****

**Comprehensive Community Services**

**Recovery Plan**

**Consumer Name:** Enter Consumer’s Name **Date of Service Plan Completion:**  Date of Completion

If not within 30 days of application, provide specific reason: If applicable, enter reason

**Service Facilitator:** Service Facilitator **Dates of Service Plan** **Review:** Dates of Plan Review

 (at least every six months or as consumer’s situation changes)

**Date the Service Planning Process was Explained to the Consumer and/or legal representative or family member:** Date process explained

**Consumer strengths:**

Enter consumer strengths

**Consumer barriers:**

Enter barriers

**Discharge from the CCS shall be based on one of the following:**

* The consumer has met / is meeting their recovery goals
* The consumer no longer wants psychosocial rehabilitation services
* DHS 36.17(5)(a)2.The whereabouts of the consumer are unknown for at least 3 months despite diligent efforts to locate the consumer
* [Down](http://docs.legis.wisconsin.gov/scroll/down/452/code/admin_code/dhs/030/36)
* [Up](http://docs.legis.wisconsin.gov/scroll/up/453/code/admin_code/dhs/030/36)
* DHS 36.17(5)(a)3.The consumer refuses services from the CCS for at least 3 months despite diligent outreach efforts to engage the consumer
* DHS 36.17(5)(a)4.The consumer enters a long-term care facility for medical reasons and is unlikely to return to community living
* DHS 36.17(5)(a)5.DHS 36.17(5)(a)6.Psychosocial rehabilitation services are no longer needed

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| **Consumer’s Desired Outcome / Measurable Goal #1** (As stated on the Assessment Summary. Goal should be stated in the individual’s own words, and include statement of dreams, hopes, role functions and visions of life.) |
| **Associated Domain(s):** Choose a Domain, Choose a 2nd Domain (if applicable) , Choose a 3rd Domain (if applicable) |
| Enter measurable Goal #1 |
| **OBJECTIVE #1** (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will………., as evidenced by …………, by (target date)

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| Enter SMART Objective |

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| **INTERVENTIONS (Related to Objective #1)** (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.) |
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| **Date of Review:**  |
| **Status** | **Narrative Update** (For example: how the objective was met or partially met; barriers to meeting the objective; consumer and team discussion; consumer satisfaction with services) |
| [ ] Met [ ] Partially Met [ ]  Not Met[ ] Continue Objective [ ] Drop Objective [ ] Modified Objective [ ] New Objective Identified | Enter narrative update |

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| **OBJECTIVE #2** (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will………., as evidenced by …………, by (target date)

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| **Specific Change** | **Measured by** | **Target date of completion** |
| Enter specific change | Measured by | Target date of completion |

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| **INTERVENTIONS (Related to Objective #2)** (Describe the specific activity, service, or treatment, the provider or other responsible person (including the individual or a family member), and the intended purpose or impact as it relates to this objective. The intensity, frequency, and duration should also be specified.) |
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| **OBJECTIVE #3** (Using action words, describe the specific changes expected in measurable and behavioral terms, utilizing “SMART” – Specific, Measurable, Achievable, Realistic, Time bound. Example: Consumer will………., as evidenced by …………, by (target date)

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| **Specific Change** | **Measured by** | **Target date of completion** |
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| **Consumer’s Desired Outcome / Measurable Goal #4** (As stated on the Assessment Summary. Goal should be stated in the individual’s own words, and include statement of dreams, hopes, role functions and visions of life.) |
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**Comprehensive Community Services Signature Page** Date of Plan:

I have been explained the service planning process by the service facilitator and/or mental health professional. I understand my options within the CCS Service Array. I have participated in the service planning process.

I am signing off on the plan as \_\_\_ Initial \_\_\_\_ Update \_\_\_\_ Final

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Consumer Dated

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Guardian Dated

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Service Facilitator Dated

I have reviewed and attest to this applicant’s need for psychosocial services as set forth in DHS 36 and medical and supportive services to address the desired recovery goals. I am authorizing services per the plan.

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Substance Abuse Professional Dated

I have reviewed and attest to this applicant’s need for psychosocial services as set forth in DHS 36 and medical and supportive services to address the desired recovery goals. I am authorizing services per the plan.

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Mental Health Professional Dated

**Service Planning Meeting Roster**

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| **Date** | **Name of Attendee/Relationship** | **Signature** | **Address** | **Telephone Number** |
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