

UPDATED TREATMENT PLAN

State of Michigan
Department of Human Services
Bureau of Juvenile Justice

	Period Covered	to
CASE NAME	DATE OF BIRTH	DHS CASE #
COUNTY	ADMISSION DATE	JJOLT #
JJS	NAME OF FACILITY	COURT CASE #
PHONE #:		COURT
TREATMENT LEADER	CURRENT SECURITY LEVEL	HIGHEST ADJUDICATED OFFENSE
PHONE #:		COMMITMENT DATE
VICTIM NOTIFICATION REQUEST	MOST RECENT RISK LEVEL	MONTHS IN TREATMENT
Yes <input type="checkbox"/> No <input type="checkbox"/>		DATES COVERED
PARENT or GUARDIAN'S NAME(S)		
PHONE #:		

I. COURT UPDATE

"Click Here and Type"

II. SUMMARY FOR COURT

Describe:

1. The services and programs currently being utilized by, or offered to, the juvenile and the juvenile's participation in those services or programs (including education, counseling and work programs), which are not included in section IV below.
"Click Here and Type"
2. The juveniles willingness to accept responsibility for prior behavior.
"Click Here and Type"
3. The juvenile's behavior in the current placement.
"Click Here and Type"
4. The juvenile's efforts toward rehabilitation.
"Click Here and Type"
5. The physical and mental maturity of the juvenile as they relate to the prior record and character of the juvenile.
"Click Here and Type"
6. The juveniles potential for violent conduct as demonstrated by prior behavior.
"Click Here and Type"
7. Eligible for release based on the DHS risk reassessment instrument? Make a recommendation for the youth's release or continued custody.
"Click Here and Type"

III. CASE MANAGEMENT

A. Contacts

Date	Person Contacted	Type of Contact	Purpose
"Click/Type"			

B. Participants:

Resident:	Gave Input	<input type="checkbox"/>	Did Not Give Input	<input type="checkbox"/>
Parent/Guardian:	Gave Input	<input type="checkbox"/>	Did Not Give Input	<input type="checkbox"/>
JJS:	Gave Input	<input type="checkbox"/>	Did Not Give Input	<input type="checkbox"/>
YGL/SW:	Gave Input	<input type="checkbox"/>	Did Not Give Input	<input type="checkbox"/>
Other:	Gave Input	<input type="checkbox"/>	Did Not Give Input	<input type="checkbox"/>

C. If listed participant did not give input, document the reason.

["Click Here and Type"](#)

IV. PROGRESS MADE TOWARDS MEETING TREATMENT GOALS ESTABLISHED IN THE PREVIOUS TREATMENT PLAN.

["Click Here and Type"](#)

V. PROGRESS MADE TOWARDS MEETING THE REINTEGRATION PLAN ESTABLISHED IN THE PREVIOUS TREATMENT PLAN.

The Reintegration plan must address the following areas:

- Education
- Ability to obtain and maintain adequate housing
- Ability to manage resources
- Sufficient living skills to live independently
- Realistic goals and expectations
- Acceptable interpersonal relationships
- Economic self sufficiency
- Other

["Click Here and Type"](#)

VI. PROJECTED LENGTH OF STAY:

["Click Here and Type"](#)

VII. PROJECTED RELEASE TO (OR NEXT PLACEMENT):

["Click Here and Type"](#)

VIII. SEX OFFENDER REGISTRATION AND DNA PROFILE (Have applicable forms been completed and submitted, if applicable):

["Click Here and Type"](#)

IX. NEXT TREATMENT PLAN UPDATE DUE (A maximum of 3 months from the date of this report):

["Click Here and Type"](#)

Prepared by:

TREATMENT LEADER

COMPLETION DATE: ["Click Here and Type"](#)

Approved by:

cc:

Attachments:

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your county.	AUTHORITY: PA 280 OF 1939 PENALTY: None	COMPLETION: Voluntary
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