**Psychosocial Rehabilitation & Recovery Center (PRRC)**

**Recovery Plan – INITIAL**

Veteran's Name: Today's Date:

This plan contains the goals I have identified for my mental health recovery, the steps I will take to meet these goals, and how care providers and others will help me reach my goals.

**MY MENTAL HEALTH CARE TEAM**

Date I entered PRRC program:

My PRRC recovery care provider is:

The following family member(s)/other caregiver(s) were involved in developing this plan:

If none, is Veteran interested in having family members/other caregivers involved?

Does a Release of Information (ROI) need to be completed today?

* Yes or No
* Name/relationship of person to be included in ROI:

If an ROI was completed with Veteran previously, please list date and name/relationship of person:

* Date:
* Name /relationship:

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**Other VA care providers:**

* Psychiatrist:
* PCP:
* Last PCP appt:

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**Treatment Modality:**

Veteran was provided education re: available treatment modality options (i.e., in-person or video conferencing). They have expressed interest in participating in the following modalities: (indicate with “X” all that apply **AT THIS TIME**):

\_\_ In-Person

\_\_ Video Conferencing

It is the PRRC TEAM’S RECOMMENDATION that Veteran participate in INDIVIDUAL sessions via (indicate with “X” all that apply **AT THIS TIME**):

\_\_ In-Person

\_\_ Video Conferencing

OUTCOME: Vet will be participating in INDIVIDUAL sessions via:

(indicate with “X” all that apply **AT THIS TIME**):

\_\_ In-Person

\_\_ Video Conferencing

It is the PRRC TEAM’S RECOMMENDATION that Veteran participate in PRRC CLASSES via: (indicate with “X” all that apply **AT THIS TIME**):

\_\_ In-Person

\_\_ Video Conferencing

OUTCOME: Vet will be participating in CLASSES sessions via:

(indicate with “X” all that apply **AT THIS TIME**):

\_\_ In-Person

\_\_ Video Conferencing

If participant will be engaging in telehealth services please answer the following:

\_\_ The participant has all necessary technology and/or equipment at this time.

\_\_ The participant’s technology and/or equipment is functioning properly.

\_\_ The participant’s technology and/or equipment is NOT functioning properly.

\_\_ The participant does NOT have all necessary technology and/or equipment at this time.

\_\_ The participant’s technology and/or equipment is functioning properly.

\_\_ The participant’s technology and/or equipment is NOT functioning properly.

If NO, what action(s) have you and/or the participant taken:

\_\_ Placed Digital Divide Consult

\_\_ Provided Veteran with Technology Resource handout

\_\_ Scheduled Vet for 1:1 assistance with PRRC PSA

\_\_ Other:

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**SNAP** (Strengths, Needs, Abilities, Preferences)

**THESE ARE MY PERSONAL STRENGTHS/ASSETS:**

* Veteran reported

**THESE ARE MY PERSONAL NEEDS/CONCERNS/CHALLENGES:**

* Veteran reported

**THESE ARE MY PERSONAL ABILITIES/SKILLS/TALENTS:**

* Veteran reported

**THESE ARE MY PERSONAL PREFERENCES THAT WILL HELP ME IN**

**TREATMENT:**

* Veteran reported

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**MY VISION OF RECOVERY**

Veteran described the following vision of recovery (e.g., how will/does life look when things are going well):

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**MY INVOLVEMENT WITH OTHER VA PROGRAMS, COMMUNITY SUPPORTS, OR JOB/VOLUNTEER WORK:**

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**CURRENT SUPPORT SYSTEM** (choose all that apply)**:**

\_\_ Family:

\_\_ Friends:

\_\_ Volunteer organizations:

\_\_ Self-help/support groups

\_\_ Religious/spiritual supports

\_\_ Others:

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**MY RECOVERY GOALS** (for the next 3 months)

**RECOVERY GOAL #1**

In this area I would like to:

**OBJECTIVES:**

These are SPECIFIC ACTION STEPS I will take to achieve my goal: (specific and time limited; do not use quotes unless it is actually in the Veteran's own words):

* I will

Strengths I have that will help me achieve this goal:

* Veteran reported

Obstacles that might get in the way of my achieving this goal:

* Vet reported

**INTERVENTIONS:**

These are SPECIFIC THINGS my provider or others can do to help me reach my goal (specific and time-limited:

* Veteran reported

\*This recovery goal may be changed at any time but will be reviewed at the latest: (month/year).

**RECOVERY GOAL #2**

In this area I would like to:

**OBJECTIVES:**

These are SPECIFIC ACTION STEPS I will take to achieve my goal: (specific and time limited; do not use quotes unless it is actually in the Veteran's own words):

Strengths I have that will help me achieve this goal:

* Veteran reported

Obstacles that might get in the way of my achieving this goal:

* Veteran reported

**INTERVENTIONS:**

These are SPECIFIC THINGS my provider or others can do to help me reach my goal (specific and time-limited:

* Veteran reported

\*This recovery goal may be changed at any time but will be reviewed at the latest: (month/year).

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**COMMUNITY INVOLVEMENT**

**Since starting the PRRC**, I have increased my participation in community activities/events in the following ways (e.g., volunteer work, employment, church outings, visiting family/friends, outside hobby, school):

* Veteran’s report or provider’s observation is

What activity/event **are you willing to try or do more frequently** out in the community in the next 1 to 3 months?

* Veteran reported

How do you see this activity/event **improving** the quality of your life?

* Veteran reported

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**MY PRRC CLASS SCHEDULE**

Veteran is choosing/has chosen to enroll the following PRRC classes (day/times if available):

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**PEER SUPPORT SERVICES**

Veteran was provided education re: available Peer Support services. They have expressed interest in participating in the following services led or co-led by a Peer Support Specialist (indicate with “X” all that have applied **AT ANY TIME**, not just currently):

\_\_ **Individual Peer Support** (for engagement in treatment, recovery goal-setting, self-advocacy, linkage to community resources, etc)

\_\_ **PRRC Town Halls** (for engagement in treatment, recovery goal-setting, self-advocacy, linkage to community resources, etc)

\_\_ **Community Connections** (for linkage to community resources and assistance in goal achievement)

\_\_ **WRAP** class

**\_\_ Other: (Confident & Courageous Group, Veteran X Group, etc)**

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**TRANSITION/REFERRALS**

Is PRRC referring Veteran for any additional services at this time? (If yes, please indicate program or services). *(Examples: CBT for Chronic Pain, Smoking Cessation, Biofeedback, Wellness Workshop Series, ATP)*

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**MY CRISIS PLAN/RELAPSE PLAN**

Is a Suicide Prevention Safety Plan needed or being completed for possible danger to self or others?

\_\_\_\_No, Vet denies SI/HI, plan, or intent

\_\_\_\_Yes, please see Safety Plan dated xx/xx/xx.

If yes, has the Safety Plan been updated within the past 12 months?

Other Available Resources Include:

**\_\_\_\_ Virtual Hope Box smartphone application (**create a hope box to remember good things

in one’s life)

**\_\_\_\_ Maketheconnection.net** (source of Veteran-related resources and information)

In the event an after-hours crisis occurs, I will do any of the following:

* Call 911.
* Go to the nearest Emergency Room.
* Call 24-hour VA Crisis Hotline #988.
* Text Veterans Crisis Line Text Messaging Service at: 838255
* Chat with Veterans Crisis Line Chat at: https://www.Veteranscrisisline.net/Chat
* Call Hines VA 24-hour emergency treatment: Nurse Advice Line #1-708-202-3800.

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**PRRC GRADUATION/DISCHARGE CRITERIA**

I will collaborate with my providers to determine an appropriate time for discharge and any necessary aftercare plans. The following criteria will be considered for graduation/discharge from the PRRC:

* I will be ready for graduation when my recovery objectives are met.
* I will be discharged if it appears that I’m no longer benefiting from services provided by the PRRC, including lack of progress in achieving my recovery objectives, poor attendance, or no change in symptoms over time.
* I will be discharged if I express a desire to terminate due to reasons of my own.
* I will be discharged if I engage in violent or other disruptive behaviors that are not conducive to the PRRC's learning environment.
* I will be discharged if relocating and continuing care at another facility.

**PERSONAL READINESS:**

This is how I will know when I am ready for graduation/discharge:

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**Veteran expressed verbal understanding of the information provided today and was provided an opportunity to ask questions regarding his/her plan. Veteran collaborated with PRRC staff in the identification of recovery goals and is agreeable to participating in the PRRC services outlined in this plan. Veteran acknowledges receipt and a written copy of the above information.**