**Collaborative Case Plan**

This case plan template is designed to serve as a summary of the information contained in the CCA & ORAS. This will serve as a roadmap for case management sessions & goal setting. This document should be **updated** as participants’ life circumstances change, goals accomplished, etc.

**CCA Results**

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| **Date of SUD Assessment** | **\_\_\_\_ /\_\_\_\_ /\_\_\_\_** |
| **Primary Drug of Use:****(list one)** |  |
| **Other drugs of use:** |  |
| **On MAT** | **Yes No – not interested No – interested No – not clinically appropriate** |
| **SUD Treatment History** | **Yes No**If yes, describe. |
| **Trauma History** | **Yes No**If yes, describe. |
| **MH Treatment History** | **Yes No**If yes, describe. |
| **Current Mental Health Diagnosis** | **Yes No**If yes, describe. |
| **Current SUD Treatment Modality** |  **Date Began:**  |
| **Community Connections** | List all connections participant has with the community. |
| **Medical Issues** | **Yes No**If yes, describe. |
| **Prescribed medications** |  |

**Treatment goals:** What are the participant’s specific treatment goals? This information should be gleaned from both the participant & treatment provider. It’s imperative that everyone is clear about the specific treatment goals & when changes to these goals are made.

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| **Area of focus** | **Details** |
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**ORAS Results \_\_\_\_Risk \_\_\_\_Need**

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| --- | --- | --- | --- |
| **Need Factors** (per the ORAS) | **Level of Need****(L,M,H)** | **Details** | **Referral to Programming**List the programs to whom the participant should be referred. |
| **Criminal Attitudes & Behavioral Problems** |  |  |  |
| **Peer Associations** |  |  |  |
| **Substance Use** |  |  |  |
| **Neighborhood Problems** |  |  |  |
| **Family and Social Support** |  |  |  |
| **Education, Employment, & Financial Situation** |  |  |  |

**Other Notes:**

**Responsivity factors to be considered:** While not included in the list of risk factors, responsivity factors are items that may serve as barriers to accessing treatment and other services OR may help facilitate the recovery process. For example, if a participant does not have childcare s/he may not fully participate in services. However, if a participant does have childcare, this will open doors to the participant being able to access services.

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| **Responsivity Factor** | **Area of Concern****Badge Tick1 outline** | **Details** |
| **Low Intelligence** |  |  |
| **Physical Handicap** |  |  |
| **Reading/Writing Limitations** |  |  |
| **Mental Health Issues** |  |  |
| **Motivation of Participant** |  |  |
| **Transportation** |  |  |
| **Childcare/family needs** |  |  |
| **Language** |  |  |
| **Ethnicity/Cultural Barriers** |  |  |
| **History of Abuse & Neglect** |  |  |
| **Interpersonal Anxiety** |  |  |

**Other Notable Information:**

**Areas of strength/resiliency (work with client on completing):** What are the participant’s areas of strength? These can be self-identified strengths, as well as strengths noted by treatment provider, case manager, probation officer, etc. Incorporate these strengths into your conversations with the participant.

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| **Area** | **Details** |
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