



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

SAMPLE INITIAL MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT PLAN

Youth's Name _____

DOB _____ Sex _____ Race _____ JJIS No. _____

Facility Name _____ Circuit _____

1. Reason for Mental Health/Substance Abuse Treatment:

2. Initial Diagnostic Impression or Presenting Symptoms:

Initial DSM-IV-TR Diagnoses

Table with 5 columns: Axis I, Axis II, Axis III, Axis IV, Axis V (GAF). Below the table is a shaded row for 'Presenting Symptoms' and a large empty box for notes.

3. Initial Treatment Methods: (Describe treatment methods, duration, amount and frequency of mental health and/or substance abuse services. For youths receiving psychiatric care, record: 1. Psychotropic medications currently prescribed; and 2. Frequency of monitoring by a psychiatrist).

Multiple horizontal lines for writing treatment methods.

4. Initial Treatment Goals and Objectives-

Table with alternating rows for 'Goal:' and 'Objective:' for three different 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 Professional's or CAP Signature/Date

Treatment Team Member Signature/Date