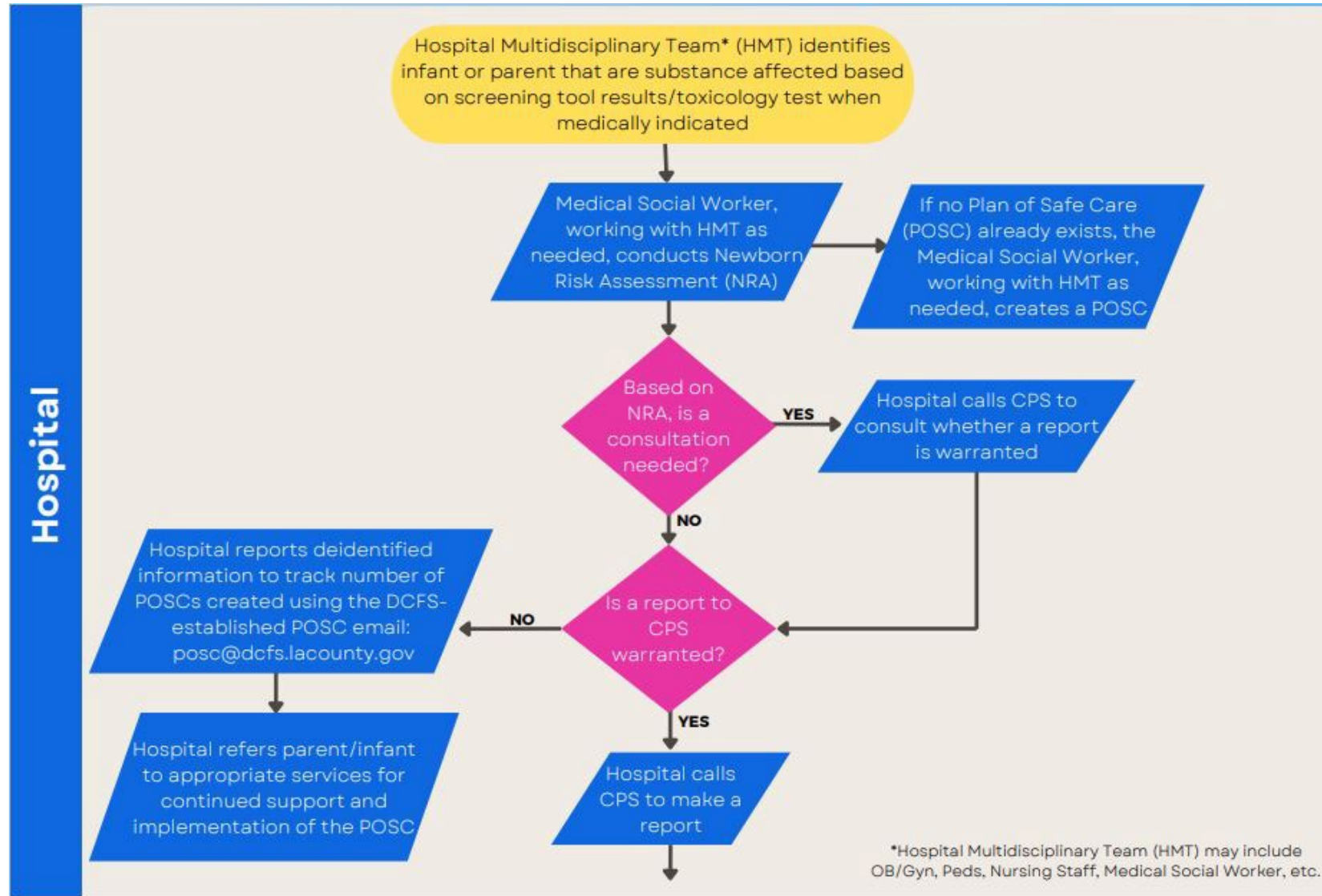
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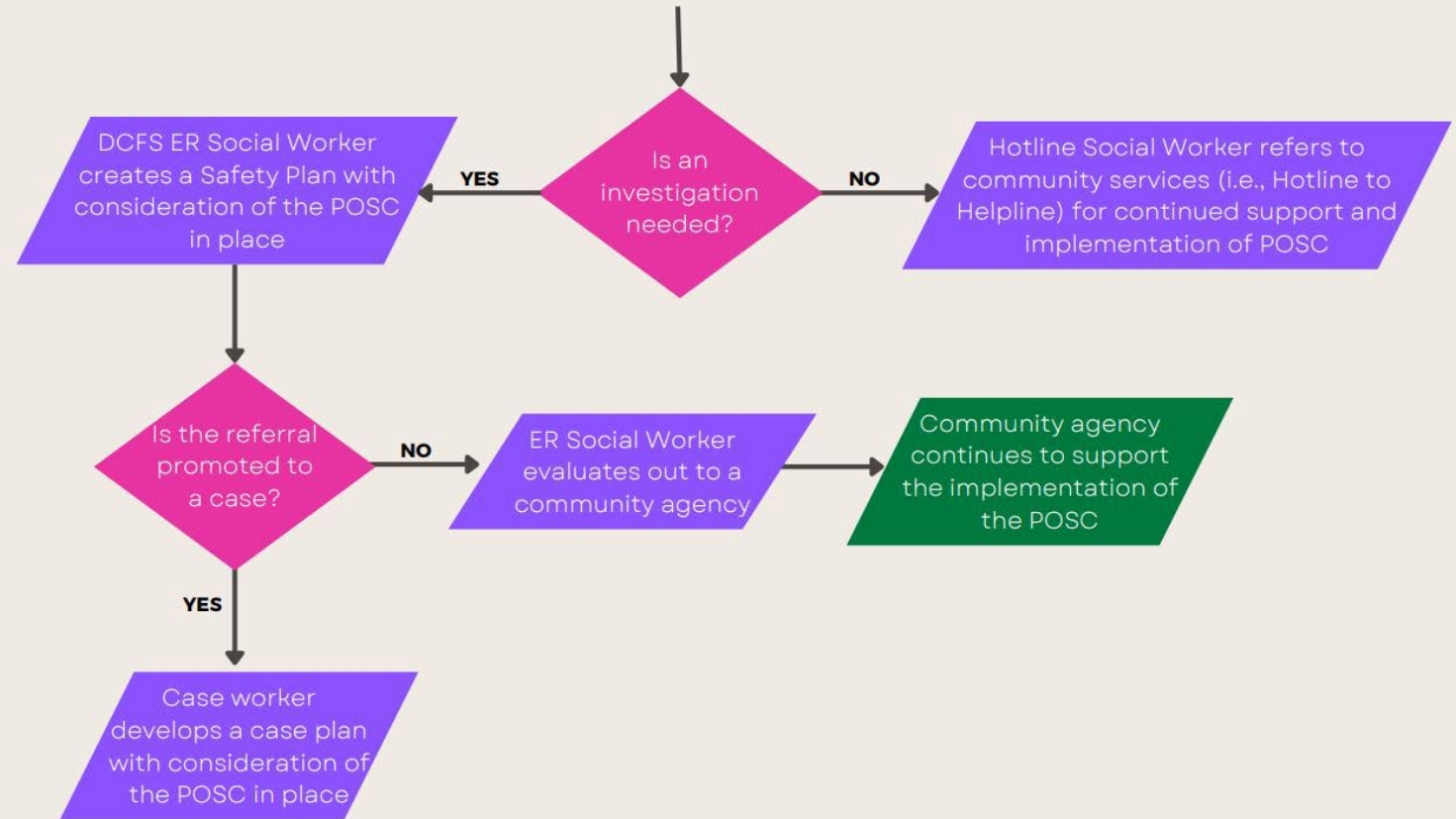
# **APPENDIX: ADDITIONAL MATERIALS**

# LA COUNTY POSC PROCESS MAP (PART 1)



# LA COUNTY POSC PROCESS MAP (PART 2)

DCFS



# Los Angeles County Plan of Safe Care

The goal of a Plan of Safe Care is to address the health and substance use disorder treatment needs of the infant and affected parent or caregiver. The plan is to be developed alongside the parent with input from the other caregiver, as well as any collaborating professional partners and agencies involved in caring for the infant and family.

<b>DATE:</b>	<b>HOSPITAL NAME:</b>
<b>PARENT'S NAME:</b>	<b>CWS/CMS REFERRAL/CASE #(when applicable):</b>
<b>PREFERRED NAME:</b>	<b>PREFERRED LANGUAGE:</b>
<b>ADDRESS:</b>	<b>TELEPHONE:</b>
<b>INFANT'S NAME:</b>	<b>INFANT'S DOB/ANTICIPATED DELIVERY DATE:</b>

**Resiliency:** Parenting can be stressful, but parents' ability to manage and bounce back from challenges is what creates for strong resiliency. *What helps you cope with everyday life? Where do you draw your strength?*

**Social Connections:** Families need help in raising and keeping children safe. *Who is there to help/support you and the child? What is their relation to you?*

**Concrete Supports:** Access to resources that help meet the basic needs of your family can help you focus more on being a parent. *Are there any local services that have been or might be able to support you? (i.e., diapers/wipes, baby clothes, care seat, formula if not breastfeeding, etc.)*

**Knowledge of Parenting & Child Development:** It's important for caregivers to know and understand child development so that the caregivers can adjust their parenting and expectations based on the child's needs and developmental path (or trajectory). *Where, or from whom, will you gain information about child development in general and specifically about your own child?*

**Nurturing/Attachment:** Building a close bond helps parents better understand, respond to, and communicate with their children. *What are ways you will connect with your child to nurture the feelings of love and support?*



## Plan of Safe Care

Identify all services the family is currently engaged in and new referrals to meet infant/parent/family's need:					
Resource/Service	Currently Engaged	Referral/ Enrollment Date	Discussed	Declined	Organization
Outpatient Substance Use Care/MAT		Referred: Enrolled:			Name: Phone #:
Mental Health Counseling		Referred: Enrolled:			Name: Phone #:
Residential Treatment		Referred: Enrolled:			Name: Phone #:
Safe Sleep Plan		Referred: Enrolled:			Name: Phone #:
Child Care		Referred: Enrolled:			Name: Phone #:
Home visiting		Referred: Enrolled:			Name: Phone #:
Parenting Class		Referred: Enrolled:			Name: Phone #:
Family Resource Center		Referred: Enrolled:			Name: Phone #:
WIC		Referred: Enrolled:			Name: Phone #:
Financial Assistance		Referred: Enrolled:			Name: Phone #:
Housing Assistance		Referred: Enrolled:			Name: Phone #:
Other:		Referred: Enrolled:			Name: Phone #:

Achieving Goals
<p><b>Utilizing Identified Strengths:</b> After reflecting on your current strengths, it's important to identify how you plan to utilize them to support you and your family's safety, health and well-being. <i>How will you build off of your current strengths to support your goals in these areas?</i></p>

## Infant's Health Support

Check all substances exposed prenatally:	Withdrawal Symptoms of Infant									
<p>Alcohol</p> <p>Amphetamine</p> <p>Barbiturates</p> <p>Benzodiazepines</p> <p>Cocaine</p> <p>E-Cigarettes</p> <p>Marijuana</p> <p>Methadone</p> <p>Methamphetamine</p> <p>Opioids</p> <p>Suboxone</p> <p>Other:</p>	<p><b>Are any of the checked substances prescribed?:</b>    Yes    No</p> <p><i>If yes, list the substance(s) prescribed:</i></p> <p><b>Positive Toxicology Screening:</b>    Yes    No</p> <p><b>Experiencing withdrawal symptoms:</b>    Yes    No</p> <p><b>Check applicable symptoms below:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">High pitched cry</td> <td style="width: 50%;">Poor feeding</td> </tr> <tr> <td>Sleep disturbance</td> <td>Vomiting</td> </tr> <tr> <td>Tremors</td> <td>Loose stools</td> </tr> <tr> <td>Respiratory issues</td> <td>Increased muscle tone</td> </tr> </table> <p><b>If the infant was prenatally exposed to alcohol, has a screening for Fetal Alcohol Syndrome Disorder (FASD) been conducted?:</b></p> <p style="padding-left: 40px;">Yes</p> <p style="padding-left: 40px;">No    <i>If no, when will it need to be scheduled?:</i></p> <p><b>FASD Screening Result:</b></p> <p style="padding-left: 40px;">Yes    No    Unk</p> <p><b>Diagnosis of Prenatal Alcohol Exposure (PAE) entered into newborn chart?:</b></p> <p style="padding-left: 40px;">Yes    No</p>	High pitched cry	Poor feeding	Sleep disturbance	Vomiting	Tremors	Loose stools	Respiratory issues	Increased muscle tone	<p><b>History of substance use (including alcohol) prior to pregnancy:</b></p>
High pitched cry	Poor feeding									
Sleep disturbance	Vomiting									
Tremors	Loose stools									
Respiratory issues	Increased muscle tone									
<p><b>Medication(s) for withdrawal symptoms:</b></p>	<p><b>Medical insurance:</b></p>									
<p><b>Developmental Needs:</b></p>	<p><b>Other Medical Conditions:</b></p>									
<p><b>Comments:</b></p>										

**Please check if any of the following are applicable:**

- Plan of Safe Care was completed and provided to client for continued support and implementation**
- Parent was engaged in services prior to delivery**
- Additional referrals were made for services for the infant and/or birthing parent/caregivers**

**By signing below, I agree with the Plan of Safe Care developed**

Parent/Caregiver Print Name	Parent/Caregiver Signature	Date
Parent/Caregiver Print Name	Parent/Caregiver Signature	Date
Provider/Social Worker Print Name	Provider/Social Worker Signature	Date
Provider/Social Worker Phone Number	Provider/Social Worker Office	