



South Carolina Department of Social Services

Work Aid 1610.1: Family Wellness and Support Plan **Supplemental to DSS Policy 1610: Chapter 16 – Special Topics**

A. Responsibilities During Life of the Case	When there is evidence or information suggesting that a child may be a substance affected infant, the assigned case manager shall: 1. Complete initial contact and conduct ongoing assessments to obtain information that can be utilized for the investigation as well as the development of the Family Permanency Plan (FPP), in accordance with this work aid, Family Wellness and Support Plan Policy, and FPP policy. The Family Wellness and Support Plan will be documented on the Family Permanency Plan. 2. Obtain birth and medical records for the infant and mother utilizing DSS Form 12121. 3. Consider requesting records from the following, when applicable: a. Medication Assisted Treatment (MAT) and Substance Use providers; b. Hospitals and/or birthing centers; c. Medical providers as recommended by Regional Nurse Care Coordinators; d. Mental health records; e. Current service providers; and f. Drug screens. Note: If you have a signed release form and are having difficulty obtaining hospital records, you may reach out to a Regional Nurse Care Coordinator for assistance. 4. Educate on safe sleep with DSS Flyer 1831. 5. Assess the home environment per Policy 301: Investigations. 6. Provide materials and resources for parenting education and classes. 7. Coordinate with hospital staff and alternate treatment providers. 8. Complete the Family Advocacy and Support Tool (FAST) within 72 hours of completing initial contact following Policy 1646: Family Advocacy and Support Tool. 9. Accurately document the information gathered, within CAPSS dictation, following procedures outlined in Policy 301: Investigations. 10. Contact the Regional Nurse Care Coordinator for guidance prior to the 10-day post initial case consultation as follows: a. NurseLowCountry@dss.sc.gov b. NursePeeDee@dss.sc.gov c. NurseMidlands@dss.sc.gov d. NurseUpstate@dss.sc.gov 11. County staff may also reach out to our Department of Alcohol and Other Drug Abuse Services (DAODAS) liaison for additional guidance.
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	12. Schedule a Child and Family Team Meeting (CFTM) as outlined in Policy 1642: Child and Family Team Meetings, to team with the family to identify needs and goals that will be included in the Family Permanency Plan (FPP). 13. Consider including the following when identifying the family team: a. Regional Nurse Care Coordinators; b. Current service providers; c. Family supports; and d. Any other pertinent individuals. 14. Document the goals identified during the CFTM on the FPP and provide a copy to the family once completed per Policy 1647: Family Permanency Plan. 15. Monitor progress throughout the life of the family's case for behavioral changes.
B. Conducting Assessments	1. At the time of initial contact, collect the following information on the parent(s)/caregiver(s): a. When they found out they were pregnant; b. Method of delivery; c. Current or planned feeding method; d. Substances administered to the caregiver during labor and delivery; e. Expected delivery date, if applicable; f. Diagnosed medical and mental health conditions requiring ongoing care; g. Substance use history (to include alcohol): i. Frequency of use; ii. Duration of use; iii. Last use; and iv. Route of use or administration. h. Current medications, including Medication Assisted Treatment (MAT) or other substances; i. Specify type of MAT; and ii. Establish other medications or substances taken. i. Current providers, provider types, and their contact information; j. Relapse prevention plan or support plan, to include the following: i. Support person's name; ii. Contact information; iii. Relationship with individual; iv. Role; v. Plan for identified contact person to care for children, if applicable; and k. Family identified needs. 2. At the time of the initial contact, collect the following information on the child(ren): a. Substance screening results for infants, to include: i. Type of screening; ii. Results of the screening; iii. Date of the screening; and iv. Withdrawal symptoms, if applicable.

	b. Where the infant was delivered; c. Birth weight of the infant(s); d. Diagnoses of the infant (to include congenital diseases and birth defects); and e. A description of any facial abnormalities, growth deficiencies, skeletal deformities, organ deformities, or central nervous system effects that may accompany a diagnosis of FASD. 3. In addition to information gathered in your FAST assessment and the questions above, consider the following: a. Number of weeks gestation at birth? b. Was it a single or multiple birth? c. Was the substance prescribed or non-prescribed to the caregiver? d. If prescribed, is the level within normal limits of prescribed use? e. What is the level of substance in the caregiver's or child's screen? f. How does the caregiver's substance use disorder impact their ability to protect a child and ensure the needs of a child are being met? g. How is the caregiver functioning despite substance use? h. What is the caregiver's plan to address the substance use disorder including plan to ensure the child's well-being? h. Has the caregiver ever experienced an overdose? If so, when, where, and what treatment was rendered? i. Does the caregiver have access to Narcan? 4. All children in the home shall be included in assessments for safety and well-being. Note: Symptoms of withdrawal may include the following: sweating, shivering, chills, muscle pain, cramps, nausea, vomiting, irregular heart rate, agitation, irritability, anxiety, headache, delirium, seizures, increased blood pressure, and confusion. For infants, withdrawal symptoms may also involve the following: fussy and inconsolable demeanor, diaper rash, skin excoriation, vomiting/diarrhea, spitting up, tight muscles, shaking, scratching at the face, and difficulty sucking and swallowing.
C. Service Interventions	1. Throughout the life of the case, the case manager shall engage with children and families using trauma informed and strengths-based practices accordance with our GPS Practice Model. 2. The case manager may consult: a. Family Wellness and Support Plan Resources for referrals and service linkage; and Regional Nurse Care Coordinators for guidance on appropriate service recommendations. 3. Service interventions shall be family specific, and the family shall be included in the teaming process for service identification.
D. Ongoing Engagement	1. Consider the following when identifying potential service needs of the family: a. Type, frequency, and route of substance use; b. Effects of substance use on the caregiver's ability to provide care to the child(ren); c. Effects of the substance use on the child(ren); d. Length of substance use and prior treatment;

	e. Family supports and strengths; f. Past trauma; and g. Contributing factors leading to the client's substance use. 2. When engaging with the family to develop the FPP, consider the following: a. Assist the family in constructing ways to consider the problem, safety concern, and behavior; b. Establish a partnership with the family focused on change; c. Collaborate with the family and providers to create short and long term goals; d. Identify the skills that need to be strengthened or developed through the help of providers; e. Engage the family, supports, and providers in the case planning process; f. Refer the family to services as applicable; and g. Promote behavioral change through continued collaboration and monitoring of goals. 3. The case manager shall complete the following per Policy 1647: Family Permanency Plan: a. Review and update the FPP with family progress and updates; b. Contact providers, at minimum, once a month to discuss the following: i. Progress toward achieving goals on the Family Permanency Plan (FPP) and substance use treatment plan from service providers; ii. Ongoing client and family needs and challenges; iii. Family strengths and supports; and iv. The plan for case progression. c. Document information obtained from providers in CAPSS dictation and upload documented in linked files 4. For monitoring and service provision guidance, follow information outlined in Policy 400: Family Preservation Services.
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