



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

FOLLOW-UP ASSESSMENT OF SUICIDE RISK

Youth's Name _____

JJIS Number _____ **Sex** _____ **Race** _____ **DOB** _____

Facility/Program _____ **Circuit** _____

2. METHOD OF ASSESSMENT: (FOLLOW-UP ASSESSMENT MUST INCLUDE INTERVIEW WITH YOUTH AND COLLATERAL INFORMANTS)

- Review of DJJ file Interview with Parent
 Interview with youth Interview with Facility Nurse, Direct Care Staff, Facility Administration (Circle one)
 Depression Inventory Suicide Risk Index/Questionnaire/Rating Scale (Attach Instrument)

3. CURRENT MENTAL STATUS: (Place ✓ in applicable box)

	WNL*	MODERATE	SERIOUS	SEVERE
Appearance	WNL	Appears dirty, disheveled, unkempt	Severe body odor and poor hygiene evident	Smells of urine or feces
Attitude during Interview	WNL	Moderately uncooperative but otherwise appropriate to situation	Markedly inappropriate (e.g., irritable, seductive, aggressive) to situation	Extremely inappropriate to situation
Motoric Behavior	WNL	Some physical motor retardation or motor agitation	Serious psychomotor retardation or agitation	Severe physical motor retardation or agitation
Hostility or Irritability	WNL	Appears angry and admits anger	Verbally abusive	Physically threatening
Affect	WNL	Minimal spontaneous affect or strange affect observed	Blunted affect or affect incongruous with thoughts	Unchanging affect or bizarre actions
Depression	WNL	Appears sad and reports sadness	Cries excessively, sleep or appetite disturbance	Depressed and thinks about death or suicide
Anxiety	WNL	Reports periods of persistent tension or unexplained fears	Frightened, shaky, panic attack, hyperventilation within past 3 months.	Hyperventilation or panic attacks within past month
Speech	WNL	Pressured or latency of speech	One word responses with no elaboration	Slurring, mute or incoherent
Insight and Judgment	WNL	Limited judgment and insight	Poor judgment and insight	Impaired judgment
Perceptual Disorders	None	Feelings of unreality but denies hallucinations	Reports hallucination within the past month	Appears to be having hallucinations

*WNL = WITHIN NORMAL LIMITS

4. CURRENT/RECENT SUICIDE RISK INDICATORS (Record youth's statements and collateral information)

Yes	No	
		Is the youth currently thinking about hurting or killing himself or herself?
		Does the youth have a plan/method for self-injury or suicide?
		Is the youth currently self-injurious or has recently been self-injurious?
		Does the youth express hopelessness/helplessness?
		Has the youth experienced a recent significant loss, trauma or significant stressors?
		Does the youth have medical problems (sickness, somatic complaints or chronic illness)?
		Has there been recent behavioral changes or overt change in the youth's clinical condition?
		Does the youth exhibit neurovegetative signs of depression?

5. DEGREE OF DANGEROUSNESS YOUTH PRESENTS TO SELF: (Address and check off each indicator listed)

IMMINENCE OF BEHAVIOR

- no recent or current suicidal thoughts or suicide risk behaviors
- recent or current non-specific thoughts of death
- recent or current specific thoughts of suicide or self-injury
- recent or current self-injurious behaviors

Comments: _____

INTENT OF BEHAVIOR

- no recent or current desire to die or harm self
- recently or currently feels would be better off dead
- recent or currently wants to hurt him/herself
- recently or currently wants to die/has lost the will to live

Comments: _____

PLAN

- denies plans to harm self
- detailed plan in the past, not at present
- current non-specific/vague plan
- current specific plan for self-injury or suicide

Comments: _____

LETHALITY

- denies plan to harm self
- unclear plan, lethality cannot be determined
- plan for self-injury could result in serious harm & could be lethal
- plan, if carried out would be lethal

Comments: _____

6. IS YOUTH A POTENTIAL SUICIDE RISK? Yes _____ No _____

SUMMARY OF FINDINGS WHICH SUPPORT YOUR CONCLUSION:

7. RECOMMENDATIONS REGARDING SUICIDE PRECAUTIONS:

Emergency Transport (Baker Act)

NOTE: Youth presenting an imminent threat of suicide must be transported for emergency care.

Precautionary Observation

- Continue youth on Precautionary Observation
- Move youth from Precautionary Observation to Secure Observation
- Discontinue Precautionary Observation and transition youth to Close Supervision

Secure Observation

- Continue Secure Observation
- Move youth from Secure Observation to Precautionary Observation
- Discontinue Secure Observation and transition youth to Close Supervision

NOTE: Any discontinuation of Precautionary Observation or Secure Observation requires completion of the "Request for Discontinuation of Suicide Precautions" on page 4 of this form.

8. RECOMMENDATIONS FOR TREATMENT OR FOLLOW-UP:

9. CONSULTATION WITH LICENSED MENTAL HEALTH PROFESSIONAL: _____

10. CONFERRED WITH FACILITY SUPERINTENDENT/DIRECTOR OR DESIGNEE:

11. NOTIFICATIONS (IF APPLICABLE):

Parent/Legal Guardian

Name: _____
 Notified by: Telephone Letter E-mail
 Date: _____ Time: _____

Juvenile Probation Officer (JPO)

Name: _____
 Notified by: Telephone E-mail
 Date: _____ Time: _____

Outside Provider

Name: _____
 Notified by: Telephone E-mail
 Date: _____ Time: _____

Completed By: _____
 Mental Health Clinical Staff Person's Signature, Title

 Date Time

Reviewed By: _____
 Licensed Mental Health Professional's Signature, Title

 Date Time

Reviewed By: _____
 Facility Superintendent/Program Director/Designee Signature

 Date Time

REQUEST FOR DISCONTINUATION OF SUICIDE PRECAUTIONS

I am requesting that this youth be:

TRANSITIONED TO NORMAL ROUTINE	
	Discontinued from Precautionary Observation and transitioned to Close Supervision
	Discontinued from Precautionary Observation and placed on standard supervision
	Discontinued from Secure Observation and transitioned to Close Supervision

Mental Health Disposition Notes: (Document below the licensed mental health professional's review and concurrence with discontinuation of Suicide Precautions. Also document below any instructions or recommendations made by the licensed mental health professional).

MENTAL HEALTH CLINICAL STAFF PERSON'S SIGNATURE	DATE	TIME
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NOTE: Documentation of the licensed mental health professional's review and concurrence with *Assessment of Suicide Risk* findings is required prior to the youth's removal from suicide precautions and transition to normal routine. Documentation must clearly specify that the licensed mental health professional concurs with the youth's removal from suicide precautions and any instructions or recommendations made by the licensed professional.

**Facility Superintendent/Program Director's or Designee's
Authorization to Discontinue Suicide Precautions:**

YES NO

Licensed Mental Health Professional has conferred with Facility Superintendent/Program Director or Designee

Facility Superintendent/Program Director or Designee authorizes discontinuation of suicide precautions

Comments:

Facility Superintendent/Program Director or Designee Signature	Date	Time
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**Clinical Review
(Licensed Mental Health Professional's Review and Comments)**

Comments:

Licensed Mental Health Professional's Signature	Date	Time
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