

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

Dian Tuna					
Plan Type					
	Description:				
	Plan Type				
	Plan Length: 90 Days				
	Plan Type: Review				
	Review				
Program/Le	evel of Care				
	Description:				
	LOC				
	Program/Level of Care: AMH LOC 4				
	AMH LOC 4				
Individual S	trengths				
	Description:				
	Strengths				
	Individual Strengths:				
Barriers to Recovery					
	Barriers				
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	Description:				
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Goal Description: Established Date: 7/11/2025 Target Date: 10/9/2025 Recovery Goal Review Date: 7/11/2025 Recovery Goal Review Date: 7/11/2025 Recovery Goal Review Status: Progress Made Documentation of Progress and/or any Challenges:						
Description: Established Date: 7/11/2025 Target Date: 10/9/2025 Recovery Goal Review Date: 7/11/2025 Recovery Goal Review Status: Progress Made	Recovery Goa	Recovery Goal				
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Progress Made	7/	11/2025				
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	K(ecovery Goal Review Status:				
Documentation of Progress and/or any Challenges :	Г	Togress Made				
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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

	Peer-to-Pe	eer Services Intervention					
	Descriptio	n:					
	Establishe 7/11/2025						
	Intervention Peer-to-P	on: eer Services - Individual					
	Status: Active						
	Frequenc Ad Hoc (a	y: is needed)					
Discharge Pla	ın						
Description:							
Acknowledger	ments						
	Description:						
D	Description:	ware involved in the development of this	******	ny plan ao autlinad an			
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 Signature	es						
Emp	loyee Signature	Client Signature	\neg	MEMBER 1			
Emp	loyee Signature	Client Signature		MEMBER 1			

Intervention