



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

**SAMPLE
INDIVIDUALIZED MENTAL HEALTH/SUBSTANCE ABUSE
TREATMENT PLAN REVIEW**

Youth's Name _____ JJIS _____

Facility Name _____

Date of Review _____

1. DSM-IV-TR Diagnoses and Symptoms: INCLUDE ANY CHANGES IN DIAGNOSES AND REASON

Updated DSM-IV-TR Diagnoses	Reason for Update/Change in Diagnoses
Axis I	
Axis II	
Axis III	
Axis IV	
Axis V	

2. Mental Health and /or Substance Abuse Treatment Goals: INCLUDE PROGRESS MADE BY THE YOUTH IN MEETING EACH TREATMENT GOAL AND ANY CHANGES IN TREATMENT GOALS

Mental Health Treatment Goals:
Prior Goal:
Revised Goal:
Prior Goal:
Revised Goal:
Prior Goal:
Revised Goal:
Substance Abuse Treatment Goals:
Prior Goal:
Revised Goal:
Prior Goal:
Revised Goal:
Prior Goal:
Revised Goal:

3. Mental Health and /or Substance Abuse Treatment Objectives and Methods/Interventions:
INCLUDE STATUS/CHANGES IN OBJECTIVES, METHODS/INTERVENTIONS, TARGET DATES

Symptoms	Objectives (Measurable and Achievable)	Methods/Interventions (Duration, Amount and Frequency)	Target Dates
Prior:			
Revised:			
Prior:			
Revised:			
Prior:			
Revised:			
Prior:			
Revised:			
Psychiatric Services: (For youths receiving psychiatric care, record changes in: 1. Psychotropic medications prescribed; and 2. Frequency of monitoring by a psychiatrist).			

4. Summary of Treatment Plan Review:

_____	_____
Youth's Signature/Date	Parent/Guardian's Signature/Date
_____	_____
Mental Health/Substance Abuse Clinical Staff Signature/Date	Treatment Team Member Signature/Date
_____	_____
Licensed Mental Health/Substance Abuse Professional's Signature/Date	Treatment Team Member Signature/Date
_____	_____
Treatment Team Member Signature/Date	Treatment Team Member Signature/Date