107 Woodbine Place
Longview, TX 75601

Program: Person-Centered Plan AMH **Plan Type:** Person-Centered Recovery Plan MH **Start Date:** 07/11/2025 **Target Date:** 10/09/2025 **End Date:** 10/09/2025

Plan Type

Description:
Plan Type

Plan Length:
90 Days

Plan Type:
Review

Program/Level of Care

Description:
LOC

Program/Level of Care:
AMH LOC 4

Individual Strengths

Description:
Strengths

Individual Strengths:

Barriers to Recovery

Barriers

Description:

Recovery Goal

Goal

Description:

Established Date:
7/11/2025

Target Date:
10/9/2025

Recovery Goal Review Date:
7/11/2025

Recovery Goal Review Status:
Progress Made

Documentation of Progress and/or any Challenges :

Recovery Objective

Objective

Description:

Status:
Active

Established Date:
7/11/2025

Target Date:
10/9/2025

Recovery Objective Review Date:
7/11/2025

Recovery Objective Review Status:
Progress Made

Documentation of Progress and/or any Challenges :

Previous Documentation:

Intervention

Psychosocial Rehab Intervention

Description:

Established Date:
7/11/2025

Intervention:
Psych Rehab - Individual

Status:
Active

Frequency:
Two Days per Week

Duration:
1 hour

Quantity:
24

Intervention

E&M Intervention

Description:

Established Date:
7/11/2025

Intervention:
E&M Medication Management Svcs

Status:
Active

Frequency:
Monthly

Duration:
20 minutes

Quantity:
3

Intervention

Peer-to-Peer Services Intervention

Description:

Established Date:
7/11/2025

Intervention:
Peer-to-Peer Services - Individual

Status:
Active

Frequency:
Ad Hoc (as needed)

Discharge Plan

Description:

Acknowledgements

Description:
Description:
The people listed below were invovled in the development of this recovery plan as outlined on the previous pages, and we agree to work together to reach the stated goals and objectives within the specified period.
I received a copy of the community resources list relating to recovery supports for my local surrounding area.
The recovery plan has been reviewed and explained to me in language that I understand, and my rights have been reviewed with me. The individual/legally authorized representative signature below indicates that a copy of this recovery plan has been provided to the individual and/or legal guardian.

Plan Signatures

Employee Signature	Client Signature	MEMBER 1