

# Prenatal Plans of Safe Care

Using Prenatal Plans of Safe Care to strengthen the patient-provider dyad and create a continuum between the outpatient and inpatient setting

**Jen Johns, LCSW & Courtney Kuepper, LCSW, PMH-C**

*2025 COLORADO PERINATAL SUBSTANCE USE DISORDER INTEGRATION CONFERENCE, AVON, CO*

Hosted by:



Practice Innovation Program

UNIVERSITY OF COLORADO  
ANSCHUTZ MEDICAL CAMPUS



**INTEGRATED CARE**  
FOR WOMEN AND BABIES

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# Funding & Partnerships



**INTEGRATED CARE**  
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CH<sub>o</sub>SEN



Recovery Coach Doula Program

COLLEGE OF NURSING

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**



# Family Medicine Center

Fort Collins Family Medicine Residency  
Poudre Valley Prenatal Program



Department  
of PVH



Care across  
the lifespan



Prenatal  
care



Resident  
education



Medication  
for SUDs



Integrated  
BH team

# Integrated Behavioral Health Providers

Accessible, whole person care for all patients

- Care management of OB patients
- Expertise in various areas of patient needs
- Co-facilitate appointments with medical providers
- Assess safety in crisis situations
- Leadership of Quality Improvement workgroups
- Specialty clinics



# In-clinic SUD treatment

Developed to provide low barrier access to medications and support for patients with SUD

- Staffed by BH and prescriber
- Peer support present in appointments
- Availability to provide day-of medications for SUD
- Resident curriculum includes SUD clinic



# OB Care Management

"I'm dedicating every day to you"

- Psychosocial assessment with social worker
- Universal screening (5Ps)
- Ongoing care management as needed



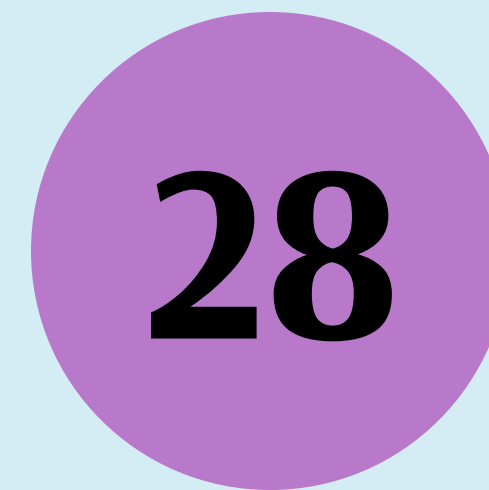
Total Patients



Screened  
positive for SU



THC cessation

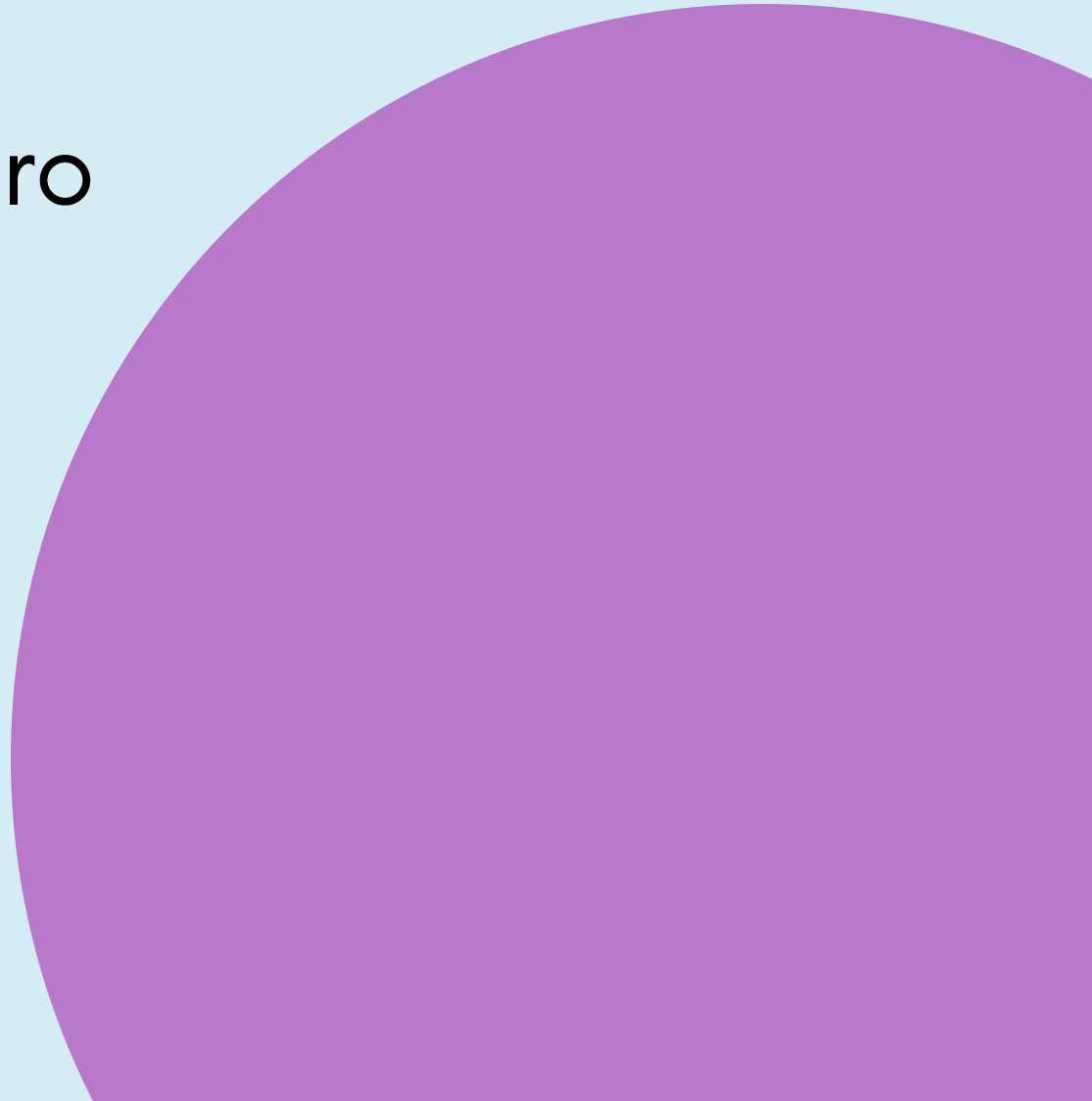


Prenatal Plans  
of Safe Care



# Areas of Concern

“Now you’re making me mad”

- Stigma and biased treatment of patients with SUD
  - Limited use of evidence-based screening tools
  - Perinatal toxicology testing
  - Care of newborns exposed to substances in utero
  - Cannabis use and breastmilk administration
  - Reporting of abuse and neglect
  - Healthcare team understanding of MOUD
- 



# Strategies for partnership

“You’re going to need a right hand [hu]man”

- Stay connected to the larger work
- Build relationships with key players
- Get involved with workgroups or create your own
- Collaborate with the inpatient team



How do Prenatal PoSC function  
within the wider setting of the  
federal requirement?

# Federal Requirements

In 2016, the Comprehensive Addiction and Recovery Act (CARA, Sec 503, pp35-37) modified child welfare legislation (Child Abuse and Prevention Treatment Act - CAPTA), **requiring that a Plan of Safe Care be developed for any infant born with in utero substance exposure** following their release from the care of a healthcare provider.





# Colorado Implementation

In Colorado, the Department of Human Services Division of Child Welfare (DCW) has been tasked with developing state Plan of Safe Care policies and procedures, and ensuring federal reporting and compliance. This is being accomplished with multi-sector partnerships.

Colorado has defined a Plan of Safe Care as

“a collaborative process to create a documented plan for the health, safety, and well-being of an infant reported with prenatal substance exposure, following the infant's release from the care of a healthcare provider, and address the health, support, and substance use treatment needs of the affected family or caregiver(s) according to the requirements outlined in section 7.107.5 (12 ccr 2509-2).”

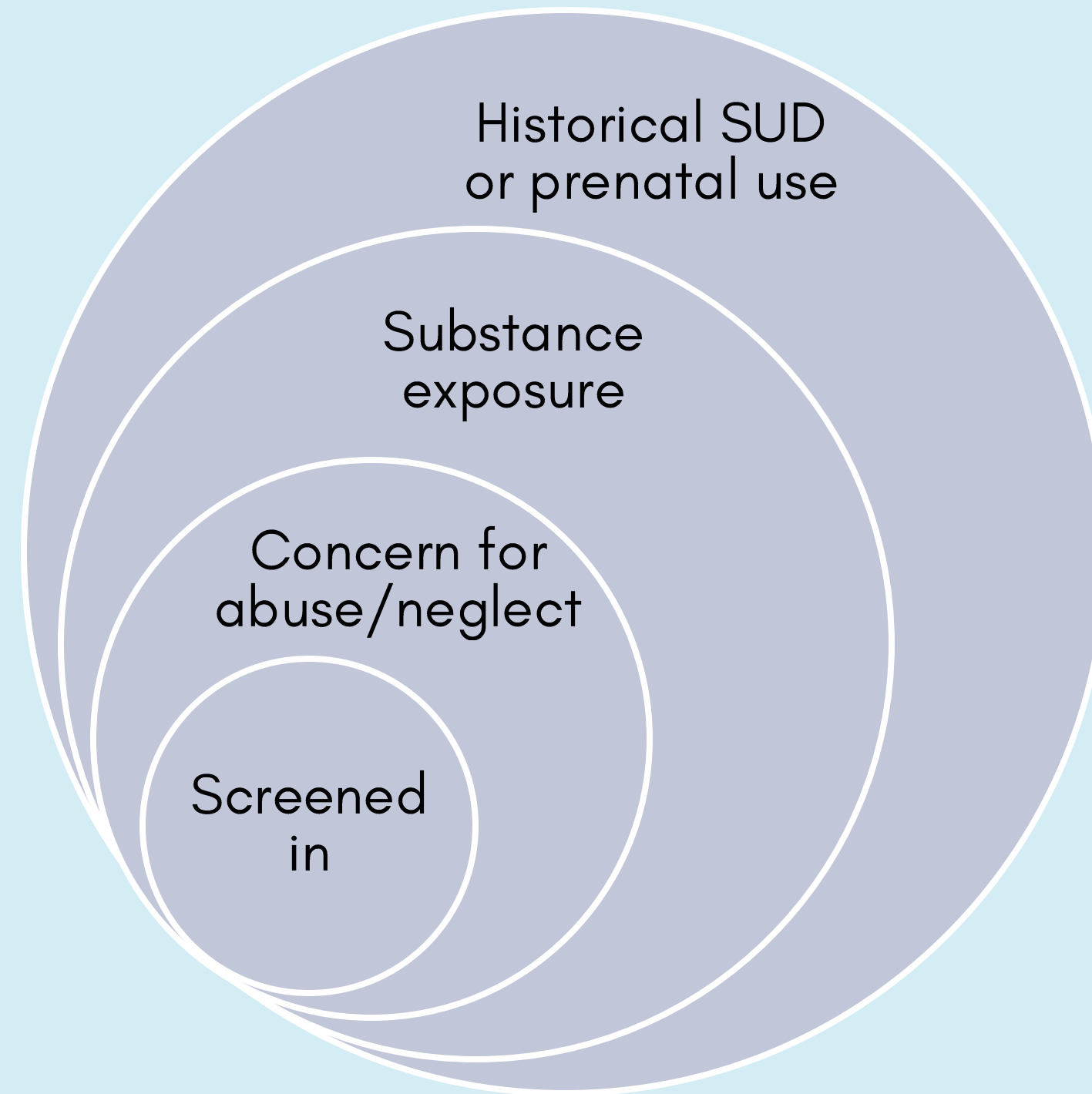
# Colorado Implementation

In 2020 Colorado changed the child welfare definition of child abuse and neglect for Substance Exposed Newborns. As result- **prenatal substance exposure no longer automatically requires a report to child welfare for an allegation of abuse or neglect** (CRS 19-1-103(1)(a)(IV)).

Beginning on April 1, 2022, child welfare **caseworkers are required to complete a Colorado Plan of Safe Care (POSC)** for all referrals accepted for assessment with **concerns for prenatal substance exposure of a newborn.**

# Plans of Safe Care

“(Enter us)”



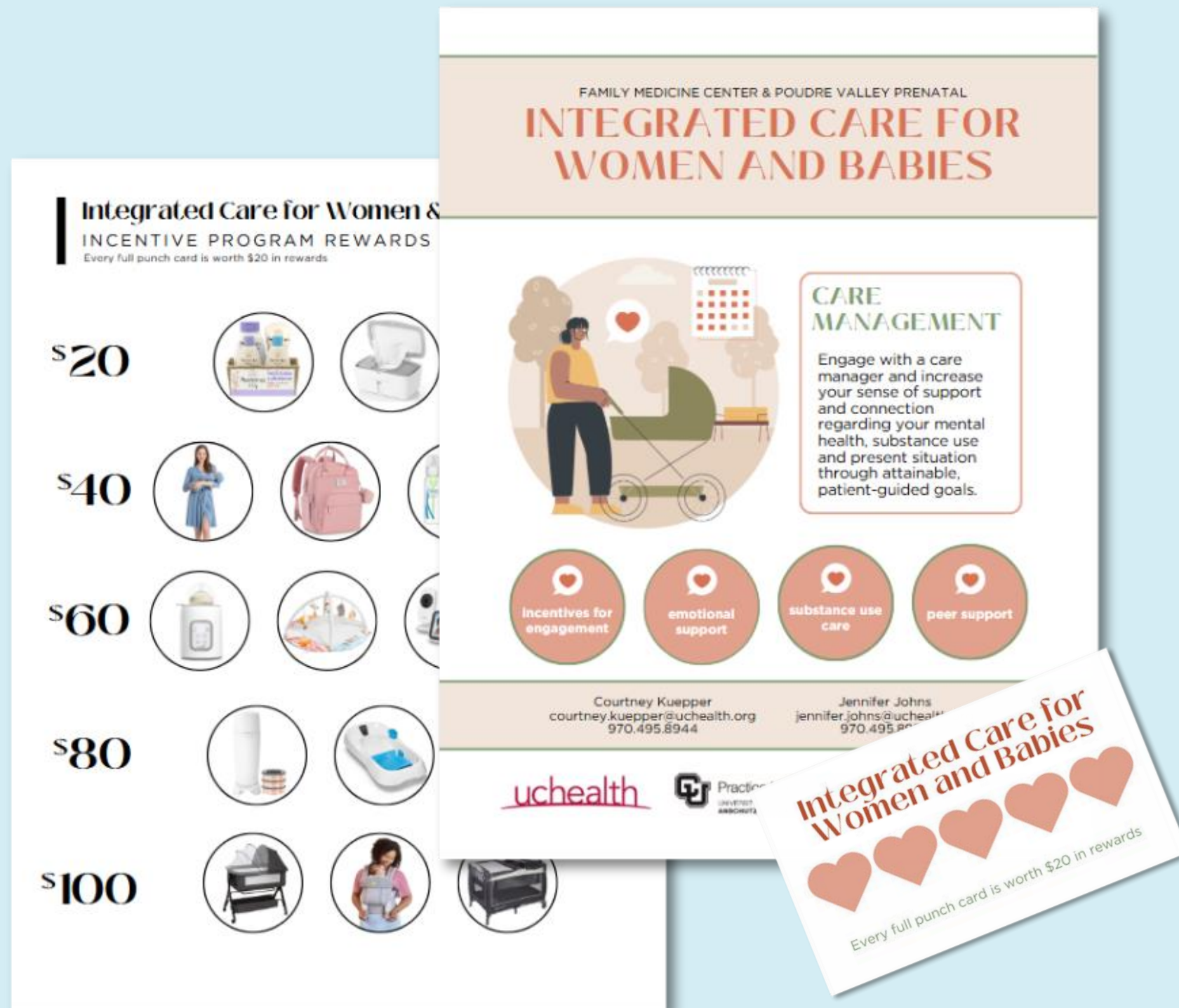
# When do we offer a Prenatal PoSC?

- Patient is at any stage of pregnancy  
AND
- Has an active substance use disorder
- Had a substance use disorder prior to learning of pregnancy and intends to abstain from use during pregnancy
- Are in recovery from substance use within the last 2 years
- Receive MOUD / MAT
- Are continuing to use substances throughout pregnancy



# Intensive care management

- Regular check-ins with care manager
- Evidenced-based screening and assessment
- Contingency management
- MOUD at FMC when applicable
- Peer support and Recovery Coach Doula
- Collaboration and communication with inpatient team
- Prenatal consult at birth hospital
- **Plan of Safe Care**



# Goals of care

Reduce  
stigma and  
bias

Enhance  
patient's  
experience

Build trusting  
relationships  
with  
providers

Substance-specific use in pregnancy  
Substance-specific use if chestfeeding  
Safe sleep  
Safe driving / car seat  
Sober caregiving  
NOWS / NAS / other withdrawal signs and symptoms  
Supportive, non-pharmacologic care for infant  
Use of naloxone and accidental ingestion  
Safe storage and disposal of medications  
Reuse prevention support plan  
Birth hospitalization expectations  
Nursery vs. NICU management  
Chest/breastfeeding policies  
Toxicology testing policies  
Mandatory reporting policies

# PoSC : autonomy & individualism

- Consent for EMR
- EMR template or hard copy scanned into EMR
- Patient retains copy

## Colorado Plan of Safe Care

A Plan of Safe Care is a helpful tool for families with infants who are affected by substance use during pregnancy. This is your plan and can be used to highlight your family's strengths and connect you to support for keeping you and your baby healthy and safe. It can also change as your needs change. Complete this form with a trusted provider and make sure you get the support you need during pregnancy and after your baby is born. If you have already started a plan (either for yourself, your baby, or both) you can update that one without starting over. Your plan will not be shared, unless you choose to share it. You can choose to share this plan with doctors, service providers, case managers, or others who support you and your baby. Sharing your plan helps make sure the people working with you are also working together, and know about the support you've built.

## Progress Notes

Kuepper, Courtney, LCSW (Social Worker)

### PRENATAL PLAN OF SAFE CARE

*Last updated: 04/29/25*

☒ I have discussed this Plan of Safe Care with the birthing person. They are aware that this information will be communicated to their medical team, their infant's medical team, and it will be discoverable in patient's medical chart. Patient retains a copy of this Plan of Safe Care. Provider will obtain consent prior to including this PoSC in infant's chart.



# Hard copy PoSC

## PLAN FOR MYSELF

- SUD treatment
- Mental health
- Peer support
- Parenting

PLAN FOR MYSELF			
<input type="checkbox"/> I need help finding a doctor for myself	<input type="checkbox"/> I'm interested in learning and building my parenting skills		
<input type="checkbox"/> I would like information on what to do if I feel stressed, sad, overwhelmed, or anxious during or after pregnancy	<input type="checkbox"/> I'm interested in connecting with people with lived experience like a peer recovery coach, peer doula, etc.		
<input type="checkbox"/> I'm interested in learning about harm reduction, substance use treatment, and/or recovery services in my community	<input type="checkbox"/> I would like information about residential substance use treatment programs for pregnant/parenting people		
<input type="checkbox"/> I'm interested in connecting with a home visiting program or public health nursing services	<input type="checkbox"/> I would like information on intimate partner/domestic violence resources		
Would you like to create a plan to prevent return to use? This can be added to your Plan of Safe Care <input type="checkbox"/> Yes <input type="checkbox"/> No			
What services would you like or do you already have?			
Service	Status	Referral Date	Organization & Contact Info
Prenatal/postpartum medical care provider	<input checked="" type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		Clinic/Provider Name: <u>Family Medicine Center (Laura Bertani &amp; Kristy Ambrey)</u> Phone Number: <u>970-495-8980</u> Email: <u>N/A</u> Location: <u>1095 Peacock Pl Ste 121 Fort Collins, CO</u> Date of Next Visit: <u>Nov 6, 2024</u>
Substance Use Treatment	<input checked="" type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		Clinic/Provider Name: _____ Phone Number: _____ Email: _____ Location: _____ Date of Next Visit: _____
Mental Health/Postpartum Counseling Services	<input checked="" type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		Clinic/Provider Name: <u>Summit Stone Health Partners (Avery Sutherland)</u> Phone Number: <u>970-499-4200</u> Email: <u>avery.sutherland@summitstonehealth.org</u> Location: <u>1250 N. Wilson Ave. Fort Collins, CO 80527</u> Date of Next Visit: <u>Oct 28, 2024</u>
Peer Support in Training	<input checked="" type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		Organization's Name: <u>Willow Collective</u> Peer's Name: <u>Ashleigh Jones</u> Phone Number: <u>970-491-3706</u> Email: <u>ashleigh.jones@willowcollective.org</u> Date of Next Visit: <u>Oct 28, 2024</u>
Home Visiting Program	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input checked="" type="checkbox"/> N/A		Clinic/Provider Name: _____ Phone Number: _____ Email: _____ Location: _____ Date of Next Visit: _____
Parenting Classes/Groups	<input checked="" type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		Organization: <u>Child Safe</u> Next class/meeting: <u>completed class</u> Contact info: <u>970-472-4133 x11205 (Samantha Jack)</u>
Other:	<input checked="" type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input checked="" type="checkbox"/> N/A		<u>Celebrate Recovery MON 6-8:30pm / FE 6-8:30pm</u> <u>Safe Families for children</u> <u>Matthew's House / A friend for you / Willow Collective</u> <u>Abundance Foundation / CASA / Alternatives to violence</u> <u>Birthingline / Family Promise / Homeward alliance / Stork support</u>

# Hard copy PoSC

## PLAN FOR MY BABY

- Education on:
- Safe feeding
- Sober caregiving
- Safe sleep

PLAN FOR MY BABY		
<input type="checkbox"/> I would like information about the potential health effects of substance exposure for my baby and when to seek special care	<input checked="" type="checkbox"/> I am worried about child welfare involvement and have questions about reporting and confidentiality	
<input type="checkbox"/> I have questions about breast/chestfeeding, especially when using substances or medications	<input type="checkbox"/> I'm interested in learning about how to support my baby's milestones and development	
<input type="checkbox"/> I would like to learn how to safely store medications and substances	<input checked="" type="checkbox"/> I need help getting baby items (crib, car seat, diapers, formula, etc)	
SERVICES AND SUPPORTS		
Follow-up pediatric care/medical home	Date of warm handoff: _____ Clinic/PCP Name: <u>Family medicine Center</u> Phone Number: _____ Location: _____ Next visit: _____ Known medical needs or diagnoses: _____	
Infant discharge medications	Medication(s): _____ Reason for medication(s): _____	
Feeding plan	<input type="checkbox"/> Exclusively nursing <input type="checkbox"/> Nursing and bottlefeeding <input type="checkbox"/> Exclusively bottle feeding <input type="checkbox"/> Breastmilk <input type="checkbox"/> Formula _____ kcal/oz <input checked="" type="checkbox"/> Breastmilk <input type="checkbox"/> Formula _____ kcal/oz _____ ounces every _____ hours <input type="checkbox"/> Other: _____	
Baby items	<u>I have a car seat, bassinet, pack n play, clothes, blankets, etc. Diapers, wipes.</u>	
Child care plan	<u>Baby will be able to be with me when i become a peer specialist.</u>	
Safe sleep	<u>in bassinet next to me and safe Sober caregiver to hear her and be attentive to her. Nothing in bassinet or crib with baby/flat surface.</u>	
Safe storage of substances	<u>N/A</u>	
Infant development & learning supports	Complete referral to Early Intervention Services: <u>Online referral form</u> Email: <u>GetStartedwithEI@state.co.us</u> Call: 833-733-3734 (833-REFER-EI) Info on infant development and learning services from Early Intervention Colorado: <u>Materials for families and community partners</u> Consent Form: <u>English Form</u> <u>Spanish Form</u> Date of Referral: _____	



# Hard copy PoSC

## PLAN FOR OUR FAMILY

- Assess needs for community supports
- Resource referral
- Goal setting

PLAN FOR OUR FAMILY			
Family Needs, Strengths, Supports			
Service	Status	Referral Date	Organization & Contact Info <small>Org name/person referred to/phone # and email</small>
Food Assistance/ WIC/ SNAP	<input checked="" type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		Carmer County Human Services. 970-498-6300
Transportation	<input checked="" type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input checked="" type="checkbox"/> N/A		
Medical Insurance	<input checked="" type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		Medicaid (we all have it)
Child Care Programs	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input checked="" type="checkbox"/> N/A		
Housing Assistance	<input type="checkbox"/> Receiving <input checked="" type="checkbox"/> Need referral <input type="checkbox"/> N/A		Have safe, stable housing as of Nov 2024
Financial Assistance	<input type="checkbox"/> Receiving <input checked="" type="checkbox"/> Need referral <input checked="" type="checkbox"/> N/A		Receiving Tanf, but it isn't enough to help me.
Phone/ Internet/ Computer	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input checked="" type="checkbox"/> N/A		maybe help sometimes with phone bill or Storage unit.
Family Counseling / Mental Health Services	<input checked="" type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		Willow Collective (couples therapy)
Substance use treatment for significant other or second caregiver	<input checked="" type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		Summit Stone - 970-494-4200 Willow Collective 970-541-4743
Fatherhood Programs	<input type="checkbox"/> Receiving <input checked="" type="checkbox"/> Need referral <input type="checkbox"/> N/A		would like information about services.
Parenting Skills Classes	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input checked="" type="checkbox"/> N/A		completed child safe (Trauma Informed)
Other:	<input type="checkbox"/> Receiving <input type="checkbox"/> Need referral <input type="checkbox"/> N/A		
Top priorities/goals for our family are:		Steps to achieve our goals:	
<div>done</div> <ul style="list-style-type: none"> <li>• <del>finding housing for our family as a</del> wishes</li> <li>• help with more financial support.</li> </ul>		<ul style="list-style-type: none"> <li>• Keep working towards saving, continue with my trainings for peer support through</li> </ul>	

**PRENATAL PLAN OF SAFE CARE**  
*Last updated: 03/27/25*

☒ I have discussed this Plan of Safe Care with the birthing person. They are aware that this information will be communicated to their medical team, their infant's medical team, and it will be discoverable in patient's medical chart. Patient retains a copy of this Plan of Safe Care.

**EDD:** 4/16/25

**Indication for PoSC:** Patient has been in recovery from substance use (methamphetamines) since 9/2023. She is actively engaged in behavioral health treatment and has a strong support system,

**Anticipated discharge plan:** Patient plans to return home with baby. She and baby will live with her parents,

**BIRTHING PARENT health and well-being, supports and services:**

Service	Receiving?	Date of new referral (if applicable)	Details (include contact info if appropriate)
Prenatal/postpartum care	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		PVP/FMC
Specialty care provider(s)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		MFM
Medical insurance	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Medicaid
Medication for SUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		Psychiatrist w/ SummitStone,
Mental health support	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Therapist w/ SummitStone, - every other week
Peer support	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Not interested	
Recovery programs (IOP, outpatient, residential, etc)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Garcia House followed by IOP at SummitStone while living at Oxford House in 2023.
Support groups	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Previously when involved with IOP
Case Management	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Case Manager at SummitStone
Other: Doula	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Peaceful Birth Company



# Epic-based PoSC

## FAMILY Resource Inventory:

	Receiving?	Date of new referral (if applicable)	Details (include contact info if appropriate)
Housing assistance	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		On voucher-based wait list for single mom housing. Plans to connect to Project Self Sufficiency. Supported by SSHP Case Manager.
Financial assistance (TANF)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>		Denied during pregnancy; may reapply but does not want to pursue child support.
SNAP	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
WIC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Parenting classes or groups	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Not interested	
Home visiting program	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	3/27/2025	Nurse Family Partnership
Baby supplies	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Little Willows, incentives through ICWB, Peaceful Birth Company
Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>		

## INFANT anticipated health, well-being, supports and services:

Item	Details
Infant medical provider	Thompson River Pediatrics or Family Medicine Center
Desired feeding plan	Plan to exclusively breastfeed
Car seat	Patient has a car seat for baby
Safe sleep space	Patient has a crib and bassinet
Child care	Patient is applying for FAMILI. Grandma will provide childcare when needed and when patient returns to work.
Developmental supports	
Other:	

## PRENATAL PSYCHOEDUCATION

Item	Check when completed	Date completed	Details
Substance-specific use in pregnancy	<input checked="" type="checkbox"/>	3/27/2025	Discussed; educational handout provided
Substance-specific use if chestfeeding	<input checked="" type="checkbox"/>	3/27/2025	Discussed alcohol use while breastfeeding; educational handout provided
Safe sleep	<input checked="" type="checkbox"/>	3/27/2025	Discussed smoking/vaping, discouraged cosleeping
Safe driving / car seat	<input checked="" type="checkbox"/>	3/27/2025	
Sober care-giving	<input checked="" type="checkbox"/>	3/27/2025	
NOWS / NAS / other withdrawal signs and symptoms	<input type="checkbox"/>		Not anticipated
Supportive, non-pharmacologic care for infant	<input type="checkbox"/>		
Use of naloxone and accidental ingestion	<input checked="" type="checkbox"/>	3/27/2025	Provided naloxone and fentanyl test strips
Reuse prevention support plan	<input checked="" type="checkbox"/>	3/27/2025	
<b>Hospital Policies and Practice</b>			
Birth hospitalization expectations	<input checked="" type="checkbox"/>		
Nursery vs. NICU management	<input type="checkbox"/>		
Chest/breastfeeding policies	<input checked="" type="checkbox"/>		
Toxicology testing policies	<input checked="" type="checkbox"/>		
Mandatory reporting policies	<input checked="" type="checkbox"/>		
Other:	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		

## Household members:

Name	Age	Relationship to infant	Can provide safe and sober care/help?	OK to contact in emergency?	Contact information
		GMOC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		GFOC	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	20	Uncle	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Electronically signed by Kuepper, Courtney, LCSW at 4/1/2025 8:27 AM

Office Visit on 3/27/2025

Note shared with patient

# Outpatient → Inpatient

- EMR Charting and notations
- Bidirectional handoffs

**Birthing Center Alert**

Patient is participating in the ICWB program at FMC and is followed by Courtney. Please see relevant notes (11/22, 12/7/2024) prior to interaction and contact FMC SW with questions or concerns.


- OUD in recovery since June 2024
- PoSC located in Media tab
- MOUD with FMC
- Peer Support through Yarrow/Willow Collective


Expires on 7/25/2025

**Other Patient Care Team Members**



**Kuepper, Courtney, LCSW**

 Social Worker (dept)

 Since 11/4/2024

**Patient Care Coordination Note**

Kuepper, Courtney, LCSW Tue Dec 10, 2024 10:12 AM

**ICWB (Integrated Care for Women and Babies) Care Coordination**  
Patient is participating in the ICWB program at Family Medicine Center during pregnancy.

**EDD: 7/82025**

Care Manager: Courtney Kuepper, LCSW  
970-495-8944  
Family Medicine Center  
1025 Pennock Place, Fort Collins, CO 80524

Diagnosis	Notes	Diagnosed	Change Dx	Resolved
<div><div>ICWB Complex care coordination</div><div>Updated: Today Kuepper, Courtne...</div><div><div>Details</div><div>Code: Z71.89 Priority: Unprioritized Noted: 12/5/2024</div><div><div>Overview</div><div>Edited: Kuepper, Courtney, LCSW 4/17/2025 4:54 PM</div><div>Patient is participating in the ICWB program at Family Medicine Center during pregnancy. ICWB provides intensive, evidence-based care management to pregnant patients with substance use challenges.</div><ul style="list-style-type: none"><li>- OUD in sustained remission for three years</li><li>- Suboxone managed through Porch Light</li><li>- Plan of Safe Care in note from 4/15/2025</li></ul></div></div></div>	<div>Edit Overview</div>			

# Case examples

## AC

- Age: 42
- G4P2
- SUD History: In recovery from all substances except cannabis for over a year
- Barriers to Care: Lives in Greeley (far from clinic), intermittent phone access, DHS meetings, legal involvement
- Supports: ICWB team, Recovery Coach Doula

## TJ

- Age: 33
- G7P7
- SUD History: In recovery for three years, on Subutex, history of recent DHS involvement
- Barriers to Care: Busy work and home life, text-only communication
- Supports: ICWB team, MOUD with community provider

# Reflection

- How does your organization's work support or conflict with the principles of harm reduction?
- What incremental changes have already occurred?
- Who are your key contributors?
- How do you get into "the room where it happens?"
- What organizations or people can you partner with?
- How might you integrate Prenatal PoSC into your work?



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“Take a break...”