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 or DSM-5 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	
Updated DSM-5 Diagnoses	Reason for Update/Change in Diagnoses

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