

Care Coordination Plan



Instructions

The Care Coordination Plan should be developed prenatally and updated postnatally with the pregnant person and involved caregivers. The goal of the Care Coordination Plan is to ensure infants and families are connected to supportive services in their communities. The completed Care Coordination Plan should be shared with the parent(s)/caregiver(s), primary obstetric providers, and the delivering facility to facilitate communication and follow-up. It should be scanned into the medical record, and the family should receive a copy if the patient wishes. Review and update plan periodically.

Care Coordination Plan Indication

- | | | | |
|------------------------------------------------------|------------------------------------|------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Buprenorphine/
Methadone | <input type="checkbox"/> Opioids | <input type="checkbox"/> Methamphetamine | <input type="checkbox"/> Sedative Hypnotics |
| <input type="checkbox"/> Nicotine/Tobacco | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other: _____ |

Care Coordination Plan Indication

Name of Parent:	Parent DOB:	Estimated Delivery Date:
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Name of Infant:	Infant DOB:	Infant Discharge Date:
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Infants Primary Care Provider & Contact Information:

Household Members

Name:	Relationship to Infant:	Name:	Relationship to Infant:
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Strengths and Goals (E.g. Recovery, Housing, Parenting, Smoking Cessation, Chestfeeding)

Services, Supports, and Referrals

INFANT SUPPORTS

Program Name	Contact Info	Status	Comments
Pediatric Provider		<input type="checkbox"/> Care Established <input type="checkbox"/> Referral placed <input type="checkbox"/> Discussed <input type="checkbox"/> Not Applicable	
Community Supports		<input type="checkbox"/> Receiving <input type="checkbox"/> Referral placed <input type="checkbox"/> Discussed <input type="checkbox"/> Not Applicable	

Services, Supports, and Referrals

PARENTAL AND CAREGIVER SUPPORTS

	Contact Info	Status		Comments
Medications for Substance Use Disorder		<input type="checkbox"/> Receiving <input type="checkbox"/> Discussed	<input type="checkbox"/> Referral placed <input type="checkbox"/> Not Applicable	
Behavioral Health		<input type="checkbox"/> Receiving <input type="checkbox"/> Discussed	<input type="checkbox"/> Referral placed <input type="checkbox"/> Not Applicable	
Substance Use Counseling		<input type="checkbox"/> Receiving <input type="checkbox"/> Discussed	<input type="checkbox"/> Referral placed <input type="checkbox"/> Not Applicable	
Case Management		<input type="checkbox"/> Receiving <input type="checkbox"/> Discussed	<input type="checkbox"/> Referral placed <input type="checkbox"/> Not Applicable	
Recovery Supports		<input type="checkbox"/> Receiving <input type="checkbox"/> Discussed	<input type="checkbox"/> Referral placed <input type="checkbox"/> Not Applicable	
Parenting Supports		<input type="checkbox"/> Receiving <input type="checkbox"/> Discussed	<input type="checkbox"/> Referral placed <input type="checkbox"/> Not Applicable	
Financial Supports		<input type="checkbox"/> Receiving <input type="checkbox"/> Discussed	<input type="checkbox"/> Referral placed <input type="checkbox"/> Not Applicable	
Housing & Food Supports		<input type="checkbox"/> Receiving <input type="checkbox"/> Discussed	<input type="checkbox"/> Referral placed <input type="checkbox"/> Not Applicable	
Lactation Support		<input type="checkbox"/> Receiving <input type="checkbox"/> Discussed	<input type="checkbox"/> Referral placed <input type="checkbox"/> Not Applicable	
Transportation Supports		<input type="checkbox"/> Receiving <input type="checkbox"/> Discussed	<input type="checkbox"/> Referral placed <input type="checkbox"/> Not Applicable	
Childcare Resources		<input type="checkbox"/> Receiving <input type="checkbox"/> Discussed	<input type="checkbox"/> Referral placed <input type="checkbox"/> Not Applicable	
Legal Assistance		<input type="checkbox"/> Receiving <input type="checkbox"/> Discussed	<input type="checkbox"/> Referral placed <input type="checkbox"/> Not Applicable	
Other		<input type="checkbox"/> Receiving <input type="checkbox"/> Discussed	<input type="checkbox"/> Referral placed <input type="checkbox"/> Not Applicable	

Notes/Follow-Up Information

Parent/Caregiver Participation

I participated in the development of this Care Coordination Plan, have received a copy, and understand it will be shared with my birthing center, as well as my and my baby's primary care providers.

Parent/Caregiver Signature: _____ Date: _____

☐ Parent/Caregiver decline participation

Staff Signature: _____ Date: _____



Visit the Northwest Portland Area Indian Health Board's website at indiancountryecho.org/family-care-plans-toolkit to learn more about substance use, getting help, and other important topics.