Recovery Planning Policy

Policy #: AP-30-CM	**Effective Date: 11/17/2025**
Revision #: **Revision Date:** **Last Reviewed Date:**	**Page 1 of 8** **Attachments: 2**
Prepared By: Kayla Vornberger	**Approved By:**

PURPOSE: The purpose of this policy is to ensure that each resident receives structured, individualized recovery planning that supports their personal goals, reinforces the social model of recovery, and prepares them for long-term success. Recovery planning includes individualized goal setting, regular plan reviews, and exit planning with opportunities for peer mentorship.

SCOPE: This policy applies to all residents enrolled in the Recovery Housing Program.

POLICY STATEMENT: We are committed to supporting residents through individualized recovery planning that emphasizes autonomy, personal responsibility, peer support, and stability. Recovery plans are resident-driven and outline short- and long-term goals, strategies for achieving those goals, and the resources needed for continued recovery. Plans are reviewed on a prescribed schedule to ensure continued progress and relevance. Prior to exit, residents participate in structured exit planning that includes peer mentorship opportunities and community support linkages.

PROCEDURES:

1. **Individual Recovery Goals and Strategies**
    a. Every resident will complete an **Individual Recovery Plan (IRP)** within the first **7 days of admission**.
    b. Recovery plans are **collaborative** and resident-driven, identifying:
        i. Short-term and long-term recovery goals
        ii. Strategies and action steps to achieve those goals
        iii. Supportive services needed (counseling, peer support, life skills, employment support, etc.)
        iv. Potential barriers and coping strategies
        c. Residents will be supported by staff in developing plans that reflect personal motivation, strengths, and lived experience.
2. **Regular Review and Updates**

a. Each Individual Recovery Plan will be reviewed and updated **at least once every 30 days** or more frequently as needed.
b. During reviews, staff and residents will assess:
    i. Progress toward goals
    ii. Barriers or setbacks
    iii. Adjustments needed to goals or strategies
    iv. New challenges, strengths, or support needs
        - Residents may request additional review sessions at any time.
        - All updates will be documented in the resident's record.

3. **Exit Planning and Peer Mentorship**
    a. Exit planning begins **at least 30 days prior to a resident's planned departure**, or earlier upon resident's request.
    b. Exit plans include:
        i. Housing stabilization steps
        ii. Employment or education plans
        iii. Continued recovery supports (meetings, outpatient, peer supports, etc.)
        iv. Relapse-prevention and crisis contacts
        v. A structured wellness and community-engagement plan
        vi. Residents are encouraged to participate in **peer mentorship opportunities**, including:
            - Mentoring newer residents
            - Sharing recovery experience during groups
            - Participating in alumni events or check-ins (if applicable)
                a. Staff will support residents in connecting with community-based peer support organizations to ensure continuity of support post-exit.

4. **Documentation**
    a. All recovery plans, updates, and exit plans must be documented and kept in the resident's confidential file.
    b. Documentation will reflect resident involvement, decision-making, and goal progression.

5. **Continuous Improvement**
    a. Recovery planning procedures will be reviewed annually for alignment with **KYARR, NARR, and program requirements**.
    b. Feedback from residents and staff will be used to strengthen the planning process, support tools, and peer mentorship opportunities.

Individual Recovery Plan (IRP)

Resident Information

- **Resident Name: _____**
- **Date of Birth: ____ / ____ / _____**
- **Admission Date: ____ / ____ / _____**
- **Program/Residence: _____**
- **Case Manager/Peer Support Specialist: _____**

1. Recovery Vision / Resident Goals

(Document the resident's own recovery vision and goals in their own words. Should be person-centered.)

- **Resident Statement of Recovery Goals:**

_____
_____
_____

2. Strengths and Supports

(Identify personal strengths, skills, and available supports that aid recovery.)

- Strengths: _____
- Supports (family, peers, community, mentors, sponsors): _____

_____
_____

3. Needs and Challenges

(Document current challenges or barriers to recovery as identified by the resident and staff.)

- Needs/Barriers: _____
- Risk Factors (if any): _____

4. Recovery Goals & Objectives

(List measurable goals and specific objectives. Include timelines and responsible parties.)

Goal	Objectives/Step	Target Date	Responsible Person(s)	Progress Notes

5. Action Plan / Interventions

(Describe interventions, supports, and services to help the resident meet goals.)

- Recovery Coaching / Peer Support: _____
- Therapy / Counseling Appointments: _____
- Community Recovery Resources (KYARR approved): _____
- Life Skills / Vocational / Educational Supports: _____
- Health / Medical Support (if applicable): _____

6. Monitoring and Progress

(Describe how progress will be tracked and measured.)

- Frequency of check-ins: _____
- Method of progress tracking: _____

- Adjustments to plan if goals are not met: _____

7. Resident Acknowledgment

I acknowledge that this Individual Recovery Plan reflects my personal recovery goals, needs, and the support I wish to engage with during my recovery journey.

- **Resident Signature: _____ Date: ____ / ____ / _____**

8. Staff / Case Manager Acknowledgment

I have reviewed this IRP with the resident, provided guidance and support, and will assist in monitoring progress.

- **Staff Signature: _____ Date: ____ / ____ / _____**

9. Review / Update

(Required at least quarterly per KYARR standards or as needed based on resident progress.)

- **Next Review Date: ____ / ____ / _____**
- **Reviewer: _____**
- **Notes / Updates: _____**

30-Day Pre-Exit Planning Form

Peer Support Specialist Documentation – Resident Exit Preparation

Resident Information

- **Resident Name: _____**
- **Date of Entry: ____ / ____ / _____**
- **Projected Exit Date: ____ / ____ / _____**
- **Peer Support Specialist: _____**

1. Resident Goals for Exit

(Document the resident's personal goals and vision for life after leaving the residence.)

- Goal 1: _____
- Goal 2: _____
- Goal 3: _____

2. Strengths and Supports

(List the resident's strengths, skills, and supportive resources to assist during the transition.)

- Strengths: _____
- Supports (family, peers, sponsors, community resources): _____

_____

_____

3. Needs / Barriers to Successful Exit

(Identify challenges the resident may face when leaving.)

- Housing: _____
- Employment / Education: _____
- Transportation: _____
- Health / Behavioral Health Needs: _____
- Other barriers: _____

---

4. Pre-Exit Action Plan

(Peer Support Specialist to coordinate steps to address needs and prepare the resident.)

Area	Action Steps	Target Completion Date	Responsible Party	Notes/Updates
Housing				
Employment / Education				
Health / Medical				
Transportation				
Community Support				
Other				

5. Recovery and Safety Planning

(Document safety considerations, supports, and resources offered.)

- Discussed potential risks after leaving: ☐ Yes ☐ No
- Offered connection to community recovery resources: ☐ Yes ☐ No
- Offered crisis/safety hotline numbers: ☐ Yes ☐ No
- Encouraged development of relapse prevention plan: ☐ Yes ☐ No
- Other safety/recovery supports offered: _____

Resident Response / Input:

---

6. Follow-Up and Transition Planning

- Plan for wellness check calls post-exit: ☐ Yes ☐ No
- Plan to notify Program Manager/Director: ☐ Yes ☐ No
- Other follow-up actions: _____

---

7. Peer Support Specialist Signature

I have completed this 30-Day Pre-Exit Planning Form, provided guidance and recovery support to the resident, and will assist in transition planning as needed.

- **Signature:** _____
- **Date:** ____ / ____ / _____