

**CPST/Case Management Comprehensive Action Plan**  
**Summit Psychological Associates, Inc.**

**Client:** \_\_\_\_\_ **Staff:** \_\_\_\_\_

**Service Date/Time:** \_\_\_\_\_ **Office Location:** \_\_\_\_\_

**Specify Type of Service:**    ☐ Case Management (AoD service)                      ☐ CPST (MH service)  
   ☐ CPST + Case Management

**Is today:**        ☐ Action Plan Review                      ☐ Initial Action Plan

**Date of Initial Comprehensive Action Plan:** \_\_\_\_\_

**Date of Today's Comprehensive Action Plan Review (if applicable):** \_\_\_\_\_

**State Goal in Client's Words:** \_\_\_\_\_

**Identified Areas of Need from CPST/Case Management Needs Assessment:**

☐ Legal                      ☐ Educational                      ☐ Employment                      ☐ Financial                      ☐ Housing  
☐ Transportation                      ☐ AoD                      ☐ Medical                      ☐ Mental Health  
☐ Other (specify): \_\_\_\_\_

**Action Plan for Legal Needs (if applicable):**

☐ Attend all court hearings and follow through with court recommendations  
☐ Avoid unhealthy people, places, and things, to reduce risk of illegal activity  
☐ Develop a plan to begin paying off court costs, probation fees, etc.  
☐ Develop legal ways to meet social, emotional, spiritual and financial needs  
☐ Develop positive peer supports to increase appropriate and legal behavior  
☐ Maintain open communication with case manager to reduce legal barriers  
☐ Work toward successfully completing recommended case plan  
☐ Other (specify): \_\_\_\_\_

**Legal Needs – Progress (Check all that apply):**    ☐ Continuing                      ☐ Met

☐ Partially Met                      ☐ Discontinued                      ☐ Not Met

**Legal Needs – Comments:** \_\_\_\_\_

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**Planned Service(s)/Support(s) by Case Manager for Legal Needs:** \_\_\_\_\_

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**Action Plan for Educational Needs (if applicable):**

- ☐ Build self-advocacy to communicate learning style & academic needs
  - ☐ Communicate with case manager to identify/eliminate barriers
  - ☐ Demonstrate organizational & study skills to increase academic success
  - ☐ Develop strategies to enhance study skills
  - ☐ Investigate availability of financial aid and complete paperwork
  - ☐ Meet with guidance counselor/academic advisor to learn requirements
  - ☐ Participate in at least 1 extracurricular activity
  - ☐ Research resources to find additional supports
  - ☐ Work toward identifying perceived barriers to achieving educational goals (specify): \_\_\_\_\_
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- ☐ Collaborate with case manager in pursuing educational goals (specify): \_\_\_\_\_
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- ☐ Other (specify): \_\_\_\_\_

**Educational Needs – Progress (Check all that apply):**    ☐ Continuing                      ☐ Met

☐ Partially Met                      ☐ Discontinued                      ☐ Not Met

**Educational Needs – Comments:** \_\_\_\_\_

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**Planned Service(s)/Support(s) by Case Manager for Educational Needs:** \_\_\_\_\_

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**Action Plan for Employment Needs (if applicable):**

- ☐ Actively engage in job searching by reviewing classified ads, internet, etc.
- ☐ Apply decision-making strategies for job-related issues
- ☐ Arrange for childcare necessary to work
- ☐ Collaborate with case manager to develop a resume and cover letter
- ☐ Define interests and abilities related to potential career/job opportunities
- ☐ Demonstrate skills for locating, applying, interviewing and maintaining work
- ☐ Discuss job-related concerns with case manager to identify/eliminate barriers
- ☐ Identify/resolve issues related to work performance & coworker relationships
- ☐ Secure and maintain satisfying employment
- ☐ Work toward finding employment that would be more supportive of recovery
- ☐ Other (specify): \_\_\_\_\_

**Employment Needs – Progress (Check all that apply):**    ☐ Continuing                      ☐ Met

☐ Partially Met                      ☐ Discontinued                      ☐ Not Met

**Employment Needs – Comments:** \_\_\_\_\_

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**Planned Service(s)/Support(s) by Case Manager for Employment Needs:** \_\_\_\_\_

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**Action Plan for Financial Needs (if applicable):**

- ☐ Build skills to access community w/independence &/or specified level of support
- ☐ Develop a plan to meet expenses in the event of a crisis or unforeseen expenses
- ☐ Develop budgets to meet financial obligations and discretionary expenses
- ☐ Develop practical ways to augment income

- ☐ Identify strengths and needs in area of financial management
- ☐ Learn skills to utilize banking with checks, debit, etc.
- ☐ Promote stable environment necessary to meet monthly expenses
- ☐ Other (specify): \_\_\_\_\_

**Financial Needs – Progress (Check all that apply):**    ☐ Continuing    ☐ Met

- ☐ Partially Met            ☐ Discontinued            ☐ Not Met

**Financial Needs – Comments:** \_\_\_\_\_

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**Planned Service(s)/Support(s) by Case Manager for Financial Needs:** \_\_\_\_\_

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\_\_\_\_\_

**Action Plan for Housing Needs (if applicable):**

- ☐ Build daily living skills for independent functioning at home, work and in community
- ☐ Learn to evaluate options for housing, e.g. cost and condition
- ☐ Obtain and maintain safe, affordable, permanent housing
- ☐ Take a more active role in maintenance of housing situation
- ☐ Use community resources for assistance and advocacy to get safe stable housing
- ☐ Work toward finding housing that is more of a support to recovery
- ☐ Work with case manager to identify and eliminate barriers
- ☐ Other (specify): \_\_\_\_\_

**Housing Needs – Progress (Check all that apply):**    ☐ Continuing    ☐ Met

- ☐ Partially Met            ☐ Discontinued            ☐ Not Met

**Housing Needs – Comments:** \_\_\_\_\_

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**Planned Service(s)/Support(s) by Case Manager for Housing Needs:** \_\_\_\_\_

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**Action Plan for Transportation Needs (if applicable):**

- ☐ Acquire the necessary skills to access the community with independence
- ☐ Develop a plan to use natural supports to achieve transportation goals
- ☐ Get insurance
- ☐ Identify needed supports to increase mobility and community access
- ☐ Learn how to use bus system
- ☐ Make arrangements needed for appointments and scheduled activities
- ☐ Obtain/maintain a valid driving status
- ☐ Pay off fines in order to get driver's license
- ☐ Practice and take driving test
- ☐ Study for and take written driving test
- ☐ Take steps to obtain a safe and reliable vehicle
- ☐ Utilize community resources to meet transportation needs
- ☐ Other (specify): \_\_\_\_\_

**Transportation Needs – Progress (Check all that apply):**    ☐ Continuing    ☐ Met

☐ Partially Met    ☐ Discontinued    ☐ Not Met

**Transportation Needs – Comments:** \_\_\_\_\_

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**Planned Service(s)/Support(s) by Case Manager for Transportation Needs:** \_\_\_\_\_

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**Action Plan for AoD Needs (if applicable):**

- ☐ Attend all scheduled Case Management appointments
- ☐ Attend all scheduled counseling appointments
- ☐ Develop positive peer supports in order to increase chances of sobriety
- ☐ Identify barriers to scheduling/keeping AoD appointments
- ☐ Increase 12-step participation to reduce risk of relapse
- ☐ Obtain a sponsor
- ☐ Successfully develop a relapse prevention plan
- ☐ Other (specify): \_\_\_\_\_

**AoD Needs – Progress (Check all that apply):**    ☐ Continuing                      ☐ Met

☐ Partially Met              ☐ Discontinued              ☐ Not Met

**AoD Needs – Comments:** \_\_\_\_\_

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**Planned Service(s)/Support(s) by Case Manager for AoD Needs:** \_\_\_\_\_

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**Action Plan for Medical Needs (if applicable):**

- ☐ Attend all scheduled medical appointments
- ☐ Identify barriers to scheduling/keeping medical appointments
- ☐ Obtain a primary care physician
- ☐ Schedule a needed doctor's appointment
- ☐ Other (specify): \_\_\_\_\_

**Medical Needs – Progress (Check all that apply):**    ☐ Continuing                      ☐ Met

☐ Partially Met              ☐ Discontinued              ☐ Not Met

**Medical Needs – Comments:** \_\_\_\_\_

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**Planned Service(s)/Support(s) by Case Manager for Medical Needs:** \_\_\_\_\_

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**Action Plan for Mental Health Needs (if applicable):**

- ☐ Attend all scheduled counseling appointments
- ☐ Attend all scheduled CPST Case Management appointments
- ☐ Identify barriers to scheduling/keeping mental health appointments
- ☐ Other (specify): \_\_\_\_\_

**Mental Health Needs – Progress (Check all that apply):**    ☐ Continuing            ☐ Met

☐ Partially Met            ☐ Discontinued            ☐ Not Met

**Mental Health Needs – Comments:** \_\_\_\_\_

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**Planned Service(s)/Support(s) by Case Manager for Mental Health Needs:** \_\_\_\_\_

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**Action Plan for Other Identified Areas of Need (if applicable):**

**Specify:** \_\_\_\_\_

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**Other Needs – Progress (Check all that apply):**    ☐ Continuing            ☐ Met

☐ Partially Met            ☐ Discontinued            ☐ Not Met

**Other Needs – Comments:** \_\_\_\_\_

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**Planned Service(s)/Support(s) by Case Manager for Other Needs:** \_\_\_\_\_

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**Frequency of CPST/Case Management Services:**    ☐ Weekly                      ☐ Every other week

☐ Twice per month                      ☐ Monthly                      ☐ Other (specify): \_\_\_\_\_

**Did client accept a copy of CPST/Case Management Comprehensive Action Plan:**

☐ No                      ☐ Yes

**This plan may be changed at any time with the agreement of the client and the case manager/supervisor**

**Client:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

**CPST/**

**Case Manager:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

**Supervisor:**

\_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date