



**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 Diagnoses and Symptoms

DSM-IV-TR Diagnoses	Symptoms
Axis I	
Axis II	
Axis III	
Axis IV	
Axis V (GAF)	

2. Mental Health and/or Substance Abuse Treatment Goals:

Mental Health Treatment Goals:
Substance Abuse Treatment Goals:

**3. Mental Health and/or Substance Abuse Treatment Objectives and Methods/Interventions**

Symptoms	Objectives (Measurable and Achievable)	Methods/Interventions (Duration, Amount and Frequency)	Target 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  
Signature/Date

\_\_\_\_\_  
Treatment Team Member Signature/Date

\_\_\_\_\_  
Treatment Team Member Signature/Date

\_\_\_\_\_  
Treatment Team Member Signature/Date