

(Insert Agency Logo)

☐ Initial Plan

☐ Plan Update

Integrated Care Plan

Name: _____

ID # _____

Date: _____

Life Domain Areas to be addressed in OHH 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
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		

Name:_____

ID #_____

Date:_____

Primary SUD Diagnosis:_____

Diagnosed by: _____

Other Substance Use Diagnosis:_____

Diagnosed by: _____

Mental Health Diagnosis:_____

Diagnosed by: _____

Medical Diagnosis:_____

Diagnosed by: _____

Opioid Health Home Care Team

Name	Role	Contact Number
	Nurse Care Manager	
	Peer Recovery Coach	
	Behavioral Health Specialist	
	Primary Care Physician	
	Psychiatrist	
	Other	

Staff Completing Care Plan

Date

Person Served Signature

Date