## FLORIDA OF JUVETILE SINSTICE

## FLORIDA DEPARTMENT OF JUVENILE JUSTICE

## SAMPLE INDIVIDUALIZED MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT PLAN

Youth's Name			
DOB	Sex	Race	JJIS#
Facility Name			
1. DSM-IV-TR or DSM-5 Diagnoses and Symptoms			
DSM-IV-TR Diagnoses		Symptoms	
Axis I			
Axis II			
Axis III			
Axis IV			
Axis V (GAF)			
Title V (G/III)			
DSM-5 Diagnoses		Symptoms	
2. Mental Health and/or Substance Abuse Treatment Goals:			
Mental Health Treatment Goals:			
Substance Abuse Treatment Goals:			

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3. Mental Health and/or Substance Abuse Treatment Objectives and Methods/Interventions **Symptoms** Objectives Methods/Interventions Target (Measurable and Achievable) (Duration, Amount and Frequency) **Dates** 4. Psychiatric Services: (For youths receiving psychiatric care, record 1. Psychotropic medications currently prescribed; and 2. Frequency of monitoring by a psychiatrist). 5. Youth and family strengths and needs: (Strengths and needs which may effect his/her success in achieving mental health/substance abuse treatment goals.) 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 Treatment Team Member Signature/Date Signature/Date Treatment Team Member Signature/Date Treatment Team Member Signature/Date