NAZCARE’S AND A MEMBER’S SELF-DEVELOPED RECOVERY PLAN

You and NAZCARE staff have the opportunity to work together on a Self-Developed Recovery Plan and a Crisis Prevention Plan that will be included in your WRAP Plan. You may also want to have a peer in recovery, a family member, and/or another valued provider included in the development of this recovery plan.

Services in the plan may include mental health and/or chemical dependency treatment, or any of the service categories listed below. You can also address life areas that are important to your recovery and where you need support. You may want to set goals in the following areas:

Recovery and Rehabilitation
Personal Care
Education/Skills Training
Peer Support
Supported Housing
Respite

Self-Help and Empowerment
Health Promotion
Supported Employment
Family Support
Managing Transportation
Other____________________

You may write a plan with as many goals and services as you want. Initially, you may want to make one small, measureable, achievable time-framed goal and staff can provide support in identifying and achieving this goal.

You may review this recovery plan and add a goal(s) and/or services at any time by talking about this with a NAZCARE staff person at your wellness center.

NAZCARE will encourage you to also develop a WRAP Plan, attend WRAP Support groups and develop a Crisis/Emergency Prevention Plan inside your WRAP Plan. This Crisis Prevention Plan will help you recognize situations and people that may trigger old ideas and/or behaviors. It will contain a list of people and things that may help you to relieve stress and provide support through difficult times.
MY PERSONAL PROFILE

My values and areas of interest (Things that are important to me: hopes, dreams, and interests):

My strengths (Skills, qualities and experiences that can help me achieve my goals):

MY GOALS, OBJECTIVES AND SERVICES

Date: ____________________________________________________________

**Goal #1**: _______________________________________________________

Service(s) Needed: _________________________________________________

Desired Outcome: _________________________________________________

Barriers: _________________________________________________________

Objective (Step to reach goal and how I will know I have achieved this) ________________
Date:__________________________________________________________

**Goal #2:**
______________________________________________________________

Service(s) Needed:______________________________________________

Desired Outcome:_______________________________________________

Barriers:________________________________________________________________________

Objective (Step to reach goal and how I will know I have achieved this)____________________

Date:__________________________________________________________

**Goal #3:**
______________________________________________________________

Service(s) Needed:______________________________________________

Desired Outcome:_______________________________________________

Barriers:________________________________________________________________________

Objective (Step to reach goal and how I will know I have achieved this)____________________

Participation in NAZCARE activities:

1.________________________________________________________________________

2.________________________________________________________________________
Supportive people in my life who will help me reach my goals:
1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________
4. ______________________________________________________________________

I need the following medical services:
1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________
4. ______________________________________________________________________

I completed my WRAP Crisis Prevention Plan on ________________________________

I have created this recovery plan and agree to participate as noted above:
☐ I do not wish to share this recovery plan with my Behavioral Health Medical Practitioner
Signature: ________________________________ Date: __________

I have assisted in developing this recovery plan:
Peer/Recovery Coach Signature: ________________________________ Date: __________

I acknowledge that I have reviewed this recovery plan:
BHMP Signature: ________________________________ Date: __________

NAZCARE Recovery Plan Revised: 8/12