**Integrated Care Plan**

**Name:** **ID #** **Date:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Life Domain Areas to be addressed in SUDHH Services (Check all that apply):** 🞏 Relapse Prevention (required) 🞏 Mental Health

🞏 Physical Health 🞏Recovery 🞏 Housing 🞏 Transportation 🞏 Employment 🞏 Financial Stability 🞏 Education 🞏 Legal 🞏 Relationships

Relapse Prevention Plan should include identified triggers, action steps and positive coping strategies.

**Complete a separate grid for each Life Domain Area checked above (add additional pages for additional goals)**.

|  |
| --- |
| **Life Domain Area:**  |
| **Individual Goals and Aspirations**What do I want in this domain? | **Resources, Strengths, and Skills**What do I have access to or what have I used successfully in the past? | **Barriers and Problems**What barriers or issues do I need to remove or overcome to achieve my goals? |
|  |  |  |
| **Action Steps to Achieve this Goal** | **Who Else Might be Involved?** | **Action Step Completion Target Date****(mm/dd/yyyy)** |
| 1) |  |  |
| 2) |  |  |
| 3) |  |  |
| 4) |  |  |
| 5) |  |  |
| **Confidence Level for Goal Completion:****Not Sure** 0 1 2 3 4 5 6 7 8 9 10 **Very Sure** |

Primary SUD Diagnosis: Diagnosed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Substance Use Diagnosis: Diagnosed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental Health Diagnosis: Diagnosed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Diagnosis: Diagnosed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Conditions at Risk for Developing (check any that apply)**

[ ] Asthma [ ] BMI over 25 [ ] Mental Health Condition [ ] COPD [ ] Diabetes [ ] Heart Disease

**SUD Health Home Care Team**

|  |  |  |
| --- | --- | --- |
| **Name (print) and Contact Number** | **Role** | **Team Member Signature and Signature Date** |
|  | Person Served |  |
|  | Peer Recovery Coach/CHW |  |
|  | Nurse Care Manager |  |
|  | Behavioral Health Specialist  |  |
|  | Medical Provider |  |
|  | Psychiatric Provider |  |