

# OHS WEB FORMS

DFMS conversion to JJIS

JJIS WEB

Automated Emails

File Message

Ignore X Delete Reply Reply All Forward More Meeting

To Manager Team E-mail Done Reply & Delete Create New

Rules OneNote Actions Move Mark Unread Categorize Follow Up Translate Find Related Select

Delete Respond Quick Steps Move Tags Editing

Navigation icons: Back, Forward, Home, Stop, Print, Refresh

From: DJJ Mail <noreply@noreply.com> Sent: Tue 7/23/2013  
To: Paruchuri, Mohana; Kati, Sridhar; Arnold, Sharon  
Cc:  
Subject: QT- Sick Call Request from OHS Web Forms

Progress bar with numbers 1 through 9

**A sick call request was submitted on 07/23/13 11:28:30 AM for Youth Name, DJJID**

Reason: Medical  
Complaint: Youth states he has a sore throat

Submitted by: Senita Elder-washington 07/23/13 11:28:30 AM

Automated email is sent to: nursing staff, JDO Supervisor, Facility Superintendent.

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Quick Steps

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Mark Unread Categorize Follow Up Tags

Translate Find Related Select Editing

Print Refresh Undo Redo Copy Paste

From: (Do Not Reply) DJJ Mail <DoNotReply@DoNotReply.com> Sent: Fri 7/12/20  
To: Arnold, Sharon  
Cc:  
Subject: - Mental Health Referral from OHS Web Forms

1 2 3 4 5 6 7 8 9

**A Mental Health/Substance Abuse Referral was submitted on 07/12/13 7:31:27 PM for Youth Name, DJJID**

Reason: Youth attempted suicide in JAC

Submitted by: LicensedMH OHS, Licensed MH 07/12/13 7:31:27 PM

The Mental Health/Substance Abuse Referral will remain open in JJIS until a mental health or substance abuse clinical staff person reviews and closes the referral form in JJIS.

Automated email is sent to: mental health/substance abuse staff, JDO Supervisor, Facility Superintendent

File Message

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To Manager Team E-mail Done Reply & Delete Create New Quick Steps

Rules OneNote Actions Move Move Tags Editing

Mark Unread Categorize Follow Up Find Related Select Translate

Print Refresh Undo Redo Copy Paste

From: (Do Not Reply) DJJ Mail <DoNotReply@DoNotReply.com> Sent: Fri 7/12/20  
To: Arnold, Sharon  
Cc:  
Subject: - Youth Individualized Treatment Plan Notification from OHS Web Forms

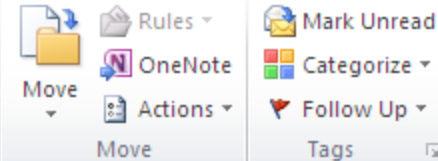
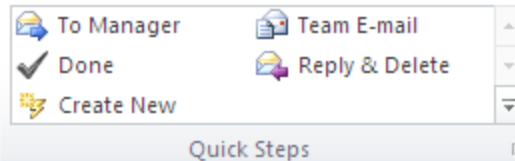
1 2 3 4 5 6 7 8 9

**THE INDIVIDUALIZED TREATMENT PLAN FOR YOUTH: Youth Name, DJJID HAS BEEN COMPLETED BY LICENSED OHS, LICENSED MH 07/12/13 8:13:40 PM**

The Individualized mental health treatment plan or Individualized substance abuse treatment plan must be signed and dated by the mental health clinical staff person (for the individualized mental health treatment plan) or the substance abuse clinical staff person (for the individualized substance abuse treatment plan) and the youth. The plan must be reviewed and signed "as reviewer" by a licensed mental health professional (for the individualized mental health treatment plan) or qualified professional under Chapter 397.311(25) F.S., and in accordance with Rule 65D-30.003(15) FAC (for an individualized substance abuse treatment plan) within 10 days of completion.

Automated email is sent to: mental health/substance abuse staff, JDO Supervisor, Facility Superintendent

File Message



From: DJJ Mail <noreply@noreply.com>  
To: Paruchuri, Mohana; Kati, Sridhar; Arnold, Sharon  
Cc:  
Subject: QT- Youth ASR Notification

Sent: Tue 7/23/2013

THE ASSESSMENT OF SUICIDE RISK FOR YOUTH Youth Name HAS BEEN COMPLETED BY Mental, Health, L C S W on 07/23/2013 11:16 AM

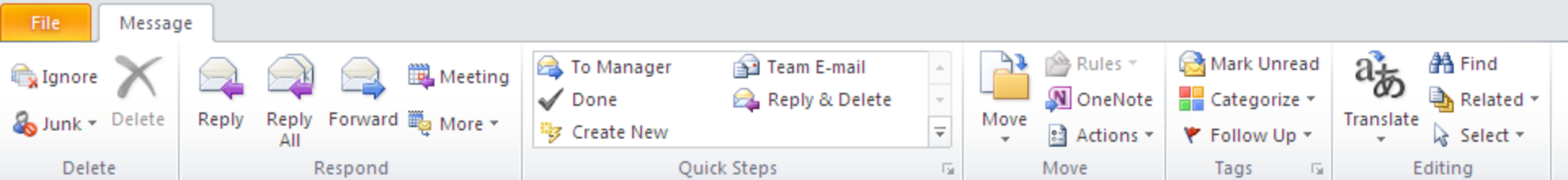
Continue youth on Precautionary Observation

Recommendation: ddfhdhdhhhh

The Assessment of Suicide Risk Form must be signed and dated by the mental health clinical staff person conducting the assessment. If the assessment of suicide risk is conducted by a non-licensed mental health clinical staff person a licensed mental health professional must review, sign as a reviewer, and date the assessment. The licensed mental health professional must sign the Assessment of Suicide Risk Form the next scheduled time he/she is on site in accordance with Chapter 7 of the Mental Health Manual.

The superintendent or program director or his/her designee is responsible for reviewing assessment of suicide risk findings and recommendations and ensuring that procedures are in place to follow findings and recommendations pertaining to monitoring and supervision. Administrative and/or supervisory staff instructions with regard to the assessment of suicide risk findings and recommendations and Suicide Precaution decisions must be documented in the facility log in accordance with facility operating procedures and on the Assessment of Suicide Risk form

Automated email is sent to: mental health/substance abuse staff, JDO Supervisor, Facility Superintendent



From: DJJ Mail <noreply@noreply.com>  
To: Paruchuri, Mohana; Kati, Sridhar; Arnold, Sharon  
Cc:  
Subject: QT- Youth Assessment Disposition Notification

Sent: Tue 7/23/2013

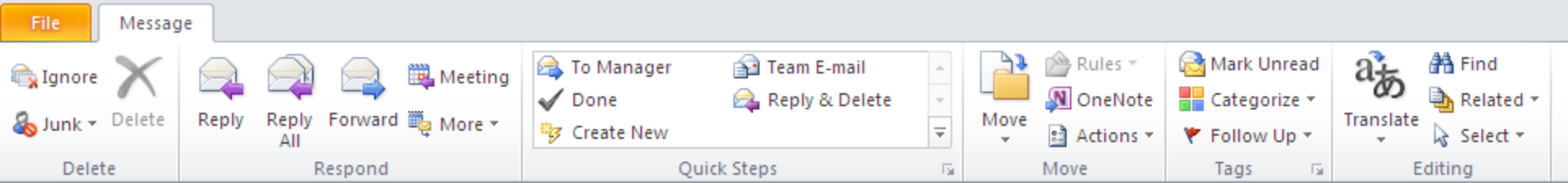
THE ASSESSMENT DISPOSITION FOR Youth Name, DJJID HAS BEEN COMPLETED BY Mental, Health, L C S W on 07/23/2013 11:17 AM

The assessment of suicide risk or follow-up assessment of suicide risk findings and recommendations must be reviewed by the superintendent/program director or designee. Based upon the assessment of suicide risk findings, the licensed mental health professional and facility superintendent/program director or designee will determine and document the appropriate course of action to be taken with regard to continued Suicide Precautions.

Documentation that the licensed mental health professional concurs with the youths removal from Precautionary Observation and the facility superintendent/program director or designee's written authorization is required for removal of a youth from Precautionary Observation in accordance with Chapter 7 of the Mental Health Manual.

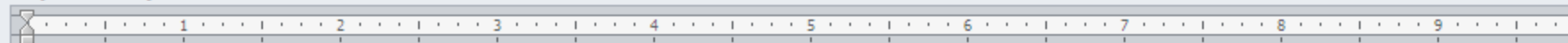
Discontinuation of Precautionary Observation and step-down to Close Supervision must be documented by the mental health clinical staff and superintendent/program director, or designee, on the "Assessment of Suicide Risk" or "Follow-Up Assessment of Suicide Risk form.

Automated email is sent to: mental health/substance abuse staff, JDO Supervisor, Facility Superintendent



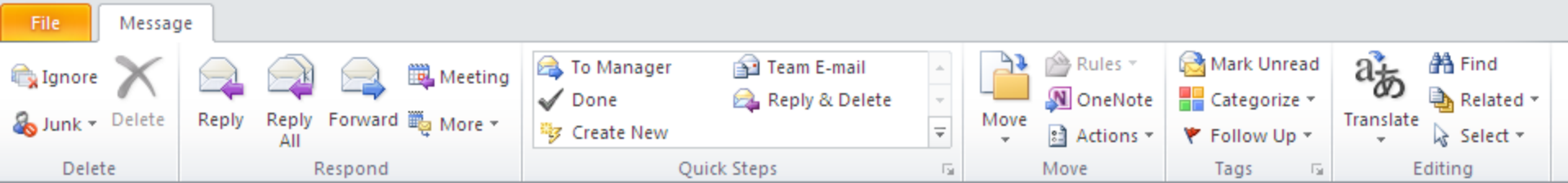
From: DJJ Mail <noreply@noreply.com>  
To: Paruchuri, Mohana; Kati, Sridhar; Arnold, Sharon  
Cc:  
Subject: QT- Youth Crisis Assessment Notification

Sent: Tue 7/23/2013



A Crisis Assessment For **Youth Name, DJJID** Has Been Completed By Mental, Health, L C S W On 07/23/2013 11:23 AM

Automated email is sent to: mental health/substance abuse staff, JDO Supervisor, Facility Superintendent



From: DJJ Mail <noreply@noreply.com>  
To: Paruchuri, Mohana; Kati, Sridhar; Arnold, Sharon  
Cc:  
Subject: QT- Youth Individualized Treatment Plan Review Notification from OHS Web Forms

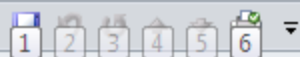
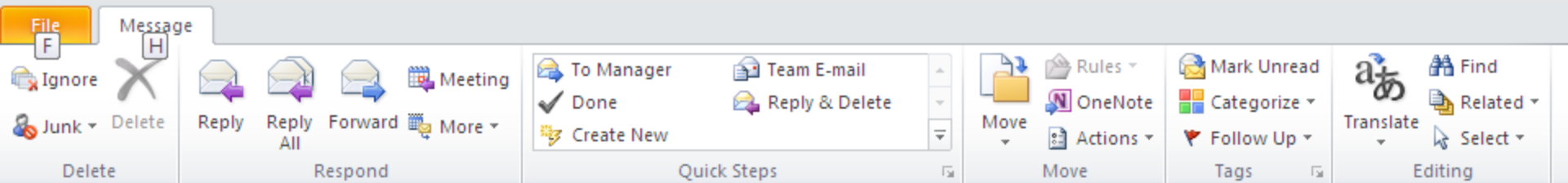
Sent: Tue 7/23/2013

**THE INDIVIDUALIZED TREATMENT PLAN REVIEW FOR YOUTH: Youth Name, DJJID HAS BEEN COMPLETED BY CLINICALMH CLINICALMH, 07/23/13 10:07:02 AM**

The Individualized mental health treatment plan or Individualized substance abuse treatment plan must be signed and dated by the mental health clinical staff person (for the individualized mental health treatment plan) or the substance abuse clinical staff person (for the individualized substance abuse treatment plan) and the youth. The plan must be reviewed and signed "as reviewer" by a licensed mental health professional (for the individualized mental health treatment plan) or qualified professional under Chapter 397.311(25) F.S., and in accordance with Rule 65D-30.003(15) FAC (for an individualized substance abuse treatment plan) within 10 days of completion.

Automated email is sent to: mental health/substance abuse staff, JDO Supervisor, Facility Superintendent





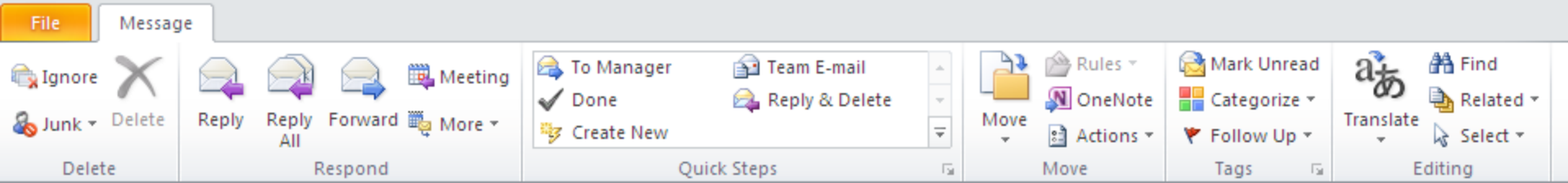
From: DJJ Mail <noreply@noreply.com>  
To: Paruchuri, Mohana; Kati, Sridhar; Arnold, Sharon  
Cc:  
Subject: QT- Youth Initial Treatment Plan Notification from OHS Web Forms

Sent: Tue 7/23/20

**THE INITIAL TREATMENT PLAN FOR YOUTH: Youth Name, DJJID HAS BEEN COMPLETED BY CLINICALMH CLINICALMH, 07/23/13 9:57:17 AM**

The initial mental health treatment plan or initial substance abuse treatment plan must be signed and dated by the mental health clinical staff person (for the initial mental health treatment plan) or the substance abuse clinical staff person (for the initial substance abuse treatment plan) and the youth. The plan must be reviewed and signed "as reviewer" by a licensed mental health professional (for the initial mental health treatment plan) or qualified professional under Chapter 397.311(25) F.S., and in accordance with Rule 65D-30.003(15) FAC (for an initial substance abuse treatment plan) within 10 days of completion.

Automated email is sent to: mental health/substance abuse staff, JDO Supervisor, Facility Superintendent



From: DJJ Mail <noreply@noreply.com>  
To: Paruchuri, Mohana; Kati, Sridhar; Arnold, Sharon  
Cc:  
Subject: QT- Youth MH/SA Treatment Discharge Summary Notification from OHS Web Forms

Sent: Tue 7/23/2013

**THE MH/SA TREATMENT DISCHARGE SUMMARY FOR YOUTH:  
COMPLETED BY HEALTH MENTAL, L C S W 07/23/13 11:37:25 AM**

Youth Name, DJJID

**HAS BEEN**

The Individualized mental health treatment plan or Individualized substance abuse treatment plan must be signed and dated by the mental health clinical staff person (for the individualized mental health treatment plan) or the substance abuse clinical staff person (for the individualized substance abuse treatment plan) and the youth. The plan must be reviewed and signed "as reviewer" by a licensed mental health professional (for the individualized mental health treatment plan) or qualified professional under Chapter 397.311(25) F.S., and in accordance with Rule 65D-30.003(15) FAC (for an individualized substance abuse treatment plan) within 10 days of completion.

Automated email is sent to: mental health/substance abuse staff, JDO Supervisor,  
Facility Superintendent