

Care Co-ordination

Purpose

A collaborative process that relies on effective communication, information sharing, networking and liaising with case management and other staff supporting the client within and between services. Coordination activities may include directly arranging access, reducing barriers to obtaining services, establishing linkages and the identification of other interventions and resources to assist the client in achieving positive outcomes as per their Individual Treatment Plan.

Advice

- Ensure you document all activities in client case notes.
- Write legibly – other case workers might need to reference information gathered in the Individual Treatment Plan.
- Ensure that your name, signature and date are recorded on each page of the Individual Treatment Plan.

Client Name /ID #:

D.O.B:

Conducted by _____

Position/Designation _____

Date _____

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D.O.B:

- As per recommendations from Assessment Summary and any additional information identified in the Individual Treatment Plan

[illegible]

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Memorandum of Understanding

Between _____ (Insert 1st organisation name here)

AND _____ (Insert 2nd organisation name here) Each known as a 'party'

Purpose or statement of intent

This Memorandum of Understanding (MoU) establishes a collaborative arrangement between (Insert 1st organisation name here) and (Insert 2nd organisation name here) to co-manage the provision of services provided to the client(s) to assist in minimising the harms associated with his/her problematic substance use in the immediate and long term.

Each party recognises that the purpose of this MoU is to identify the co-ordination mechanisms required for the co-management of the client(s), including the communication and information sharing expectations and the roles and responsibilities of each party involved.

Both parties have agreed to enter into this MoU on the terms and conditions contained herein.

Objectives of the MoU;

To formalise a partnership that;

- ensures best practice outcomes for client(s) under a holistic servicing model
- promotes referral pathways between organisations to encourage collaborative servicing approaches
- develops easily navigated client wellness pathways
- scaffolds the client case management process
- utilises all available resources and complementary support-services in the management of the client(s)' Individual Treatment Plan

In the operation of the partnership, the parties agree to:

- Actively engage in and pertain to the agreed-upon consultation schedule related to the co-management of the client(s)
- Share knowledge, skills and resources based on best-practice evidence to determine the most appropriate treatment or intervention-types, subsequent to a comprehensive assessment of the client's needs-identification.
- Collaboratively monitor and review treatment-types, interventions and supports to ensure for and increase the individual's likelihood of achieving positive outcomes as per those identified on Individual Treatment Plan.
- Evaluate the effectiveness of the treatment-types, interventions, supports and case management processes in assisting the client(s) to achieve positive outcomes as per those identified on Individual Treatment Plan or identify the service gaps and need for the development of resources.

Term of MoU

This MoU commences on _____ and will expire on _____, unless terminated earlier or extended as agreed in writing by the parties.

Contact persons for MoU

_____ (Insert 1st organisation name here)

_____ (Insert 2nd organisation name here)

Signatories

Signed on this _____ (insert date) day of _____ (insert month) 20____.

Signed _____

Name and position of authorised person, organisation 1

Signed _____

Name and position of authorised person, organisation 2

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Identifying Local Referral Pathways

Use this table to identify and record details of services or programs that may be utilised to support the needs of your client as identified in his/her Individual Treatment Plan. It is recommended that this record is kept up-to-date at all times.

Client Name /ID #:

D.O.B:

Service Type	Organisation/Agency	Primary Contact Details	Referral requirements
Aboriginal Legal Rights			
Aboriginal Medical Service (AMS)			
Aftercare Program			
Aged Care			
Alcohol Support Groups			
AOD Education and Information			
Art/Cultural Program			
Diabetes Support			
Disability Support Service			
Education / Training			
Emergency medical/ mental health			
Emergency Relief			
Employing/ Training			
(RJCP, Job Services Australia Etc.)			
Family and Children			

STAFF USE ONLY Practitioner Name: _____ Position: _____ Date: _____

Service Type	Organisation/Agency	Primary Contact Details	Referral requirements
Support			
Financial Counselling/ Literacy/ Assistance			
Gambling Support Services			
Health & Wellbeing Services- Women			
Health & Wellbeing Services- Men			
Health & Wellbeing Services- Families/ Children			
Health & Wellbeing Services- Youth			
Housing- Crisis			
Housing- Short Term			
Hospital/ Clinic			
Infectious Disease Unit			
Legal Aid/Services			
Literacy and Numeracy Program			
Men's Shelter			
Mental Health- grief and loss counselling			

Client Name /ID #:

D.O.B:

