

Shared Plan of Care For Children and Youth with Special Health Needs

TEAM MEETING LOCATION:	MEETING DATE:
CHILD/YOUTH NAME:	CHILD/YOUTH LIKES TO BE CALLED:
GENDER IDENTITY: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> OTHER	DATE OF BIRTH:
PARENT(S):	PARENT PHONE #:
PRIMARY CARE PROVIDER:	PRIMARY CARE PHONE #:
REFERRED BY:	NECESSARY RELEASES OBTAINED <input type="checkbox"/> YES <input type="checkbox"/> NO

<h3>Child/Family Strengths and Assets</h3>
<h3>Child/Family Language and Cultural</h3>
<h3>Child/Family Concerns and Goals</h3> <p>For today:</p> <p>For the longer term:</p>

Shared Plan of Care For Children and Youth with Special Health Needs

Brief Medical Summary

Brief Summary of Involvement with Community-Based Services (including education)

Developed by: Oregon Center for Children and Youth with Special Health Needs (OCCSYHN), August 2016

Use with permission – contact OCCYSHN

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Includes original and adapted content from:

- Jeanne W. McAllister. May, 2014. *Achieving a Shared Plan of Care with Children and Youth with Special Health Care Needs: An Implementation Guide*. Lucile Packard Foundation for Children's Health.
- Taylor EF, Lake T, Nysenbaum J, Peterson G, Meyers D. Coordinating care in the medical neighborhood: Critical components and available mechanisms. White Paper (Prepared by Mathematica Policy Research under Contract No. HHSA29020090000191TO2). AHRQ Publication No. 11-0064. Rockville, MD: Agency for Healthcare Research and Quality. Jun 2011.
- Community Connections Network –Shared Care Plan (Community Connections Network is a program of The Oregon Center for Children and Youth with Special Health Needs)

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Team Member Contact List

(Add lines as needed)

Name (Initial to note attendance at meeting)	Role/Responsibility	Best way to contact
	Family member(s):	
	Primary Care Provider(s):	
	Education:	
	Mental/Behavioral Health:	
	Public Health:	
	Health Plan/Insurance:	
	Subspecialty Provider:	
	Subspecialty Provider:	

ACTION PLAN

(Add lines as needed)

- The first goal of the team should be one that the family has identified as a priority.
- If the child/youth is aged 12 or older, include a minimum of one goal focused on the transition to adult healthcare.

SHARED GOAL	Who?	Is doing what?	By when?
Goal:	This person	Will take this action	By this date (date completed)
	This person	Will take this action	By this date (date completed)
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Date identified:			(date completed)
Date achieved:			

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