

IMPLEMENTATION TOOLS

Training, tools, and recommended best practices have been developed to help providers and program staff prepare for and implement Family Care Plans with their clients. This section provides information about each as well as guidance for and/or links to where they may be found.

Client Data Core Changes

Effective July 1, 2022, the ODMHSAS made changes to the client data core (CDC) used by contracted treatment providers to input information collected from individuals receiving services. The change requires treatment providers ask all adolescent and adult clients assigned female at birth if they are currently pregnant and if so, if they currently have and/or would like to have a Family Care Plan. It also requires they ask adolescent and adult clients who are not pregnant, regardless of gender, if they would like to have a child in the next year and offer Family Care Plans to those who are ready to have a child.

Treatment providers may use the reproductive intention questions and scripts in this section to introduce Family Care Plans to all their clients and then input the information collected from them regarding their pregnancy intention/status and desire to have an FCP into the CDC by selecting one of the options below.

0 - Not Pregnant

The client is not currently pregnant and ***does not want*** to, is ***unsure*** about, or ***does not care*** about having a child the next year. They should be referred for reproductive and/or contraceptive counseling and provided education about the effects of substance use on conception and during pregnancy.

1 - Pregnant without Family Care Plan with no interest

The client is currently pregnant and ***does not*** have a Family Care Plan but ***is not interested*** in creating one. Provider should make referrals to services as needed and follow-up with the client about an FCP prior to their due date.

2 - Pregnant without Family Care Plan but interested

The client is currently pregnant but ***does not have*** a Family Care Plan and ***is interested*** in creating one. Provider will assist the client with creating their FCP.

3 - Pregnant with Family Care Plan

The client is currently pregnant and ***does*** have a Family Care Plan. Provider should ask if the client is willing to share their FCP and allow the provider to add information regarding their substance use treatment and services to it. Provider should also ask the client if they would be willing to sign releases of information for the provider for purposes of care coordination.

4 - Want to have a child in next year without Family Care Plan with no interest

The client answers in the affirmative that they would like to have a child in the next year and does not have a Family Care Plan but is not interested in creating one. Provider should make referrals to services as needed and follow-up with the client about an FCP after they or their partner become pregnant.

5 - Want to have a child in next year without Family Care plan but interested

The client answers in the affirmative that they would like to have a child in the next year and does not have a Family Care Plan but is interested in creating one. Provider will assist the client with creating their FCP.

6 - Want to have child in the next year with Family Care Plan

The client answers in the affirmative that they would like to have a child in the next year and does have a Family Care Plan. Provider should ask if the client is willing to share their FCP and allow the provider to add information regarding their substance use treatment and services to it. Provider should also ask the client if they would be willing to sign releases of information for the provider for purposes of care coordination.

If providers have questions about the CDC, they may contact the ODMHSAS FCP Project Director or email GetHelpFCP@odmhsas.org.

Family Care Plan Training and Technical Assistance

The ODMHSAS and its state and national partners have created or offer training and resources related to Family Care Plans and/or their best practice implementation. Several of the trainings are required for all treatment providers, but all are recommended to assist providers in preparing to create an organizational culture that facilitates family-centered practice and creating effective FCPs.

Required Training

ODMHSAS Family Care Plan e-Learning Modules

The ODMHSAS Training Institute has an [online Family Care Plan e-Learning](https://oklahoma.gov/odmhsas/learning-and-education/training-institute/family-care-plan-elearning.html)¹⁹ available that covers the foundation of FCPs and offers video examples of how to introduce and review FCPs with clients. The e-Learning is worth two (2) CEUs and contains four (4) modules:

- FCP Foundations
- Initial Walkthrough
- Practical Application
- Organizational Integration

¹⁹ <https://oklahoma.gov/odmhsas/learning-and-education/training-institute/family-care-plan-elearning.html>

Provider Scripts

When offering and developing Family Care Plans, providers may have a difficult time finding the right way to approach a pre-pregnancy, pregnant, or parenting person experiencing SUD about them. It is important that those being offered and receiving FCPs have an accurate understanding of its purpose and potential benefits to treatment and family unity.

But First ... A Vital Question

Introductions to Family Care Plans for *pre-pregnancy* people experiencing substance use issues, regardless of their gender, starts with one very important question:

Would you like to have a child in the next 12 months?

Whether clients say yes, no, they're unsure, or they don't care, they should be offered information and referrals for reproductive health consultation or services²² depending on their needs. Asking clients a reproductive intention screening question helps decrease unintended pregnancies and improve the health outcomes for those ready to have a child. It is a non-judgmental screening that equally supports those in treatment and recovery who want a child and those who don't and can be easily incorporated into service provision.

Introducing Family Care Plans [English]

This section contains both English and Spanish examples of language to use when introducing the FCP. Providers are free to change the language and use their own words to help individuals and families see how FCPs apply to them and can help them meet their needs.

Example language

I want to show you to a tool we have been using with [pregnant people / parenting people / people who want to have a child] to help them stay organized, be able to quickly reference information, and demonstrate everything they've been doing to keep themselves, their children, and their family healthy and safe during pregnancy and after. It is called a Family Care Plan, or FCP. The FCP is a little like another plan that was supposed to be for postpartum parents with a history of substance use and their newborns, but we found out it is also helpful for [people who are pregnant / someone who wants to have a child / families] struggling with substance use. It can be helpful with coordinating a lot of services from different providers or organizations and can also be really useful for [people / families] who have child welfare history or think they may have to interact with child

²² This includes medical providers, such as primary care providers or OB/GYNs, or a clinic or program that provides reproductive counseling. A list of such clinics and programs can be found on page [] in the Appendix.

welfare in the future due to their substance use and for [people / families] going to court. The FCP helps keep everything together in one place so that it is easier for you to talk to your doctors, social workers, recovery coaches, case workers, and court staff – all of your providers – about everything you are doing and the things you still need and want to help you in your recovery journey. It's kind of like a recovery resume! You do not HAVE to use it, but I thought it might be helpful to you given your history of [put relevant history here]. If it is ok, let me show the tools and resources available for the FCP and you can decide if it is something you want to use.

Show the person the FCP using the portfolio binder, and walk them through each document and tab. It doesn't have to be a lengthy showing. There are a few things you may want to highlight as you show them the tool.

- 1.) The Family Care Plan is available three (3) ways: as a physical copy (i.e., the portfolio binder); in a mobile form through the CHES Health eIntervention application; or web-based through Network of Care. Clients can even choose to have their FCP on multiple platforms; eIntervention and Network of Care are cross-compatible for FCPs.

Example language

A Family Care Plan doesn't have to be a binder like this; you can put it on the CHES Health app on your phone or you can have it on the Network of Care website. You could even use all three if you want!

- 2.) Many providers and people can help the pre-pregnancy, pregnant, or parenting person fill out their FCP. Encourage them to share it with their other providers for purposes of care coordination but note they don't have to share it if they don't want to or don't trust the provider or person.

Example language

There are sections here, like the medical and substance use treatment history sections, where it might be helpful to have someone help you fill it out. It can be really helpful to both you and the providers you are working with to show them your FCP. That way they can see what you have already done, and it can help both of you identify services or resources you still need. There may be people you don't want to show it to and that is ok.

- 3.) There are things that may not apply to the client/patient. Remind them they can skip questions that don't apply or cross them out.

Example language

This is your Family Care Plan. You don't have to put any information or documents in it that you don't want to or that don't apply to you.

- 4.) This is a living document and was created for individuals, families, and providers to update as

services progress and needs get met or new needs arise. Having an updated plan can be very helpful at the time of delivery and when meeting with new service providers, going to court, meeting with child welfare, etc.

Example language

You will want to keep this updated, so I suggest you have it accessible during doctors' appointments, meetings with your social worker, case manager, etc. You can put any printouts or summaries right in this tab. You can also record your next appointment date on the log form, so you won't forget it.

➤ **For pre-pregnancy people**

The earlier you start planning for your baby the healthier you and your baby can be when they are born. Keeping your Family Care Plan updated throughout [your / your partner's] pregnancy can help you keep track of your treatment and recovery, medical appointments, etc. You will want to keep your FCP updated even if you have been discharged from treatment and are in active recovery when you give birth in case a DHS Child Welfare referral is made due to your history of [put relevant history here]. You can show the Child Protective Services (CPS) worker everything you have done and are still doing to do to make sure you [and your family] are safe and healthy for your baby.

➤ **For pregnant people**

It is really important to update your Family Care Plan before you deliver your baby and remember to take it with you to the hospital. This way you can show the nurses, doctors, and other hospital staff anything you think will help them take care of you and your new baby – like your list of medications, the doctors who give you medical care, who your baby's pediatrician will be, etc. It can also be helpful if your baby tests positive for substances and a DHS referral is made – you can show the Child Protective Services (CPS) worker everything you have done and are doing to make sure you [and your family] are safe and healthy for your baby.

➤ **For people on medication assisted treatment**

Since you are on Medication Assisted Treatment (MAT), we highly recommend you take your FCP and the information for your MAT providers and prescriptions to the hospital with you. Because your baby may have withdrawal symptoms from the MAT, it can be helpful to show this to your doctors and staff at the hospital so they know all that you have done to prepare for your baby and who to contact at your MAT clinic if they need to verify your prescription. If your baby is born with withdrawal symptoms the hospital is required by law to call in a DHS referral, and if you have your FCP you can show the Child Protective Services (CPS) worker everything you have done and are doing to make sure you [and your family] are healthy and safe for your baby.

- **For families working with child welfare or going to criminal or deprived court**
This is a really great tool to help you show everything you have done and accomplished to help keep yourself, your family, and your baby healthy and safe. Families have really found this tool helpful when they are meeting with their case worker, lawyer, and when they go to court and see the judge. Be sure to update it before you go to court or see your case worker.

Outreach and Engagement

There are numerous barriers to pregnant and parenting people with substance use issues seeking out treatment and services. Pregnant and parenting people face increased societal stigma and negative perceptions surrounding their use, which may cause them to be reluctant in seeking treatment. Fear of child welfare involvement or legal consequences may cause them to delay receiving vital prenatal care.

There has been little direct outreach to pregnant and parenting people to engage them in family-centered substance abuse or co-occurring treatment, despite research that early engagement produces better treatment, safety, and well-being outcomes for individuals, children, and families. In addition, certain populations also experience challenges because of marginalization due to their race, ethnicity, gender, sexual orientation, geographic location, etc., resulting in even greater health and treatment disparities.

Therefore, providers are **required** to detail plans to implement or enhance outreach to and engagement of pregnant and parenting people, including marginalized populations. We **strongly recommend** providers keep track of their outreach and engagement activities; a contact log and template can be found on page [] in the Appendix.