Plans of Safe Care

Case Scenario 3

Panel Discussion
(3 minutes per panelist)

| **Social Worker:**

Lindsey Flynn, MSW

Wentworth-Douglass | **What strategies would you use to connect and engage with this patient?**

✓ Meet mom where she is
How is she feeling? What concerns/fears does she have?
What are her goals for safe parenting and for her own recovery?
Who are her supports?
Encourage her that team is here to support/educate; not judge.
Help her identify possible resources
Local groups/residential services/recovery centers
Assess what have been her barriers to prenatal care
Answer questions about DCYF involvement
Educate her on purpose; what to expect
What would her Plan of Safe Care look like?
Encourage family to participate/cooperate with DCYF
Assist in starting to develop an ideal plan
What supports would you offer to the patient?

✓ Supports related to substance misuse: What has worked in the past? What has not? What did periods of sobriety look like? What are her goals now? Coach/text support Residential/meetings/IOP/MAR? ✓ Supports related to parenting: Support groups Early Head start/home visiting/ESS Items for infant/family |

SUD Treatment Program Provider: Kristen McGuigan, LICSW Families in Transition-New Horizons	**How would you engage this patient in treatment?** ✓ With the growing number of homeless women and children, with histories of trauma, substance use and mental illness, we began to use evidence based family treatment models and specialized programming which addresses the impact on co-occurring disorders on the <u>entire family system</u>. We work to consider the specific needs of children in treatment plans for families facing these challenges. Family centered treatment model. ✓ Our program would use the connection and rapport with the 6 year old to build trust within the family system. We have learned there is a power to providing family centered treatment to build rapport and empower parents on their parenting journey. Provide support around educational needs and concerns for the 6 year old child. Family based case management will be a starting point to future work. Educational support can allow parents to feel heard and empower them as their child's advocate. Invite 6 year old to attend therapeutic peer groups to engage the family in a non-threatening manner. ✓ Provide support, empathy and non-judgment ✓ Buddy Mail: We allow children to write our staff letters or draw pictures, and then staff members respond back. Even when families can't stay engaged all the time this buddy mail system allows children to know the staff is always thinking of them and available. Creating safety and building connection. ✓ The team would work to engage this family by ensuring their basic needs are met (food, shelter, clothing etc…) Work to decrease parental stressors. Provide food from our pantry, market basket gift cards, clothes, diapers etc…

Division for Children, Youth and Families: Kali Giovanditto, BA	**How would you approach working with this mother and infant?** ✓ DCYF would begin investigating, prior to the mother and baby being discharged. DCYF would want to be included in the hospital discharge planning meetings. CPSW would engage mother at the hospital, determine her understanding of her rights, the concerns, desire to seek treatment, strengths and needs. Also talk with the mother about discharge planning to include a safety plan with a sober, appropriate adult who could provide 24/7 supervision for the mother, while DCYF continues to assess. CPSW would talk with the mother about treatment options and other services that could be offered. If mother refuses to engage, doesn't acknowledge her substance use or has no other appropriate caregiver, DCYF may seek emergency custody of the infant in order to ensure the infants safety, while the mother gets into treatment. If a Court order was sought, DCYF would continue to engage the parent as well as the alternative caregiver (ie relative or foster parent) in planning for the care of the infant after discharge.

Court:	How might this case play out in your court?
Hon. Susan Ashley, JD 7th Circuit Court - Rochester Family Division	✓ If the father of the baby is available and appropriate to care for the child, DCYF will safety plan with father and may not file a case regarding the baby. Similarly, regarding the open court case for the 6 year old, if DCYF determines the child will be safe residing with the father, DCYF would simply file a request to change physical custody to the father. ✓ If father(s) are missing or not available or appropriate or are neglectful themselves, DCYF will likely file ex parte requests for removal of both children from the parents' physical custody. DCYF must establish that the children are in such circumstances or surroundings as would present an imminent danger to the child's health or life if the child remains in the care of the parent(s). If the court grants the ex parte request, a hearing would be scheduled within 5 business days, and DCYF would have 72 hours to file neglect petitions against the baby's parents. From the date the petitions are filed, the court must conduct the trial—or adjudicatory hearing—within 30 days, unless it finds extraordinary circumstances, then the trial must occur within 60 days. ✓ Upon a finding of neglect, parents have 12 months to correct the conditions of neglect. There is a dispositional hearing 30 days after the finding, setting forth what the parents must do to correct the neglect, and there are review hearings every 3 months for the court to monitor compliance. Next, the court will conduct a permanency hearing at 12 months, if reunification has not happened by that point, at which the parent must establish they have: 1) complied with the dispositional orders, 2) that the children will not be endangered in the manner alleged in the petitions, and 3) that it is in the children's best interest to be returned to parental custody. If parents fail to meet this burden, the permanency plan would change from reunification to: 1) adoption through termination or surrender of parental rights, or 2) guardianship with a fit and willing relative or appropriate person. APPLA, which stands for Another Planned Permanent Living Arrangement, is a 3rd statutory permanency plan but is only appropriate for youth 16 years or older. ✓ As for the open case with the 6 year old, the court would have already made a finding of neglect, but when an out-of-home placement happens mid-case, the court then schedules a permanency hearing, 12 months from the removal date. **What would the court benefit from knowing about the treatment and supports made available to the mother to inform decision-making?** ✓ It is important for the court to be informed about the nature of treatment and supports that are available to the mother—for instance, intensive outpatient treatment, inpatient treatment, medically assisted treatment, peer support, AA/NA meetings, drug testing. A parent's consistent engagement in treatment is an important measure of compliance with dispositional orders, and may be provided to the court by DCYF or the parent's attorney. ✓ Should parents not immediately engage in treatment, DCYF must continue to explore options with the parents and make reasonable efforts to assist them in complying with the court's dispositional orders.

Pediatrician:	How would you approach discussing the Plan of Safe Care with the foster parent?
Steve Chapman, MD	
Dartmouth-Hitchcock Medical Center	✓ I'd start with identifying the circle of supports around the baby – both biological family as available, and community and agency supports. WIC, VNA, Family Resource Centers are very often important helps, as will DCYF. I'd also then discuss the foster family's supports and circumstances – have they fostered before? Are there other children in the home? Do they live in the same community as the biological parents, and are there new resources to access? Engage in a discussion of custody decisions and court, and prepare for transitions when they are coming.
	How would you coordinate care for this infant if both the biological mother and foster family are involved?
	✓ Invite both to clinic visits if at all possible!
	✓ Honor biologic and foster parent's roles in caring for the child.

Recovery Coach:	**How would you support this patient?**
Cheri Bryer Dartmouth-Hitchcock Medical Center	✓ Meet her where she is at. Hasn't been in a good place. Hasn't been doing the proper things we think she should have done. ✓ Offer her referrals, residential care, MAT, moms in recovery. Under assumption that DYCF is contacted. MORE tries to work as close as possible with DYCF – keep moms and babies together or reunify them as soon as possible. ✓ Work through DYCF process. Offer to go to court with moms to be a support person. There to support moms. ✓ As a parent/mom, horrible experience to go into a court room to sit there and hear awful things said about you by DCYF. ✓ Very emotional process, hard to stay sober after hearing these things. **How would you recommend that care providers approach care for this patient?** ✓ No matter what she is a human being. Treat her with dignity and empathy, not have judgment for decisions she has made. ✓ She already feels ashamed and guilty. If she has a moment of clarity, she probably feels disgusted with herself. We can't understand how she is truly feeling inside and shouldn't assume. ✓ All moms didn't wish for this to happen to themselves or their unborn child, ✓ My wish would be for providers to offer special support for moms that haven't had ideal outcomes. The big missing piece is the support that they don't get. ✓ High risk for relapse for women after delivery especially when baby is removed from their custody. How do we, how can we support them?