EMHSCA Shared Care Plan Guide

The Eastern Mental Health Service Coordination Alliance (EMHSCA) is a group of representatives from the various mental health, and other health and community support services across the Eastern Region of Melbourne. This group seeks to improve the way in which services work together and how they can improve the experiences of and outcomes for the people who access their services.

We recognise that an important part of a person’s recovery is to have all of the services they work with provide the right support at the right time. Everyone should be on the same page, working together to help people achieve their goals and address their support needs.

**Shared Care Planning** provides a holistic view of a person’s recovery goals and aims to reduce duplication of effort and clarify roles. This plan provides one central place for information about who and how the various supports are involved in a person’s life.

The EMHSCA Shared Care Plan proforma is designed to provide a single place for recording a person’s recovery plan when they require multiple supports. The Shared Care plan is intended to be used in conjunction with the EMHSCA Shared Care Protocol. It is intended to be the collation document where more than one service plan exists.

For the purposes of this document the person engaging with services is known as the “plan owner”. In a Recovery Framework the plan primarily belongs to this person.

**Key functions of Shared Care Plan**

To Identify

1. The plan owner’s strengths and resilience factors.
2. The key supports for the person’s plan.
3. That consent is given by the plan owner for sharing of the plan with the various supports.
4. That suitable methods of communication between supports are identified.
5. A planning coordinator to keep the Shared Care team on track.
6. That the person’s goals are clearly articulated.
7. That the roles of the various support people are clearly articulated.
8. That regular review times are established.
9. That progress is monitored and communicated amongst the Shared Care team.

EMHSCA Shared Care Plan

| **Shared Care PLAN (Sheet 1 of**   **) Dates:** Plan developed:      Team review frequency: | |
| --- | --- |
| **Personal INFORMATION:**    GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of Consumer  Address:  Date of Birth: | **Personal strengths/ resilience factors:**  **Planning Coordinator:** |
|
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Please list below other**  **PARTIES TO THE PLAN** | Name/role | Contact details | Plan owner’s Consent\*  Y/N/Date | Preferred communication | | General practitioner: |  |  |  |  | | Private psychiatrist: |  |  |  |  | | Nominated carer/s: |  |  |  |  | | Community Mental Health Practitioner: |  |  |  |  | | AOD Practitioner: |  |  |  |  | | Clinical Mental Health Case Manager:  Psychiatrist: |  |  |  |  | | Other (Specify) |  |  |  |  | | Other (Specify) |  |  |  |  | | Other (Specify) |  |  |  |  | | Other (Specify) |  |  |  |  |   \*Indicate if consent to share the plan has been obtained and is current | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person’s identified Goals** | **Date entered** | **Collaborative Actions to be taken** | **Person(s) Responsible/supports** | **Progress** |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Date: …./…./…..  Plan owner’s signature  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: …./…./…..  Nominated Support Person’s signature | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Date: …./…./…..  Planning Coordinator’s signature  Next scheduled Review Date: …./…./….. | |

Developed by the Eastern Mental Health Service Coordination Alliance (EMHSCA)

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