

# OFFICE OF HEALTH SERVICES

## ELECTRONIC MEDICAL RECORD

Mental Health and Substance Abuse Services Forms  
November 2015

# PERMISSION LEVELS

## MEDICAL

- Medical ARNP
- Medical RN
- Medical LPN
- Medical Clerk
- Regional Nursing Consultant

## MENTAL HEALTH

- Clinical Staff MH
- Clinical Staff SA
- Clinical Staff MH/SA
- Licensed MH
- Licensed SA or Certified Addiction Professional
- Licensed MH/SA
- Treatment Team Member

# NOTES

- All fields with Red “\*” are mandatory
- Text boxes have a minimum of 15 characters, maximum varies.
- Even if answer is NO, a narrative is required, even if it’s “Not Applicable”
- Most text boxes have spell check
- To enter an Electronic Signature, confirm name, username and enter JJIS password

## Department of Juvenile Justice System Login



From JJIS System Login, enter User Name and password, select OHS EMR Module and click "Login"

*JJIS information is confidential. Users are required by law to maintain this confidentiality and use the information only for Department of Juvenile Justice approved purposes.*

*Failure to follow these restrictions may result in civil or criminal penalties.*

*Additional information is available on the DJJ website at:*

*<http://www.djj.state.fl.us/partners/data-integrity-jjis/access-agreements-policies>*

User Name: \*   
Password: \*   
System: \*  ▼  
☐ Change Password?

JJIS Help Desk (850) 921-7832

- ...
- Alerts
- CCC
- Electronic Educational Exit Plan
- JJIS
- OHS EMR Module
- Prevention Web
- RSMS
- SVS



## DEPARTMENT OF JUVENILE JUSTICE

### Electronic Medical Records

[Logout](#)

#### Protection of Confidentiality and Security of Healthcare Information.

Access to the Electronic Medical Record and healthcare information is limited to authorized persons with a need to know, to the extent necessary, to perform their job duties. The individual authorized to access a youth's Electronic Medical Record and healthcare information must utilize the User ID, password and electronic signature assigned to him/her by the Department of Juvenile Justice (DJJ). The individual understands that when an authorized individual's User ID and password are used to gain access to the Electronic Medical Record, the User, time of access and healthcare record accessed will be recorded and tracked in the JJIS System, and is subject to audit by the Department.

The confidentiality of healthcare information in the Electronic Medical Record must be maintained as set forth in Federal and State laws, DJJ rules and policies concerning the confidentiality, privacy, security, use and disclosure of healthcare information. Specific State and Federal requirements regarding the protection of healthcare records, particularly substance abuse records, mental health records and HIV-related information which prohibits release or further disclosure of said information without written consent must be followed. The individual understands that any violation of State and Federal law, DJJ rules and policies regarding confidentiality of healthcare information may result in disciplinary action, termination of employment and/or legal action.

☐ I agree to the DJJ Office of Health Services Terms and Conditions

User Name:

Program Name:

Click [here](#) if you experience problems with the DJJ security certificate.

Select program/facility name from the drop down.  
Click on GO.  
Options are limited based on your permission profile



Read the confidentiality statement and check the box to agree to the terms and conditions.

#### OUR VISION

The children and families of Florida will live in safe, nurturing communities that provide for their needs, recognize their strengths and support their success.

#### OUR MISSION

To increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services that strengthen families and turn around the lives of troubled youth.

**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records

User Role: Licensed MH/SA [Logout](#)

[Home](#) **Active Youth:**  [\(Facesheet\)](#) [\(PACT\)](#) [\(PACT MHSA Referral\)](#) [\(Alerts Module\)](#)

**Youth Search** <<

**Active Program:**  
Duval Regional Juvenile Detention Center  
**Duval Regional Juvenile Detention Center**  
Facility Youth Listing: ( 69 total )

Facility Youth listed here

MH Referral / Sick Call / MH Review  
Mental Health Forms  
Medical Forms  
Upload Library  
Youth History  
Pending Actions - 29

**Menu Options**  
– Varies with Permissions

**OUR VISION**  
The children and families of Florida will be safe, nurturing communities that provide for their needs, recognize their strengths, and support their growth.

**OUR MISSION**  
To increase public safety by providing effective prevention, intervention and treatment services that improve the lives of troubled youth.

**FLORIDA DEPARTMENT OF JUVENILE JUSTICE**  
GREAT SEAL OF THE STATE OF FLORIDA  
IN GOD WE TRUST

Active Youth and Links

- All youth currently located in the facility/program will appear on tool bar located on left side
- Select youth or complete a youth search
- Once an identified youth is selected s/he will appear as “Active Youth”
- To hide youth listing tool bar click on “<<” button
- To bring back youth listing tool bar click on “>>” button
- To see menu options click on link desired
- **IMPORTANT** – Check the “Active Youth” listed to ensure the correct youth has been selected (the youth you want to work with)

## MENTAL HEALTH PRACTICE

Mental Health Options are found in two places,  
MH Referral / Sick Call and Mental Health Forms

### MH Referral:

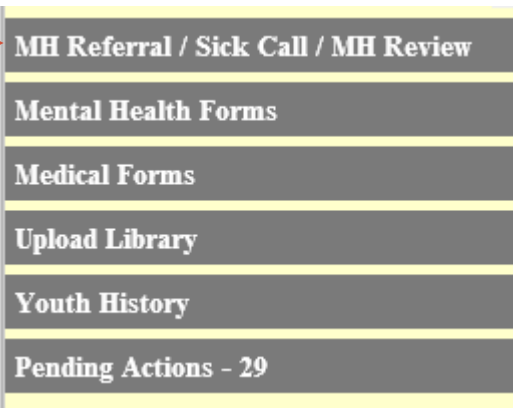
- [MH/SA Referral Summary](#)
- [MH/SA Referral Review](#)

### Sick Call:

- [Sick Call Initiation](#)
- [Sick Call Review](#)

### Mental Health Forms Review

- [Mental Health Forms Review](#)



#### Sample Forms

- Chronologicals
- Close Supervision - Visual Checks Log (PDF)
- Counseling/Therapy Progress Notes
- Crisis Assessment
- Documentation of Non-Licensed MH Clinical Staff Person's Training in Assessment of SR (PDF)
- Indiv. MH/SA Treatment Plan
- Indiv. MH/SA Treatment Plan Review
- Initial MH/SA Treatment Plan
- Licensed Mental Health Professionals and Substance Abuse Professionals Direct Supervision Log (PDF)
- Mental Health Alert - Observation Log (PDF)
- Mental Health Forms Review
- MH/SA Referral Review
- MH/SA Referral Summary**
- Youth Consent for Release of SA Treatment Records
- Youth Consent for SA Treatment

#### Standardized Forms

- Acknowledgment of Receipt of CPPN or Practitioner Form (PDF)
- Assessment of Suicide Risk
- Authority For Evaluation and Treatment
- Clinical Psychotropic Progress Note (PDF)
- Clinical Psychotropic Progress Note Part B (PDF)
- Detention Suicide Risk Parent/Guardian Notification (PDF)
- Follow-up Assessment of Suicide Risk
- Health Status Checklist
- Limited Consent for Evaluation and Treatment (PDF)
- MAYSI Questionnaire
- MH/SA Treatment Discharge Summary
- PACT MH/SA Screening Report and Referral
- Substance Abuse and Mental Health Assessment
- Suicide Precautions-Observation Log (PDF)
- Suicide Risk Screening Instrument - General Directions (PDF)
- Suicide Risk Screening Instrument(SRSI)
- Suicide Risk Screening Parent/Guardian Notification (PDF)

## MH/SA Referral Summary

<< Please minimize number of upper case letters to retain report layout.

**Youth Search**

Active Program:  
Duval Regional Juvenile Detention Centre ▼

**Duval Regional Juvenile Detention Center**

Facility Youth Listing: ( 69 total )

Facility Youth listed here

**MH Referral:**

- [MH/SA Referral Summary](#)
- [MH/SA Referral Review](#)

**Sick Call:**

- [Sick Call Initiation](#)
- [Call Review](#)

**Mental Health Forms Review**

- [Mental Health Forms Review](#)

**MH Referral / Sick Call / MH Review**

**Mental Health Forms**

**Medical Forms**

**Upload Library**

**Youth History**

**Pending Actions - 29**

Two ways to submit MH/SA Referral  
Option 1

1. Select youth from facility list  
2. Click on MH Referral/Sick Call  
3. Click on MH/SA Referral Summary

1

2

3



## MH/SA Referral Summary

The screenshot shows a web application interface for managing youth referrals. On the left is a sidebar with a 'Youth Search' section containing a dropdown for 'Active Program' (set to 'Duval Regional Juvenile Detention Center') and a 'Facility Youth Listing: ( 69 total )' box. Below this are buttons for 'MH Referral / Sick Call / MH Review', 'Mental Health Forms', 'Medical Forms', 'Upload Library', 'Youth History', and 'Pending Actions - 29'. The main area on the right displays a list of documents under 'Sample Forms' and 'Standardized Forms'. Red arrows with numbers 1 through 4 point to specific elements: arrow 1 points to the 'Facility Youth Listing' box; arrow 2 points to the 'Mental Health Forms' button; arrow 3 points to the 'Sample Forms' folder; and arrow 4 points to the 'MH/SA Referral Summary' document link.

**Youth Search**

Active Program:  
Duval Regional Juvenile Detention Center

**Duval Regional Juvenile Detention Center**

Facility Youth Listing: ( 69 total )

Facility Youth listed here

**MH Referral / Sick Call / MH Review**

**Mental Health Forms**

Medical Forms

Upload Library

Youth History

Pending Actions - 29

**Sample Forms**

- Chronologicals
- Close Supervision - Visual Checks Log (PDF)
- Counseling/Therapy Progress Notes
- Crisis Assessment
- Documentation of Non-Licensed MH Clinical Staff Person's Training in Assessment of SR (PDF)
- Indiv. MH/SA Treatment Plan
- Indiv. MH/SA Treatment Plan Review
- Initial MH/SA Treatment Plan
- Licensed Mental Health Professionals and Substance Abuse Professionals Direct Supervision Log (PDF)
- Mental Health Alert - Observation Log (PDF)
- Mental Health Forms Review
- MH/SA Referral Review
- MH/SA Referral Summary**
- Youth Consent for Release of SA
- Youth Consent for SA Treatment

**Standardized Forms**

Two ways to submit  
MH/SA Referral  
Option 2

1. Select youth from facility list
2. Click on Mental Health Forms
3. Click on Sample Forms
4. Click on MH/SA Referral Summary

Once you select the MH/SA referral summary, click on drop down box to see if there are OPEN and/or PENDING records.  
To add a new referral, click add new referral summary.

The screenshot displays the 'Youth Search' interface. On the left is a sidebar with a search filter for 'Collier Regional Juvenile Detention Center' and a list of facility youth. The main area shows search criteria: 'Youth's Name', 'DOB', 'Sex: Male', 'Race: White', and 'DJJID'. Below these is the 'MH / SA Referral Summary Records' section, which currently shows 'No Records Found'. A dropdown menu is open, showing options: 'Open', 'Pending Review for MH/SA Staff', 'Pending Review for Superintendent/Designee', and 'Closed'. A red arrow points to this dropdown menu. Navigation buttons '<< Back' and 'Add Referral Summary' are also visible.

**Youth Search**

Active Program: Collier Regional Juvenile Detention Cent

**Collier Regional Juvenile Detention Center**

Facility Youth Listing: ( 25 total )

Facility Youth listed here

OHS Management Reports

MH Referral / Sick Call

Mental Health Forms

Medical Forms

Upload Library

Youth History

Pending Actions - 0

EMR User Administration

<<

Youth's Name: Youth's name DOB: DOB Sex: Male Race: White DJJID: DJJ ID

MH / SA Referral Summary Records

No Records Found

Open

Pending Review for MH/SA Staff

Pending Review for Superintendent/Designee

Closed

<< Back Add Referral Summary

## Mental Health/Substance Abuse Referral Summary (MHSA 014)

### Staff Responsible for Opening Form

JDO is the most frequent user

Mental Health, Administration, and medical staff can also open this form

### Key Elements of Form

Referral (MHSA 014) generated when there is a “hit” on SRSI, triggers referral for Assessment of Suicide Risk

MHSA 014 generated when there is a PACT Mental Health and Substance Abuse Report and Referral Form, Suicide Category indicates further assessment, triggers referral for Assessment of Suicide Risk

Staff observations or other information indicates youth suicide risk triggers referral for Assessment of Suicide Risk

PACT Mental Health and Substance Abuse Report and Referral Form – when any category indicates further assessment needed, a referral must be made to mental health

Any information at intake or during length of stay (LOS) regarding mental health, substance abuse, or psychiatric medication history or needs;

youth self-referral at any time during LOS;

suicide risk factors at any time during LOS;

crisis event at any time during LOS

### Key Steps

JDO typically fills out form any time the youth needs to be seen by MH/SA staff.

An email is generated automatically to MHSA staff and Superintendent.

Mental Health Clinical Staff or Substance Abuse Clinical Staff completes the “comments” section of the EMR form.

Superintendent/designee reviews and signs.

**RESULT OF CURRENT PACT SCREENING-**  
Information is Pre-populated from most recent PACT completed

**3. REFERRED TO**  
Provide the name and phone number of the MH provider youth is being referred to. (If MH is at JDC, this is the provider).

**4. NARRATIVE OF MH/SA PROFESSIONAL'S COMMENTS OR INSTRUCTIONS**  
To document contact and communication with MH provider at time of referral.

**Referral remains open until clinician's review documented on form**

Youth's Name:  DOB:  Sex:  Race:  DJJID:

Facility Name: Miami - Dade Regional Juvenile Detention Center Circuit: 11

Area of Review	Further Assessment Indicated	No Indication of need for Further
Suicide	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Depression	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Aggression	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Substance Use	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Problems	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Immediate referral for assessment of suicide risk is indicated by the PACT: ☐ Yes ☒ No

A referral for comprehensive assessment is indicated by PACT: ☒ Yes ☐ No

Immediate referral for assessment of suicide risk is indicated by the SRSI: ☐ Yes ☐ No ☐ Not Administered

1. REASON FOR REFERRAL\*  
(Behaviors and Events Necessitating Mental Health or Substance Abuse Referral)

150 characters remaining...

YOUTH SELF-REFERRAL: ☐ Yes ☐ No

If yes, record youth's statements regarding need for mental health services below:

150 characters remaining...

2. REFERRED FOR:

☐ Assessment of Suicide Risk ☐ Comprehensive Substance Abuse Evaluation or Updated Evaluation

☐ Crisis Assessment Intervention ☐ Mental Health Consultation or Mental Health Support Services

☐ Mental Health Alert Status Exam ☐ Other:

☐ Comprehensive Mental Health Evaluation or Updated Evaluation

3. REFERRED TO: (MENTAL HEALTH/SUBSTANCE ABUSE PROVIDER / PROFESSIONAL)

Provider Name:  Phone Number:

4. NARRATIVE OF THE MENTAL HEALTH/SUBSTANCE ABUSE PROFESSIONAL'S COMMENTS OR INSTRUCTIONS:\*

(Please include event actual Date & Time)

400 characters remaining...

Signature of Staff Member Making Referral

Further Assessment in PACT Suicide Category indicates SUICIDE RISK

PACT -Yes for referral for ASR indicates SUICIDE RISK

SRSI -Yes indicates SUICIDE RISK

SRSI review **must** be checked.  
YES /NO /NOT ADMINISTERED

**1. REASON FOR REFERRAL**  
-Reason must be entered.  
-If youth is self referral both text boxes must be completed.  
**2, REFERRED FOR**

To complete- click Elec Sign & Save. Enter JJIS password and Elec Sign & Save.

**Jones Mental Health LCSW, Jul 12 2013 8:00am**  
**Comment: Referral reviewed. Youth will receive Assessment of Suicide Risk this morning.**

**Electronic Signature**

By clicking Elec.Sign and Save, I agree that the signature will be the electronic representation of my signature.

Confirm your name and signature.

Your Name:  Lee Medical

Lee Medical

Enter your JJIS password for Confirmation.

password:

## Initial MH/SA Treatment Plan

**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
MENTAL HEALTH FORMS

Home      Active Youth:  [\(facesheet\)](#)      User Role: Licensed MH/SA [Logout](#)

**Youth Search**

Active Program:  
Collier Regional Juvenile Detention Cent  
**Collier Regional Juvenile Detention Center**  
Facility Youth Listing: ( 25 total )

Facility Youth listed here

**OHS Management Reports**  
MH Referral / Sick Call  
**Mental Health Forms**  
Medical Forms  
Upload Library  
Youth History  
Pending Actions - 0  
EMR User Administration

**Sample Forms**

- Chronological
- Close Supervision Visual Checks Log (PDF)
- Counseling/Therapy Progress Notes
- Crisis Assessment
- Documentation of Non-Licensed MH Clinical Staff Person's Training in Assessment of SR (PDF)
- Indiv. MH/SA Treatment Plan
- Indiv. MH/SA Treatment Plan Review
- Initial MH/SA Treatment Plan
- Licensed Mental Health Professionals
- Mental Health Alert - Observation Log (PDF)
- MH/SA Referral Review
- MH/SA Referral Summary**
- Consent for Release of SA Treatment Records
- Consent for SA Treatment
- Forms

1. Select youth  
2. Select Mental Health Forms  
3. Select Sample Forms  
4. Select Initial MH/SA Treatment Plan

## Initial MH/SA Treatment Plan (MHSA 015)

### Staff Responsible for Opening Form

Mental Health Clinical Staff Person, Substance Abuse Clinical Staff Person, Licensed Mental Health Professional, Licensed Qualified Professional, Qualified Professional

### Key Elements of Form

An Initial Mental Health and/or Substance Abuse Treatment Plan must be developed by the mini-treatment team and youth **within 7 days of initiation of mental health or substance abuse treatment**

Youths receiving Psychotropic Medication must have the plan developed within **7 days of the Initial Psychiatric Diagnostic Interview.**

An Initial Treatment Plan is **not** required if an Individualized Mental Health and/or Substance Abuse Treatment Plan is already developed within 7 days of initiation of treatment, or within 7 days of the Initial Psychiatric Diagnostic Interview for youths receiving Psychotropic Medication

### Key Steps

If the plan is completed by a non-licensed mental health clinical staff person or non-licensed substance abuse clinical staff person (employed by a service provider licensed under Chapter 397, F.S.), then the licensed mental health professional or Qualified Professional (for substance abuse) must also review and co-sign the document in the OHS EMR.

The paper version of the form is then printed and reviewed/signed by the treatment team and placed in the youth's Active Mental Health and Substance Abuse Treatment File or Individual Healthcare Record.

# Initial MH/SA Treatment Plan

**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
**INITIAL MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT PLAN**

Home      Active Youth: Youth's name/DJJ ID [facesheet](#)      User Role: Licensed MH/SA [Logout](#)

**Youth Search** <<

Active Program:  
Collier Regional Juvenile Detention Cent  
Collier Regional Juvenile Detention Center  
Facility Youth Listing: ( 25 total )

Youth's Name: Youth's name    DOB: DOB    Sex: Male    Race: White    DJJID: DJJ ID

Initial MH/SA Treatment Plan Records.    << Back    Add Initial MH/SA Treatment Plan

No Records Found

5. Select Add Initial MH/SA Treatment Plan

6. Complete Steps 1-4 and Save

*Youth initial MH/SA treatment plan information saved successfully.*

Note: There is space for 3 goals but only 2 are mandatory

<< Back

Facility Name: \* Duval Regional Juvenile Detention Center    Select Facility

1. Reason for Mental Health/Substance Abuse Treatment: \*

Youth is diagnosed with depression.

1165 characters remaining...    Check Spelling

2. Initial Diagnostic Impression or Presenting Symptoms:

Initial DSM-IV-TR Diagnoses (OR) DSM-5 Diagnoses

DSM-IV-TR Diagnoses

Axis I    1200 characters remaining...    Check Spelling

Axis II    1200 characters remaining...    Check Spelling

Axis III    1200 characters remaining...    Check Spelling

Axis IV    1200 characters remaining...    Check Spelling

Axis V (GAF)    1200 characters remaining...    Check Spelling

( OR )

DSM-5 Diagnoses

1200 characters remaining...    Check Spelling

( OR )

Presenting Symptoms

Youth is crying uncontrollably.

1169 characters remaining...    Check Spelling

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).

1. Individual session for 20 minutes two times per week for 30 days.  
2. Youth is prescribed Zoloft.  
3. Youth will be seen by MD (name) min every 30 days.

1042 characters remaining...    Check Spelling

4. Initial Treatment Goals and Objectives:

Goal 1: \* Youth will improve sleep.

1175 characters remaining...    Check Spelling

Objective 1: \* Staff will complete sleep log for 2 weeks/MH will review.

1143 characters remaining...    Check Spelling

Goal 2: \* Youth will improve mood.

1176 characters remaining...    Check Spelling

Objective 2: \* Youth will improve scores on BDI.

1167 characters remaining...    Check Spelling

Goal 3:    1200 characters remaining...    Check Spelling

Objective 3:    1200 characters remaining...    Check Spelling

Mental Health/Substance Abuse Clinical Staff Signature/Date

Elec. Sign & Save >>

Licensed Mental Health Professional's or CAP Signature/Date

<< Previous    Save    Cancel



## Individualized MH/SA Treatment Plan

**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
MENTAL HEALTH FORMS

User Role: Licensed MH/SA

Home      Active Youth:  [\(facesheet\)](#) [Logout](#)

**Youth Search**

Active Program:  
Collier Regional Juvenile Detention Cent  
**Collier Regional Juvenile Detention Center**  
Facility Youth Listing: ( 25 total )

Facility Youth listed here

**OHS Management Reports**  
MH Referral / Sick Call  
Mental Health Forms  
Medical Forms  
Upload Library  
Youth History  
Pending Actions - 0  
EMR User Administration

**Sample Forms**

- Chronological
- Close Supervision Visual Checks Log (PDF)
- Counseling/Therapy Progress Notes
- Crisis Assessment
- Documentation of Non-Licensed MH
- Indiv. MH/SA Treatment Plan
- Indiv. MH/SA Treatment Plan Review
- Initial MH/SA Treatment Plan
- Licensed Mental Health Professionals and Substance Abuse Professionals Direct Supervision Log (PDF)
- Mental Health Alert - Observation Log (PDF)
- MH/SA Referral Review
- MH/SA Referral Summary**
- Consent for Release of SA Treatment Records
- Consent for SA Treatment
- Forms

Training in Assessment of SR (PDF)

1. Select youth

2. Select Mental Health Forms

3. Select Sample Forms

4. Select Individualized MH/SA Treatment Plan



## Individualized MH/SA Treatment Plan (MHSA 016)

### Staff Responsible for Opening Form

Mental Health Clinical Staff Person, Substance Abuse Clinical Staff Person, Licensed Mental Health Professional, Licensed Qualified Professional, Qualified Professional

### Key Elements of Form

An Individualized Mental Health and/or Substance Abuse Treatment Plan is required when a youth enters on-going mental health and/or substance abuse treatment, including treatment with Psychotropic Medication.


The Individualized Mental Health Treatment Plan must be developed by the mini-treatment team for a youth in mental health treatment whose stay in a Detention Center exceeds 30 days, and must be completed by the 31st day the youth is in the Detention Center.

### Key Steps

If the plan is completed by a non-licensed mental health clinical staff person or non-licensed substance abuse clinical staff person (employed by a service provider licensed under Chapter 397), then the licensed mental health professional or Qualified Professional must also review and co-sign the document in the OHS EMR.

The paper version of the form is then printed and reviewed/signed by the treatment team and placed in the youth's Active MH/SA Treatment File or Individual Healthcare Record.

## Individualized MH/SA Treatment Plan



**DEPARTMENT OF JUVENILE JUSTICE**  
**Electronic Medical Records**  
**INDIVIDUALIZED MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT PLAN**

[Home](#)

**Active Youth:**  [\(facesheet\)](#)
[Logout](#)

**Youth Search**

**Active Program:**  
 Collier Regional Juvenile Detention Center  
**Collier Regional Juvenile Detention Center**  
 Facility Youth Listing: ( 25 total )

**Youth's Name:** 
**DOB:** 
**Sex:** [Male](#)
**Race:** [White](#)
**DJJID:**

**Individualized MH/SA Treatment Plan Records.**
[<< Back](#)
[Add Indiv.MH/SA Treatment Plan](#)

**No Records Found**

**Facility Name:**  [Select Facility](#)

**1. DSM-IV-TR or DSM-5 Diagnoses and Symptoms \***

DSM-IV-TR Diagnoses	Symptoms
<b>Axis I</b>	
1. <input type="text" value="Adjustment Disorder with depression"/>	<input type="text" value="crying and sad"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
<b>Axis II</b>	
1. <input type="text" value="No diagnosis"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
<b>Axis III</b>	
1. <input type="text" value="Refer to medical records or Healthy"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
<b>Axis IV</b>	
1. <input type="text" value="Academic and legal issues"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
<b>Axis V</b>	
<input type="text" value="55 GAF"/>	<input type="text"/>
(OR)	
<b>DSM-5 Diagnoses</b>	<b>Symptoms</b>
<input type="text" value="N/A"/>	<input type="text"/>

Note: Required to answer all Axis questions (at least one answer required for each Axis and Symptom). If there are no Axis and Symptoms, user has to enter NONE or N/A.

5

- Click Add Indiv. MH/SA Plan
- Required to answer all Axis questions (at least one answer required for each Axis and Symptom). Cannot answer DSM-IV and DSM-5 for same youth.

6

## Individualized MH/SA Treatment Plan

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

#### Mental Health Treatment Goals:

1. Add goals  
1191 characters remaining... [Check Spelling](#)
2.   
1200 characters remaining... [Check Spelling](#)
3.   
1200 characters remaining... [Check Spelling](#)

#### Substance Abuse Treatment Goals:

1.   
1200 characters remaining... [Check Spelling](#)
2.   
1200 characters remaining... [Check Spelling](#)
3.   
1200 characters remaining... [Check Spelling](#)

### 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
1. * Crying	Add these	Add these	10/28/2015
2. * Sad	Add these	Add these	10/28/2015
3. * Failing school	Add these	Add these	10/28/2015
4.			
5.			

Complete remaining sections of form

**Section 2:** add all goals for youth as applicable for MH and/or SA

**Section 3:** MUST complete at least three Symptoms/Objectives/Methods with target dates for each.

**Section 4 and 5:** MUST have some narrative be entered (15 characters min)

To complete select “Elec. Sign & Save”

*Individualized MH/SA Treatment plan saved successfully.*

If non-licensed MH/SA a Licensed MH/SA professional will have to review and approve your work once completed via “Elec. Sign & Save”

### 4. Psychiatric Services: \* (For youths receiving psychiatric care, record 1. Psychotropic medications currently prescribed; and 2. Frequency of monitoring by a psychiatrist).

None prescribed  
1185 characters remaining... [Check Spelling](#)

### 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 attends church and family is supportive.  
1154 characters remaining... [Check Spelling](#)

Mental Health/Substance Abuse Clinical Staff Signature/Date

[Elec. Sign & Save >>](#)

Licensed Mental Health/Substance Abuse Professional's Signature/Date

<< Previous

Save

Cancel

## Individualized MH/SA Treatment Plan

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 attends church and family is supportive.

1154 characters remaining...

Check Spelling

Mental Health/Substance Abuse Clinical Staff Signature/Date

Licensed MHSA, LMHC 10/28/2015

Licensed Mental Health/Substance Abuse Professional's Signature/Date

<< Previous

Once the form is saved via Electronic Signature page becomes read only and the "Report" button at top of page becomes enabled. A user can select "Report" to see the treatment plan and print

Individualized MH/SA Treatment plan saved successfully.



### FLORIDA DEPARTMENT OF JUVENILE JUSTICE INDIVIDUALIZED MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT PLAN

Youth's Name: Youth's name

DOB: DOB Sex: M Race: Black JJIS# DJJ ID

Facility Name: Duval Regional Juvenile Detention Center

#### 1. DSM-IV-TR or DSM-5 Diagnoses and Symptoms

DSM-IV-TR Diagnoses	Symptoms
Axis I Adjustment Disorder with depression	crying and sad
Axis II No diagnosis	No symptoms

Youth's Name: Youth's name DOB: DOB Sex: Male Race: Black DJJID: DJJ ID

View only page.....

<< Back Report

Facility Name: \* Duval Regional Juvenile Detention Center Select Facility

DSM-IV-TR or DSM-5 Diagnoses and Symptoms \*

DSM-IV-TR Diagnoses	Symptoms

## Individualized MH/SA Treatment Plan Review

**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
MENTAL HEALTH FORMS

User Role: Licensed MH/SA

Home Active Youth: Youth's name/DJJ ID (facesheet) Logout

**Youth Search**

Active Program:  
Collier Regional Juvenile Detention Cent

**Collier Regional Juvenile Detention Center**  
Facility Youth Listing: ( 25 total )

Facility Youth listed here

**Sample Forms**

- Chronological
- Close Supervision Visual Checks Log (PDF)
- Counseling/Therapy Progress Notes
- Crisis Assessment
- Documentation of Non-Licensed MH Clinical Services Person's Training in Assessment of SR (PDF)
- Indiv. MH/SA Treatment Plan
- Indiv. MH/SA Treatment Plan Review
- Initial MH/SA Treatment Plan
- Licensed Mental Health Professionals and Substance Abuse Professionals Direct Supervision Log
- Mental Health Alert - Observation Log (PDF)
- MH/SA Referral Review
- MH/SA Referral Summary**
- Consent for Release of SA Treatment Records
- Consent for SA Treatment
- Forms

**OHS Management Reports**

MH Referral / Sick Call

Mental Health Forms

Medical Forms

Upload Library

Youth History

Pending Actions - 0

EMR User Administration

1. Select youth
2. Select Mental Health Forms
3. Select Sample Forms
4. Select Individualized MH/SA Treatment Plan Review

## Individualized MH/SA Treatment Plan Review (MHSA 017)

### Staff Responsible for Opening Form

Mental Health Clinical Staff Person, Substance Abuse Clinical Staff Person, Licensed Mental Health Professional, Licensed Qualified Professional, Qualified Professional

### Key Elements of Form

Review of Individualized Mental Health Treatment Plans, Individualized Substance Abuse Treatment Plans or Integrated Mental Health/Substance Abuse Treatment Plans must be conducted by the treatment team every 30 days. Based upon the review of the treatment plan, necessary updates will be made to the plan. Review and updating of treatment plans must include the parent or legal guardian, unless there is clear documentation of a reason for the parent's or legal guardian's non-involvement.

### Key Steps

If the review is completed by an unlicensed MHSA staff person, then the LMHP must also review and co-sign the document in the OHS EMR.

The paper version of the form is then printed and reviewed/signed by the treatment team and placed in the youth's Active MH/SA Treatment File or Individual Healthcare Record.

## Individualized MH/SA Treatment Plan Review

**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
**INDIVIDUALIZED MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT PLAN**

Home      Active Youth:  (facesheet)      User Role: Licensed MH/SA      Logout

**Youth Search**      <<      Youth's Name:       DOB:       Sex: [Male](#)      Race: [White](#)      DJJID:

Active Program: Collier Regional Juvenile Detention Center  
Collier Regional Juvenile Detention Center  
Facility Youth Listing: ( 25 total )

Individualized MH/SA Treatment Plan Records.      << Back      Add Indiv. MH/SA Treatment Plan

No Records Found

Date of Review: \*       << Back

Facility Name: \* Duval Regional Juvenile Detention Center      Select Facility

1. DSM-IV-TR or DSM-5 Diagnoses and Symptoms: INCLUDE ANY CHANGES IN DIAGNOSES AND REASON FOR CHANGE IN DIAGNOSES

Axis	Updated DSM-IV-TR Diagnoses	Reason for Change in Diagnoses
Axis I	<input type="text"/>	<input type="text"/>
Axis II	<input type="text"/>	<input type="text"/>
Axis III	<input type="text"/>	<input type="text"/>
Axis IV	<input type="text"/>	<input type="text"/>
Axis V	<input type="text"/>	<input type="text"/>

(OR)

Updated DSM-5 Diagnoses      Reason for Change in Diagnoses

2. Mental Health and/or Substance Abuse Treatment Goals: INCLUDE PROGRESS MADE BY THE YOUTH IN MEETING EACH TREATMENT GOAL AND ANY CHANGES IN TREATMENT GOALS

Mental Health Treatment Goals:

1. Prior Goal	<input type="text"/>	1191 characters remaining...
Revised Goal	<input type="text"/>	1200 characters remaining...
2. Prior Goal	<input type="text"/>	1200 characters remaining...
Revised Goal	<input type="text"/>	1200 characters remaining...
3. Prior Goal	<input type="text"/>	1200 characters remaining...
Revised Goal	<input type="text"/>	1200 characters remaining...

Substance Abuse Treatment Goals:

1. Prior Goal	<input type="text"/>	1191 characters remaining...	Check Spelling
Revised Goal	<input type="text"/>	1200 characters remaining...	Check Spelling
2. Prior Goal	<input type="text"/>	1200 characters remaining...	Check Spelling
Revised Goal	<input type="text"/>	1200 characters remaining...	Check Spelling
3. Prior Goal	<input type="text"/>	1200 characters remaining...	Check Spelling
Revised Goal	<input type="text"/>	1200 characters remaining...	Check Spelling

5. Ensure the correct youth is the "Active Youth"
6. Select Add Indiv. MH/SA Plan review
7. Enter Date of Review - cannot be later than today
8. User will update Axis I-V and Reason for Update/Change in Diagnoses
9. User will update/revise MH and/or SA goals



## Individualized MH/SA Treatment Plan Review

3. Mental Health and /or Substance Abuse Treatment Objectives and Methods/Interventions: INCLUDE STATUS/CHANGES IN OBJECTIVES, METHODS/INTERVENTIONS, TARGET DATES

	Symptoms	Objectives (Measurable and Achievable)	Methods/Interventions (Duration, Amount and Frequency)	Target Dates
1. Prior:	Crying	Add these	Add these	10/28/2015
Revised:	Still crying	update these	update these	11/28/2015
2. Prior:	Sad	Add these	Add these	10/28/2015
Revised:				
3. Prior:	Failing school	Add these	Add these	10/28/2015
Revised:				
4. Prior:				
Revised:				
5. Prior:				
Revised:				

10

10. User will update/revise Treatment Objectives and Methods/Interventions/Target Dates

11. User will update services in place and provide a summary of the review.

12. To complete select "Elec. Sign & Save"

If non-licensed MH/SA, a Licensed MH/SA professional will have to review and approve your work once completed via "Elec. Sign & Save"

Psychiatric Services: (For youths receiving psychiatric care, record changes in: 1. Psychotropic medications prescribed; and 2. Frequency of n psychiatrist).

None

1196 characters remaining...

Check Spelling

4. Summary of Treatment Plan Review: \*

Youth's overall functioning is improving, will continue with treatment.

1129 characters remaining...

Check Spelling

Mental Health/Substance Abuse Clinical Staff Signature/Date

Elec. Sign & Save >>

Licensed Mental Health/Substance Abuse Professional's Signature/Date

<< Previous

Save

Cancel

12

11



## Individualized MH/SA Treatment Plan Review

### 4. Summary of Treatment Plan Review: \*

Youth's overall functioning is improving, will continue with treatment.

1129 characters remaining...

Check Spelling

Mental Health/Substance Abuse Clinical Staff Signature/Date


Licensed MHSA, LMHC 10/28/2015

Licensed Mental Health/Substance Abuse Professional's Signature/Date

<< Previous

Once the form is saved via Electronic Signature page becomes read only and the "Report" button at top of page becomes enabled.

A user can select "Report" to see the treatment plan review and print



### FLORIDA DEPARTMENT OF JUVENILE JUSTICE

#### INDIVIDUALIZED MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT PLAN REVIEW

Youth's Name:  JJIS:

Facility Name: Duval Regional Juvenile Detention Center

Date of Review: 10/28/2015

1. DSM-IV-TR or DSM-5 Diagnoses and Symptoms: INCLUDE ANY CHANGES IN DIAGNOSES AND REASON

Updated DSM-IV-TR Diagnoses	Reason for Update/Change in Diagnoses
Axis I	
Axis II	
Axis III	
Axis IV	
Axis V	
Updated DSM-5 Diagnoses	Reason for Update/Change in Diagnoses

View only page.....

Date of Review: \*

Facility Name: \*

1. DSM-IV-TR or DSM-5 Diagnoses and Symptoms: INCLUDE ANY CHANGES IN DIAGNOSES AND REASON

Updated DSM-IV-TR Diagnoses	Reason for Update/Change in Diagnoses
Axis I	

## Assessment of Suicide Risk (ASR)

**The ASR must be completed by a Mental Health Clinical Staff Person.**

DEPARTMENT OF JUVENILE JUSTICE  
Electronic Medical Records  
MENTAL HEALTH FORMS

Active Youth:  [\(facesheet\)](#) **1**

User Role: Licensed MH/SA [Logout](#)

YOUTH SEARCH

Active Program:  
Collier Regional Juvenile Detention Cent

**Collier Regional Juvenile Detention Center**  
Facility Youth Listing: ( 25 total )

Facility Youth listed here

OHS Management Reports

- MH Referral / Sick Call
- Mental Health Forms** **2**
- Medical Forms
- Upload Library
- Youth History
- Pending Actions - 0
- EMR User Administration

Sample Forms

Standardized Forms

- Acknowledgment of Receipt of CF
- Assessment of Suicide Risk** **4**
- Authority For Evaluation and Tre
- Clinical Psychotropic Progress Note (PDF)
- Clinical Psychotropic Progress Note Part B (PDF)
- Detention Suicide Risk Parent/Guardian Notification (PDF)
- Follow-up Assessment of Suicide Risk
- Health Status Checklist
- Limited Consent for Evaluation and Treatment (PDF)
- MAYSI Questionnaire
- MH/SA Treatment Discharge Summary
- MH/SA Screening Report and Referral
- Sex Abuse and Mental Health Assessment
- Precautions-Observation Log (PDF)
- Suicide Risk Screening Instrument - General Directions (PDF)
- Suicide Risk Screening Instrument(SRSI)
- Suicide Risk Screening Parent/Guardian Notification (PDF)

1. The ASR is started by selecting the youth identified as in need of assessment of suicide risk = "Active Youth"
2. Select Mental Health Forms from the menu
3. Select Standardized Forms
4. Select Assessment of Suicide Risk

## Assessment of Suicide Risk (ASR) (MHSA 004)

### Staff Responsible for Opening Form

Mental Health Clinical Staff Person, Licensed Mental Health Professional

### Key Elements of Form

An Assessment of Suicide Risk (ASR) shall be conducted within 24 hours of referral, or immediately if the youth is in crisis.

Any youth with current Suicide Ideation shall be immediately referred to a Mental Health Clinical Staff Person who will confer with a Licensed Mental Health Professional to determine whether an Assessment of Suicide Risk is to be conducted in the facility or program within 24 hours or immediately.

Note: If the youth is an imminent threat of suicide, the youth must be transported for emergency mental health services as set forth in Rule 63N-1.011, F.A.C.

Any youth who makes a Suicide Attempt or attempts Serious Self-Inflicted Injury shall receive an immediate Assessment of Suicide Risk in the facility or be transported for emergency mental health services.

### Key Steps

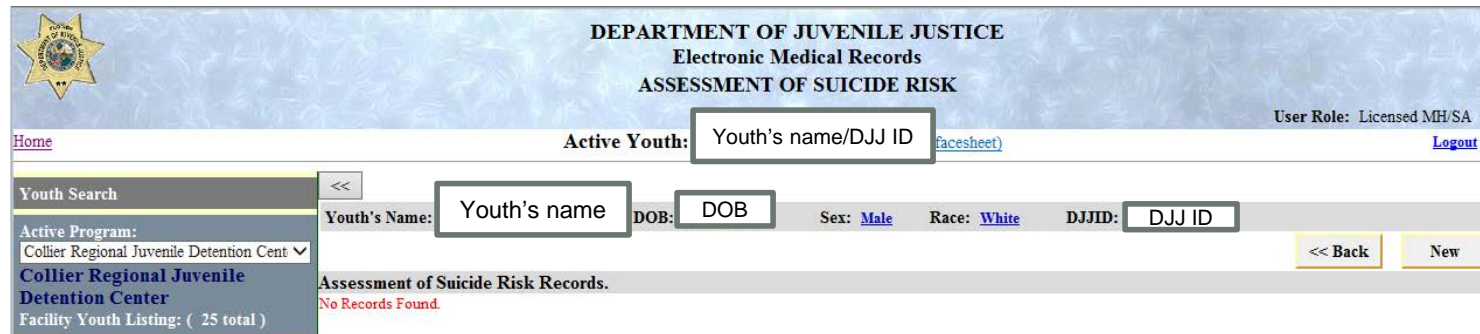
An ASR conducted by a non-licensed Mental Health Clinical Staff Person must be reviewed by a licensed mental health professional within 24 hours of the referral.

If an ASR conducted by a non-licensed Mental Health Clinical Staff Person indicates the youth is not a Potential Suicide Risk, documentation of the Licensed Mental Health Professional's concurrence with the Assessment of Suicide Risk findings is required prior to the youth's removal from Suicide Precautions.

The ASR findings and recommendations must be reviewed by the superintendent/designee and Licensed Mental Health Professional. Based upon the ASR findings, the Licensed Mental Health Professional and superintendent/designee will determine whether Suicide Precautions are continued.

Discontinuation of Precautionary Observation and supervision upon removal from Precautionary Observation shall be documented by Mental Health Clinical Staff and superintendent/designee, on the ASR Form.

## Assessment of Suicide Risk (ASR)



DEPARTMENT OF JUVENILE JUSTICE  
Electronic Medical Records  
ASSESSMENT OF SUICIDE RISK

User Role: Licensed MH/SA

Home Active Youth: Youth's name/DJJ ID [facesheet](#) [Logout](#)

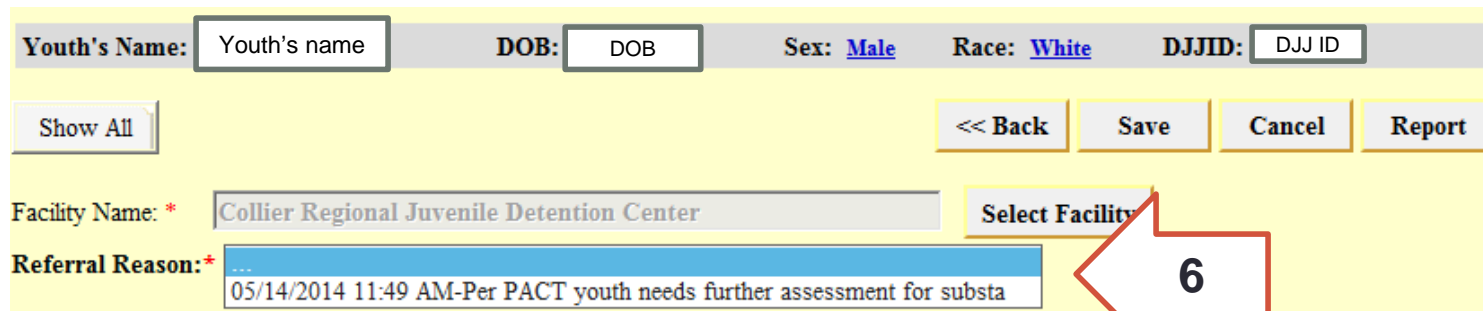
Youth Search <<

Active Program:  
Collier Regional Juvenile Detention Center

Collier Regional Juvenile Detention Center  
Facility Youth Listing: ( 25 total )

Youth's Name: Youth's name DOB: DOB Sex: [Male](#) Race: [White](#) DJJID: DJJ ID << Back New

Assessment of Suicide Risk Records.  
No Records Found.



Youth's Name: Youth's name DOB: DOB Sex: [Male](#) Race: [White](#) DJJID: DJJ ID

Show All << Back Save Cancel Report

Facility Name: \* Collier Regional Juvenile Detention Center Select Facility

Referral Reason: \* 05/14/2014 11:49 AM-Per PACT youth needs further assessment for substa

5. Mental health staff will select the "New" button to complete a new ASR
6. Select the Referral reason from the dropdown

## Assessment of Suicide Risk (ASR)

Facility Name: \*

Referral Reason: \*

**I. REASON FOR ASSESSMENT:** (Describe risk factors identified by screening or staff observations which prompted the referral for Assessment of Suicide Risk. Check all that applies.)

RISK FACTORS	DESCRIBE
<input type="checkbox"/> Suicide Ideation/Thoughts	<div></div> <div>1200 characters remaining...</div>
<input type="checkbox"/> Suicide Threat/Plan	<div></div> <div>1200 characters remaining...</div>
<input type="checkbox"/> Suicide Attempt	<div></div> <div>1200 characters remaining...</div>
<input type="checkbox"/> Self-injury/ Self-Mutilation	<div></div> <div>1200 characters remaining...</div>
<input checked="" type="checkbox"/> Placed on Suicide Precautions During Previous DJJ Detention or Commitment	<div>             Youth had open suicide alert in JJIS           </div> <div>1164 characters remaining...</div> <div> <input type="button" value="Check Spelling"/> </div>

Save

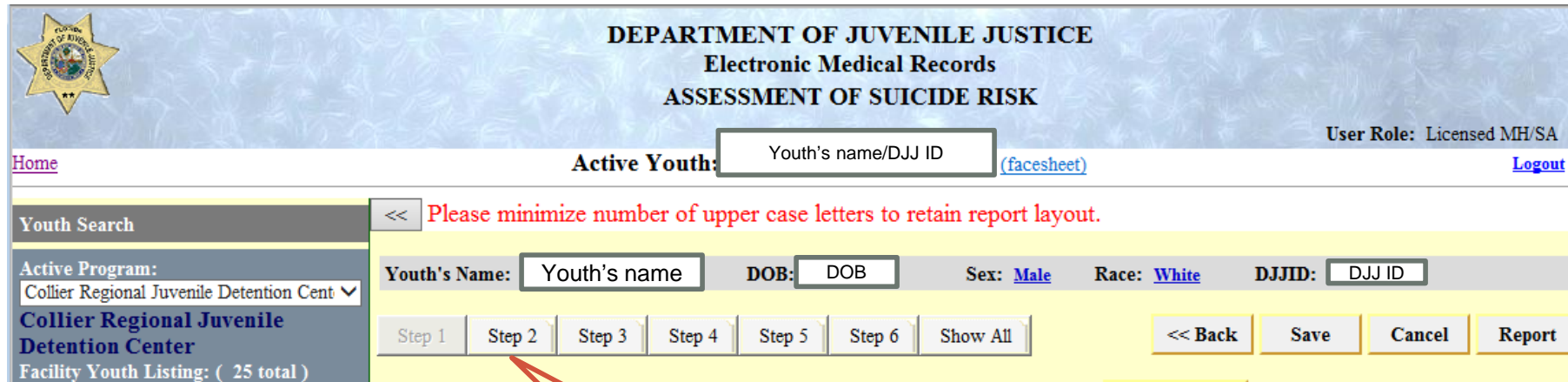
When all risk factors have been selected and a description entered, click "Save"

Complete Section 1 checking all risk factors that apply

Describe each selected (text must be provided for each risk factor selected)

<input type="checkbox"/> Hopelessness/Despair	<div></div> <div>1200 characters remaining...</div>
<input type="checkbox"/> Recent Loss (death or separation)	<div></div> <div>1200 characters remaining...</div>
<input type="checkbox"/> Family History of Suicide	<div></div> <div>1200 characters remaining...</div>
<b>Recent/Current Diagnosis, particularly:</b>	
<input type="checkbox"/> Major Depression	<div></div> <div>1200 characters remaining...</div>
<input type="checkbox"/> Bipolar Disorder	<div></div> <div>1200 characters remaining...</div>
<input type="checkbox"/> Anxiety/Panic Disorder	<div></div> <div>1200 characters remaining...</div>
<input type="checkbox"/> Psychotic Disorder	<div></div> <div>1200 characters remaining...</div>
<input type="checkbox"/> Borderline Personality Disorder	<div></div> <div>1200 characters remaining...</div>
<input type="checkbox"/> Alcohol/Drug Dependence	<div></div> <div>1200 characters remaining...</div>
Other Events/Behaviors	<div></div> <div>1200 characters remaining...</div> <div> <input type="button" value="Check Spelling"/> </div>

## Assessment of Suicide Risk (ASR)



The screenshot shows the 'ASSESSMENT OF SUICIDE RISK' form. At the top left is the Department of Juvenile Justice logo. The header text reads 'DEPARTMENT OF JUVENILE JUSTICE', 'Electronic Medical Records', and 'ASSESSMENT OF SUICIDE RISK'. On the right, it says 'User Role: Licensed MH/SA'. Below the header, there is a 'Home' link, an 'Active Youth:' label, a text input field for 'Youth's name/DJJ ID', a '(facesheet)' link, and a 'Logout' link. A yellow banner contains the message '<< Please minimize number of upper case letters to retain report layout.' Below this, the form fields include 'Youth's Name:' with a text input, 'DOB:' with a text input, 'Sex:' with a dropdown menu showing 'Male', 'Race:' with a dropdown menu showing 'White', and 'DJJID:' with a text input. At the bottom, there are six tabs labeled 'Step 1', 'Step 2', 'Step 3', 'Step 4', 'Step 5', and 'Step 6', followed by a 'Show All' button. To the right of the tabs are four buttons: '<< Back', 'Save', 'Cancel', and 'Report'. On the left side of the form, there is a sidebar with 'Youth Search' and 'Active Program:' dropdown menu showing 'Collier Regional Juvenile Detention Cent'. Below this, it says 'Collier Regional Juvenile Detention Center' and 'Facility Youth Listing: ( 25 total )'.

DEPARTMENT OF JUVENILE JUSTICE  
Electronic Medical Records  
ASSESSMENT OF SUICIDE RISK

User Role: Licensed MH/SA

Home Active Youth: Youth's name/DJJ ID (facesheet) Logout

<< Please minimize number of upper case letters to retain report layout.

Youth's Name: Youth's name DOB: DOB Sex: Male Race: White DJJID: DJJ ID

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Show All << Back Save Cancel Report

Collier Regional Juvenile Detention Center  
Facility Youth Listing: ( 25 total )

Mental Health Staff will have 6 Tabs to complete on the ASR once page one is saved correctly.

User will select Step 2

# CONFIRM SAVE

When navigating from each page system will ask to confirm save before going to next step

Do you want to save data on this page prior to going to the next page?

## Confirm Save

Do you want to save data on this page prior to going to the next page?

Yes

No

Cancel

Click "Yes" to move to the next step.

If items are missing, these will be identified before moving to next step.



## Assessment of Suicide Risk (ASR)

**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
ASSESSMENT OF SUICIDE RISK

Home Active Youth:  (facesheet) User Role: Licensed MH/SA Logout

>>

Youth's Name:  DOB:  Sex:  Race:  DJJID:

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Show All << Back Save Cancel Report

**2. METHOD OF ASSESSMENT: (MUST INCLUDE AN IN-DEPTH INTERVIEW WITH THE YOUTH)\***

☒ Review of DJJ file ☒ Interview with youth ☐ Depression Inventory  
☒ Interview with Parent ☐ Interview with facility nurse ☒ Interview with direct care staff  
☐ Interview with facility administration ☐ Suicide Risk Index/Questionnaire/Rating Scale(Attach Instrument)

**3. CURRENT MENTAL STATUS: (Place checkmark in applicable box)\***

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

**Confirm Save**

Do you want to save data on this page prior to going to the next page?

Yes

No

Cancel

Mental Health Staff will document assessment methods utilized for the ASR by placing a check mark for each item reviewed or person(s) interviewed.

Interview with youth is required and must always be checked.

Mental Health Staff will complete Step 2 by completing Current Mental Status Section A. The appropriate radio button must be selected for each item. Then select Step 3 and Confirm Save.



## Assessment of Suicide Risk (ASR)

Office of Health Services Web Forms - Microsoft Internet Explorer provided by Department of Juvenile Justice

Youth's Name:  DOB:  Sex: ☒ Male Race: ☒ White DJJID:

Facility Name:  Circuit:

Step 1 Step 2 **Step 3** Step 4 Step 5 Step 6 Show All Save Cancel

1. Is the youth currently thinking or has recently been thinking about hurting or killing himself or herself? \* ☐ Yes ☒ No

\* Youth denied

143 characters remaining... Check Spelling

2. Has the youth thought about how he or she might commit suicide or self-harm? When, Where, How? \* ☐ Yes ☒ No

(Is plan specific, non-specific, potentially lethal?) \*

(Is the youth confident that he/she can carry out the plan?) \*

155 characters remaining... Check Spelling

3. Does the youth have the means or resources to carry out his/her plan? If Yes, What? \* ☐ Yes ☒ No

155 characters remaining... Check Spelling

4. Is the youth currently self-injurious or has recently been self-injurious? When? Where? Why? How? (Method of self-injury, intent, lethality) \* ☐ Yes ☒ No

\*

155 characters remaining... Check Spelling

5. Has the youth ever attempted suicide? When? Where? Why? How? (Method, lethality, intent, how discovered, circumstances) \* ☐ Yes ☒ No

\* Youth denied

\* Youth denied

234 characters remaining... Check Spelling

6. Does the youth express hopelessness/helplessness? \* ☐ Yes ☒ No

\* Youth happy as clam

7. Can the youth articulate reasons for living? \* ☒ Yes ☐ No

\* Youth has goals for future

8. Has the youth recently experienced a significant loss (e.g., death of family member or close friend, break-up with boyfriend/girlfriend, loss of self-esteem, significant loss of status?) \* ☐ Yes ☒ No

\* Youth denied

155 characters remaining... Check Spelling

Step 3: Mental Health Staff will document a "Yes" or "No" for all questions and input narrative for each box based on youth response and/or collateral information. System will require a narrative for each box or error will result when trying to save/move to step 4. Check Spelling buttons are available for each text box

## Assessment of Suicide Risk (ASR)

Office of Health Services Web Forms - Microsoft Internet Explorer provided by Department of Juvenile Justice

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Show All Save Cancel

9. Has a family member or close friend ever attempted or committed suicide or has the youth had close contact with suicidal individuals? When? Where? How? \* ☐ Yes ☒ No

Youth denied

224 characters remaining... Check Spelling

10. Has the youth experienced recent trauma or significant stressors (e.g., physical or sexual abuse, rape, abuse from peers, severe humiliation)? \* ☐ Yes ☒ No

Youth denied

155 characters remaining... Check Spelling

11. Does the youth perceive his/her environment as being supportive? \* ☒ Yes ☐ No

12. Does the youth have medical problems (sickness, somatic complaints or chronic illness)? \* ☐ Yes ☒ No

Youth denied

13. Does the youth have a mental health diagnosis (current or previous treatment with psychotropic medication, outpatient or inpatient mental health treatment, Baker Act, SED/EH placement in school)? \* ☐ Yes ☒ No

NOS

231 characters remaining... Check Spelling

14. Has there been recent behavioral changes or overt change in the youth's clinical condition? \* ☐ Yes ☒ No

Youth denied, none noted by staff or parent

190 characters remaining... Check Spelling

15. Does the youth exhibit neurovegetative signs of depression?(Excessive Sleep, Difficulty Sleeping, Lack of Interest in Activities, Social Withdrawal, Excessive Feelings of Guilt, Loss of Energy/Initiative, Impaired Concentration, Poor Appetite, Excessive Weight Loss or Weight Gain, Psychomotor Retardation) \* ☐ Yes ☒ No

1200 characters remaining... Check Spelling

16. Is the youth currently or has recently been using drugs or alcohol? If yes date of last use \* ☐ Yes ☒ No

1200 characters remaining... Check Spelling

Step 4: This is a continuation of Step 3 questions.

Again, Mental Health Staff will document a "Yes" or "No" for all questions and input narrative for each box based on youth response and/or collateral information.

System will require a narrative for each box or error will result when trying to save/move to Step 5.

## Assessment of Suicide Risk (ASR)

Step 1 Step 2 Step 3 Step 4 **Step 5** Step 6 Show All << Back Save

**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 specific thoughts of suicide or self-injury

☐ recent or current non-specific thoughts of death ☐ recent or current self-injurious behaviors

1200 characters remaining...

**INTENT OF BEHAVIOR\***

☐ no recent or current desire to die or harm self ☐ recent or currently wants to hurt him/herself

☐ recently or currently feels would be better off dead ☐ recently or currently wants to die/has lost the will to live

1200 characters remaining...

**PLAN\***

☐ denies plans to harm self ☐ current non-specific/vague plan

☐ detailed plan in the past, not at present ☐ current specific plan for self-injury or suicide

1200 characters remaining...

**LETHALITY\***

☐ denies plan to harm self ☐ plan for self-injury could result in serious harm & could be lethal

☐ unclear plan, lethality cannot be determined ☐ plan, if carried out would be lethal

1200 characters remaining...

**6. IS YOUTH A POTENTIAL SUICIDE RISK ?\***

☐ NO ☐ YES

**SUMMARY OF FINDINGS WHICH SUPPORT YOUR CONCLUSION:**

1200 characters remaining...

Check Spelling

Step 5: Mental Health Staff will document a response to each item. Any indicator with a “Hit” will require text.

\*\*\* Summary of findings is very important to document all findings and support your conclusion

## Assessment of Suicide Risk (ASR)

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Show All << Back Save Cancel Report

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
- ☐ Discontinue Precautionary Observation and place youth on standard supervision

Secure Observation

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

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:

1200 characters remaining... Check Spelling

9. CONSULTATION WITH LICENSED MENTAL HEALTH PROFESSIONAL:

1200 characters remaining... Check Spelling

Step 6: Mental Health Staff will select one choice from either Precautionary list or Secure Observation list. Complete all other applicable sections and complete ASR by selecting "Elec. Sign" button

10. CONFERRED WITH FACILITY SUPERINTENDENT/DIRECTOR OR DESIGNEE:

1200 characters remaining... Check Spelling

11. NOTIFICATION (IF APPLICABLE):

1200 characters remaining... Check Spelling

<b>Parent/Legal Guardian</b> Name: <input type="text"/> Notified By: <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> E-mail Date & Time: <input type="text"/> / <input type="text"/>	<b>Juvenile Probation Officer:</b> Name: <input type="text"/> Notified By: <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> E-mail Date & Time: <input type="text"/> / <input type="text"/>	<b>Outside Provider:</b> Name: <input type="text"/> Notified By: <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> E-mail Date & Time: <input type="text"/> / <input type="text"/>
---	---	---

Completed By: **Elec. Sign >>**

Licensed Mental Health Professional Reviewed By:

Facility Superintendent Reviewed By:

**Parent/Guardian Notification and JPO**  
 Notification required for any youth who is to be maintained on Suicide Precautions or who makes a suicide attempt.

\*\*\* All ASR's must be reviewed/signed by Licensed Mental Health Professional **AND** Superintendent or Designee

## Assessment of Suicide Risk (ASR)

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 **Step 7** Show All

**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:** (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).

450 characters remaining... [Check Spelling](#)

Completed By: [Elec.Sign >>](#)

**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

☒ YES ☐ NO Facility Superintendent/Program Director or Designee authorizes discontinuation of suicide precautions

300 characters remaining... [Check Spelling](#)

Facility Superintendent Reviewed By:

**Clinical Review**  
(Licensed Mental Health Professional's Review and Comments)

reviewed assessment and completed review

300 characters remaining... [Check Spelling](#)

Licensed Mental Health Professional Reviewed By: [Elec.Sign >>](#)

Step 7 appears when requesting discontinuation of Suicide Precautions. User will select appropriate transition and input mental health disposition (must document the information specified on the form). User will complete ASR by selecting "Elec. Sign" button.

\*\*\* For Step 7 like Step 6: All ASR's must be reviewed/signed by Licensed Mental Health Professional

# Assessment of Suicide Risk (ASR) Report



## FLORIDA DEPARTMENT OF JUVENILE JUSTICE

### ASSESSMENT OF SUICIDE RISK

Youth's Name: Youth's name DJJ ID:             
 Sex: Male Race: White DOB:             
 Facility/Program: Collier Regional Juvenile Detention Center Circuit: Twentieth Circuit

#### 1. REASON FOR ASSESSMENT: (Describe risk factors identified by screening or staff observations which prompted the referral for Assessment of Suicide Risk. Check all that applies.)

Risk Factors	Comments
Prior History or Recent	
Suicide Ideation/Thoughts	
Suicide Threat/Plan	
Suicide Attempt	
Self-Injury/Self-Mutilation	
<input checked="" type="checkbox"/> Placed on Suicide Precautions During Previous DJJ Detention or Commitment	Youth had open suicide alert in JTIS
Hopelessness/Despair	
Recent Loss (death or separation)	
Family History of Suicide	
Recent/Current Diagnosis, particularly	
Major Depression	
Bipolar Disorder	
Anxiety/Panic Disorder	
Psychotic Disorder	
Borderline Personality Disorder	
Alcohol/Drug Dependence	
Other Events/Behaviors	

#### 2. METHOD OF ASSESSMENT: (MUST INCLUDE AN IN-DEPTH INTERVIEW WITH THE YOUTH)

[Check all that applies]

#### 2. METHOD OF ASSESSMENT: (MUST INCLUDE AN IN-DEPTH INTERVIEW WITH THE YOUTH)

[Check all that applies]

☒ 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 checkmark in applicable box)

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

\* WNL = WITHIN NORMAL LIMITS



## Follow-Up Assessment of Suicide Risk (FASR)

DEPARTMENT OF JUVENILE JUSTICE  
Electronic Medical Records  
MENTAL HEALTH FORMS

Home Active Youth:  (facesheet) Role: Li

YOUTH SEARCH <<

Active Program:  
Collier Regional Juvenile Detention Cent  
Collier Regional Juvenile Detention Center  
Facility Youth Listing: ( 25 total )

Facility Youth listed here

OHS Management Reports  
MH Referral / Sick Call  
Mental Health Forms  
Medical Forms

Sample Forms  
Standardized Forms

- Acknowledgment of Practitioner Form (PDF)
- Assessment of Suicide Risk
- Authority For Evaluation and Treatment
- Clinical Psychotropic Progress Note (PDF)
- Clinical Psychotropic Progress Note Part B (PDF)
- Detention Suicide Risk Parent/Guardian Notification
- Follow-up Assessment of Suicide Risk
- Health Status Checklist
- Consent for Evaluation and Treatment (PDF)
- Questionnaire
- Discharge Summary
- PACT MH/SA Screening Report and Referral
- Substance Abuse and Mental Health Assessment
- Suicide Precautions-Observation Log (PDF)
- Suicide Risk Screening Instrument - General Direction
- Suicide Risk Screening Instrument(SRSI)
- Suicide Risk Screening Parent/Guardian Notification (PDF)

1. The FASR is started by selecting the youth identified as in need of assessment of suicide risk = "Active Youth"
2. Select Mental Health Forms from the menu
3. Select Standardized Forms
4. Select Follow-up Assessment of Suicide Risk

**The Follow-Up Assessment of Suicide Risk (FASR) must be completed by a Mental Health Clinical Staff Person.**

**The FASR is an abbreviated version of the Assessment of Suicide Risk (ASR) and is completed only after an Assessment of Suicide Risk has been completed for the youth being maintained on suicide precautions.**

**The steps for completion of the FASR and ASR in JJIS are the same.**



## Follow-up Assessment of Suicide Risk (FASR) (MHSA 005)

### Staff Responsible for Opening Form

Mental Health Clinical Staff Person, Licensed Mental Health Professional

### Key Elements of Form

When a youth has received an Assessment of Suicide Risk and has been determined to be a Potential Suicide Risk and is being maintained on Suicide Precautions, a Follow-Up Assessment of Suicide Risk (FASR) must be conducted by a Mental Health Clinical Staff Person prior to a youth's removal from Suicide Precautions.

### Key Steps

A FASR conducted by a non-licensed Mental Health Clinical Staff Person must be reviewed by a licensed mental health professional within 24 hours of the referral.

If a FASR conducted by a non-licensed Mental Health Clinical Staff Person indicates the youth is not a Potential Suicide Risk, documentation of the Licensed Mental Health Professional's concurrence with the Assessment of Suicide Risk findings is required prior to the youth's removal from Suicide Precautions.

The FASR findings and recommendations must be reviewed by the superintendent/designee and Licensed Mental Health Professional.

Based upon the FASR findings, the Licensed Mental Health Professional and superintendent/designee will determine whether Suicide Precautions are continued.

## Follow-Up Assessment of Suicide Risk (FASR)

DEPARTMENT OF JUVENILE JUSTICE  
Electronic Medical Records  
FOLLOW UP OF ASSESSMENT OF SUICIDE RISK

Home      Active Youth:  [\(facesheet\)](#)      User Role: Licensed MH/SA [Logout](#)

Youth Search <<      Youth's Name:       DOB:       Sex: [Male](#)      Race: [White](#)      DJJID:       << Back      New

Active Program:  
Collier Regional Juvenile Detention Cent ▼  
Collier Regional Juvenile Detention Center  
Facility Youth Listing: ( 25 total )

Follow-up Assessment of Suicide Risk Records.  
No Records Found.

Mental health staff will select the "New" button to complete a new FASR

If there are any pending/completed FASRs they will be listed here.

Show All      << Back      Save      Cancel      Report

Facility Name: \*  [Select Facility](#)

**2. METHOD OF ASSESSMENT: (MUST INCLUDE AN IN-DEPTH INTERVIEW WITH THE YOUTH)\***

<input type="checkbox"/> Review of DJJ file	<input type="checkbox"/> Interview with youth	<input type="checkbox"/> Depression Inventory
<input type="checkbox"/> Interview with Parent	<input type="checkbox"/> Interview with facility nurse	<input type="checkbox"/> Interview with direct care staff
<input type="checkbox"/> Interview with facility administration	<input type="checkbox"/> Suicide Risk Index/Questionnaire/Rating Scale(Attach Instrument)	

Mental Health Staff will document assessment methods utilized for the FASR by placing a check mark for each item reviewed or person(s) interviewed.

Interview with youth is required and must always be checked.

## Follow-Up Assessment of Suicide Risk (FASR)

**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
**FOLLOW UP OF ASSESSMENT OF SUICIDE RISK**

Home Active Youth  (facesheet) User Role: Licensed MH/SA Logout

>>

Youth's Name:  DOB:  Sex:  Race:  DJJID:

Show All << Back Save Cancel Report

Facility Name: \*  Select Facility

**2. METHOD OF ASSESSMENT: (MUST INCLUDE AN IN-DEPTH INTERVIEW WITH THE YOUTH)\***

☒ Review of DJJ file ☒ Interview with youth ☒ Depression Inventory  
☐ Interview with Parent ☒ Interview with facility nurse ☐ Interview with direct care staff  
☐ Interview with facility administration ☐ Suicide Risk Index/Questionnaire/Rating Scale(Attach Instrument)

**3. CURRENT MENTAL STATUS: (Place checkmark in applicable box)\***

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

Step 1 Step 2 Step 3 Step 4 Show All << Back Save Cancel Report

Facility Name: \*  Select Facility

**2. METHOD OF ASSESSMENT: (MUST INCLUDE AN IN-DEPTH INTERVIEW WITH THE YOUTH)\***

☒ Review of DJJ file ☐ Interview with Parent ☐ Interview with facility administration

**Confirm Save**

Do you want to save data on this page prior to going to the next page?

Yes No Cancel

Mental Health Staff will complete Step 1 by completing the Current Mental Status Section. The appropriate radio button must be selected for each item.

Click Save. Steps appear for selection.

Select Step 2 and Confirm Save.

## Follow-Up Assessment of Suicide Risk (FASR)

Step 1 Step 2 Step 3 Step 4 Show All << Back Save Cancel Report

**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 ?**

☐ Yes ☒ No

**\* Does the youth have a plan/method for self-injury or suicide?**

☐ Yes ☒ No

**\* Is the youth currently self-injurious or has recently been self-injurious?**

☐ Yes ☒ No

**\* Does the youth express hopelessness/helplessness?**

☐ Yes ☒ No

**\* Has the youth experienced a recent significant loss, trauma or significant stressors?**

☐ Yes ☒ No

**\* Does the youth have medical problems (sickness, somatic complaints or chronic illness)?**

☐ Yes ☒ No

**\* Has there been recent behavioral changes or overt change in the youth's clinical condition?**

☐ Yes ☒ No

**\* Does the youth exhibit neurovegetative signs of depression?**

☐ Yes ☒ No

Mental Health Staff will complete Step 2 by completing all Current/Recent Suicide Risk indicators "Yes" Or "No", with "Yes" answers requiring a narrative.

Select Step 3 and Confirm Save.

## Follow-Up Assessment of Suicide Risk (FASR)

Step 1 Step 2 **Step 3** Step 4 Show All << Back Save Cancel Report

**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 specific thoughts of suicide or self-injury  
☐ recent or current non-specific thoughts of death ☐ recent or current self-injurious behaviors

Must put narrative in this field if any hits

1156 characters remaining... Check Spelling

**INTENT OF BEHAVIOR\***

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

Narrative not required if no hits

1167 characters remaining... Check Spelling

**PLAN\***

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

1200 characters remaining... Check Spelling

**LETHALITY\***

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

1200 characters remaining... Check Spelling

**6. IS YOUTH A POTENTIAL SUICIDE RISK ?\***

☒ NO ☐ YES

**SUMMARY OF FINDINGS WHICH SUPPORT YOUR CONCLUSION:**

1200 characters remaining... Check Spelling

Step 3: Mental Health Staff will document a response to each item. Any indicator with a “Hit” will require text.

\*\*\* Summary of findings is very important to document all findings and support your conclusion

## Follow-Up Assessment of Suicide Risk (FASR)

Step 1 Step 2 Step 3 **Step 4** Show All << Back Save Cancel Report

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

☐ Discontinue Precautionary Observation and place youth on standard supervision

**Secure Observation**

☐ Continue Secure Observation

☐ Move youth from Secure Observation to Precautionary Observation

☐ Discontinue Secure Observation and transition youth to Close Supervision

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:

1200 characters remaining... Check Spelling

9. CONSULTATION WITH LICENSED MENTAL HEALTH PROFESSIONAL:

1200 characters remaining... Check Spelling

Step 4: Mental Health Staff will select one choice from either Precautionary list or Secure Observation list.

Complete all other applicable sections and complete FASR by selecting "Elec. Sign" button

10. CONFERRED WITH FACILITY SUPERINTENDENT/DIRECTOR OR DESIGNEE:

1200 characters remaining... Check Spelling

11. NOTIFICATION (IF APPLICABLE):

1200 characters remaining... Check Spelling

<b>Parent/Legal Guardian</b> Name: <input type="text"/> Notified By: <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> E-mail Date & Time: <input type="text"/> / <input type="text"/>	<b>Juvenile Probation Officer:</b> Name: <input type="text"/> Notified By: <input type="checkbox"/> Telephone <input type="checkbox"/> Letter Date & Time: <input type="text"/> / <input type="text"/>	<b>Outside Provider:</b> Name: <input type="text"/> Notified By: <input type="checkbox"/> Telephone <input type="checkbox"/> Letter Date & Time: <input type="text"/> / <input type="text"/>
---	---	---

Completed By: Elec.Sign >>

Licensed Mental Health Professional Reviewed By:

Facility Superintendent Reviewed By:

**Parent/Guardian Notification and JPO Notification required for any youth who is to be maintained on Suicide Precautions or who makes a suicide attempt.**

**\*\*\* All FASR's must be reviewed/signed by Licensed Mental Health Professional AND Superintendent or Designee**

## Follow-Up Assessment of Suicide Risk (FASR)

Step 1 Step 2 Step 3 Step 4 Step 5 Show All << Back Report

**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:** (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).

1200 characters remaining

Check Spelling

Completed By: Elec.Sign >>

**NOTE:** Documentation of the licensed mental health professional's review and concurrence with is required prior to the youth's removal from suicide precautions and transition to normal routine specify that the licensed mental health professional concurs with the youth's removal from suicide or recommendations made by the licensed professional.

\*\*\* For Step 5 like Step 4: All FASR's must be reviewed/signed by Facility Superintendent and Licensed Mental Health Professional

Step 5 appears when requesting discontinuation of Suicide Precautions. User will select appropriate transition and input mental health disposition (must document the information specified on the form). User will complete FASR by selecting "Elec. Sign" button.

**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  
☐ YES ☐ NO Facility Superintendent/Program Director or Designee authorizes discontinuation of suicide precautions

1200 characters remaining...

Check Spelling

**Facility Superintendent Reviewed By:**

**Clinical Review**  
(Licensed Mental Health Professional's Review and Comments)

1200 characters remaining...

Check Spelling

**Licensed Mental Health Professional Reviewed By:**



## Counseling/Therapy Progress Notes

**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
**MENTAL HEALTH FORMS**

Home | Active Youth: [Youth's name/DJJ ID] (facesheet) | Role: Licensed MH/SA | Logout

**Youth Search** << | >>

Active Program:  
Collier Regional Juvenile Detention Center ▼

**Collier Regional Juvenile Detention Center**  
Facility Youth Listing: ( 25 total )

**Facility Youth listed here**

OHS Management Reports  
MH Referral / Sick Call  
Mental Health Forms  
Medical Forms

**Sample Forms**

- ☐ Chronologicals
- ☐ Close Supervision - Visual Checks Log (PDF)
- ☐ Counseling/Therapy Progress Notes
- ☐ Crisis Assessment
- ☐ Documentation of Non-Licensed MH Clinical Person's Training in Assessment of SR (PDF)
- ☐ Indiv. MH/SA Treatment Plan
- ☐ Indiv. MH/SA Treatment Plan Review
- ☐ Initial MH/SA Treatment Plan
- ☐ Licensed Mental Health Professionals and Substance Abuse Professionals Direct Supervision Log (PDF)
- ☐ Mental Health Alert - Observation Log (PDF)
- ☐ Mental Health Alert - Review
- ☐ Mental Health Alert - Summary
- ☐ Mental Health Alert - Summary for Release of SA Treatment Records
- ☐ Mental Health Alert - Summary for SA Treatment

**Standardized Forms**

Active Youth: [Youth's name/DJJ ID] (facesheet) | Role: Licensed MH/SA | Logout

Home | >>

Youth's Name: [Youth's name] | DOB: [DOB] | Sex: Male | Race: White | DJJID: [DJJ ID]

**Counseling/Therapy Progress Note Records.**

<< Back | Add Counseling/Therapy Progress Note

No Records Found

- Notes are entered by selecting the identified youth as active youth
- Select Mental Health Forms from the menu
- Select Sample Forms
- Select Counseling/Therapy Progress Note
- Select Add Counseling/Therapy Progress Note

## Counseling/Therapy Progress Notes (MHSA 018)

### Staff Responsible for Opening Form

Mental Health Clinical Staff Person, Substance Abuse Clinical Staff Person, Licensed Mental Health Professional or Licensed Qualified Professional

### Key Elements of Form

Under Rule 63N-1 form MHSA 018 must be utilized to document counseling/therapy sessions (individual, group or family therapy).

Counseling/Therapy Progress Note is completed by the clinician that provided the counseling/therapy.

### Key Steps

Counseling/Therapy Progress Note is documented on form MHSA 018 by the clinician that provided the counseling/therapy.

## Counseling/Therapy Progress Notes

**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
**MENTAL HEALTH FORMS**

Home **Active Youth** [Youth's name/DJJ ID] (facesheet) **1** Role: Licensed MH/SA Logout

**Youth Search** <<

Active Program:  
Collier Regional Juvenile Detention Center

**Collier Regional Juvenile Detention Center**  
Facility Youth Listing: ( 25 total )

Facility Youth listed here **1**

**Sample Forms**

- Chronologicals
- Close Supervision - Visual Checks Log (PDF)
- Counseling/Therapy Progress Notes**
- Crisis Assessment
- Documentation of Non-Licensed MH Clinical Services
- Person's Training in Assessment of SR (PDF)
- Indiv. MH/SA Treatment Plan
- Indiv. MH/SA Treatment Plan Review
- Initial MH/SA Treatment Plan
- Licensed Mental Health Professionals and Substance Abuse Professionals Direct Supervision Log (PDF)
- Mental Health Alert - Observation Log (PDF)
- Medical Review
- Referral Summary
- Request for Release of SA Treatment Records
- Request for SA Treatment
- Standardized Forms

**4**

OHS Management Reports

MH Referral / Sick Call

Mental Health Forms

Medical Forms

**2**

Home **Active Youth:** [Youth's name/DJJ ID] (facesheet) Logout

>>

Youth's Name: [Youth's name] DOB: [DOB] Sex: Male Race: White DJJID: [DJJ ID]

**Counseling/Therapy Progress Note Records.** << Back Add Counseling/Therapy Progress Note

No Records Found


**5**

- Notes are entered by selecting the identified youth as active youth
- Select Mental Health Forms from the menu
- Select Sample Forms
- Select Counseling/Therapy Progress Note
- Select Add Counseling/Therapy Progress Note

## Counseling/Therapy Progress Notes

Facility Name: \* Collier Regional Juvenile Detention Center [Select Facility](#)

Start Date: \* 8/27/2014 Start Time: \* 11:00 AM End Time: \* 11:30 AM

Therapy/Counseling session \* 

☒ Individual ☐ Group ☐ Family

Focus of the counseling/therapy session: \*

How to cope with back pain and reduce impulsivity.

1150 characters remaining... [Check Spelling](#)

Youth's participation in the session: \*

Actively participated and was receptive to treatment.


1147 characters remaining... [Check Spelling](#)

Youth's treatment plan goals/objectives addressed in the session: \*

1. Improve coping skills  
2. Improve pain tolerance

1149 characters remaining... [Check Spelling](#)

Elec.Sign & Save >>

Mental Health/Substance Abuse Clinical Staff Person's Signature and Credentials 

<< Previous Save Cancel

**First**, Select Note type  
**Second**, Input data into 3 sections:  
 Focus, Participation, & Treatment plan goals/objectives  
**Last**, complete Elec. Sign & Save to display below

When the Note has been saved it will appear in table under youth's information.

Counseling/Therapy Progress Note information saved successfully.

It can be selected to edit or click on PDF icon to view/print

COUNSELING/THERAPY PROGRESS NOTE

Collier Regional Juvenile Detention Center [Go](#)


Mental Health Practice > Reports >


<<

Youth's Name: Youth's name OB: DOB Sex: Male Race: White DJJID: DJJ ID

Facility Name: Collier Regional Juvenile Detention Center Circuit: 20

Counseling/Therapy Progress Note Records. [Add Counseling/Therapy Progress](#)

	Report	Counseling Session	Start Date	Start Time	End Time	Created By	Created Date	Elec.Sig By Clinical Staff	Elec.Sig Date
<a href="#">Select</a>		Individual	07/03/2013	11:00 AM	11:30 AM	Lee MentalHealth	7/3/2013 1:22:14 PM	Lee MentalHealth	07/03/201



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

COUNSELING/THERAPY PROGRESS NOTE

Date: 07/03/2013 Start Time: 11:00 AM End Time: 11:30 AM

Youth's Name: Youth's name DJJID: DJJ ID DOB: DOB

Facility/Program: Collier Regional Juvenile Detention Center

☒ Individual therapy/counseling session  
☐ Group therapy/counseling session  
☐ Family therapy/counseling session

Focus of the counseling/therapy session:  
 How to cope with back pain and reduce impulsivity

## Chronological Notes

**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
MENTAL HEALTH FORMS

Home Active Youth Youth's name/DJJ ID (facesheet) Role: Licensed MH/SA Logout

YOUTH SEARCH

Active Program:  
Collier Regional Juvenile Detention Center  
Collier Regional Juvenile Detention Center  
Facility Youth Listing: ( 25 total )

Facility Youth listed here

OHS Management Reports  
MH Referral / Sick Call  
Mental Health Forms  
Medical Forms

Sample Forms

- Chronologicals
- Close Supervision -
- Counseling/Therapy Progress Notes
- Crisis Assessment
- Documentation of Non-Licensed MH Clinical Staff Person's Training in Assessment of SR (PDF)
- Indiv. MH/SA Treatment Plan
- Indiv. MH/SA Treatment Plan Review
- Initial MH/SA Treatment Plan
- Licensed Mental Health Professionals and Substance Abuse Professionals Direct Supervision Log (PDF)
- Mental Health Alert - Observation Log (PDF)
- Review
- Referral Summary
- Request for Release of SA Treatment Records
- Request for SA Treatment
- Standardized Forms

1 Chronological Notes are entered by selecting the identified youth as active youth

2 Select Mental Health Forms from the menu

3 Select Sample Forms

4 Select Chronologicals

5 Select New

**Reminder:** Youth History report in JJIS will chronologically document OHS-MH forms completed in JJIS

>> Please minimize number of upper case letters to retain report layout.

Youth's Name: Youth's name DOB: DOB Sex: Male Race: White DJJID: DJJ ID

Facility Name: \* Select Facility

Chrono Type: \*

Date: \*

Chronological: \* 7500 characters remaining... Check Spelling

New Save Cancel

Mental Health Chronological Records.  
No Records Found.

## Chronological Notes

### Staff Responsible for Opening Form

Mental Health Clinical Staff Person, Substance Abuse Clinical Staff Person, Licensed Mental Health Professional or Licensed Qualified Professional

### Key Elements of Form

- Utilized in the EMR to document chronology of mental health and substance abuse activities. (Note: Youth History Report in EMR provides chronology of completion of EMR forms for each youth)
- Contact with youth for mental health supportive services may be documented in chronological notes.
- Telephone contact or on-site contact with parent/legal guardian may be documented in chronological notes.

### Key Steps

Chronological Note is documented by the clinician that had contact or provided the mental health or substance abuse activity.

## Chronological Notes

Facility Name: \*  Select Facility ←

Chrono Type: \*  ←

Date:

Chronological: \*  7500 characters remaining... Check Spelling ←

New Save Cancel ←

Mental Health Chronological Records.  
No Records Found.

**Reminder:** Individual, group and family therapy is documented on Counseling/Therapy Progress Note

- Facility name prepopulates or select different facility
- Select Chrono Type
- Date defaults to today
- Enter narrative; Don't forget to spell check.
- Save

- To enter a Chrono for a different facility, click Select Facility
- Select Facility Type from dropdown
- Select Program from dropdown.
- Click Select then enter Chrono

**Facility Program Selection**

Facility Type \*

Facility Programs \*

Secure Detention  
Assessment Center  
Probation  
Low Risk Residential  
Moderate Risk Residential  
High Risk Residential  
Maximum Risk Residential  
On Call Screening  
Minimum-Risk Nonresidential Day Treatment  
Non-Secure Residential

Cancel

**Facility Program Selection**

Facility Type \*


Facility Programs \*

Select

Cancel



## Chronological Notes



**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
**CHRONOLOGICAL NOTES**

User Role: Licensed MH/SA

[Home](#)
Active Youth:

[facesheet](#)
[Logout](#)

>> Please minimize number of upper case letters to retain report layout.

Youth's Name: 
 DOB: 
 Sex: [Male](#)
 Race: [White](#)
 DJJID:

Chronological Note saved successfully.

 Message indicating successful Save

Facility Name: \*

Chrono Type: \*

Date:

Chronological: \*


7500 characters remain

Table Lists SAVED chronologicals

**Mental Health Chronological Records.**

	Program Name	Chronological	Chronological Date	Chrono Type	Last Updated By	Last Updated On
<a href="#">Select</a>	Collier Regional Juvenile Detention Center	Date defaults to current date. Enter your notes, don't forget to spell check.	08/28/2014	Assessment/Evaluation	Hutchins, Rosellyn	08/28/2014 10:55 AM

## Chronological Notes



### DEPARTMENT OF JUVENILE JUSTICE

#### Electronic Medical Records

#### CHRONOLOGICAL NOTES

User Role: Licensed MH/SA

[Home](#)
Active Youth:  [\(facesheet\)](#)
[Logout](#)

>> Please minimize number of upper case letters to retain report layout.

Youth's Name: 
 DOB: 
 Sex: [Male](#)
 Race: [White](#)
 DJJID:

Chronological Note saved successfully.

Facility Name: \*

Chrono Type: \*

Date:

Chronological: \*


7500 characters remaining...

Click on SELECT to view or edit narrative

**Mental Health Chronological Records.**

	Program Name	Chronological	Chronological Date	Chrono Type	Last Updated By	Last Updated On
<a href="#">Select</a>	Collier Regional Juvenile Detention Center	Date defaults to current date. Enter your notes, don't forget to spell check.	08/28/2014	Assessment/Evaluation	Hutchins, Roselllyn	08/28/2014 10:55 AM

## Chronological Notes - Reports



**DEPARTMENT OF JUVENILE JUSTICE**  
 Electronic Medical Records  
**CHRONOLOGICAL NOTES**

Select Report to View

[Home](#)

**Active Youth:**  [\(facesheet\)](#)


User Role: Licensed MH/SA  
[Logout](#)

**Youth Search**  
 Active Program:  
 Collier Regional Juvenile Detention Cent ▼  
**Collier Regional Juvenile Detention Center**  
 Facility Youth Listing: ( 25 total )

<< Please minimize number of upper case letters to retain report layout.

**Youth's Name:** 
**DOB:** 
**Sex:** [Male](#)
**Race:** [White](#)
**DJJID:**

[<< Back](#)
[Current Facility Report](#)
[View All Report](#)

Facility Name: \*   
 Chrono Type: \*  ▼  
 Date:  

Chronological: \*   
7500 characters remaining...

[New](#)
[Save](#)
[Cancel](#)

**Mental Health Chronological Records.**

	Program Name	Chronological	Chronological Date	Chrono Type	Last Updated By	Last Updated On
<a href="#">Select</a>	SW Florida Regional Juvenile Detention Center	Entering Chrono note for a different facility.	08/28/2014	Assessment/Evaluation	Hutchins, Rosellyn	08/28/2014 01:15 PM
<a href="#">Select</a>	Collier Regional Juvenile Detention Center	Date defaults to current date. Enter your notes, don't forget to spell check.	08/28/2014	Assessment/Evaluation	Hutchins, Rosellyn	08/28/2014 10:55 AM

- Current Facility Report shows Chronological notes for Active Youth/Active Program
- View All Report shows Chrono notes for Active Youth/All Programs

Facility Youth listed here

OHS Management Reports

MH Referral / Sick Call

Mental Health Forms

## Chronological Notes - Reports

Do you want to open or save frmSQLJISOHSMHSChrono.pdf (14.0 KB) from jjisreportsqt2?

Open Save Cancel

Select Open to view PDF document or select Save option

Save  
Save as  
Save and open



### FLORIDA DEPARTMENT OF JUVENILE JUSTICE

#### Mental Health Chronological

Collier Regional Juvenile Detention Center

Youth's name/DJJ ID

Last Updated By: Hutchins, Rosellyn

Date: 08/28/2014

Chrono Type: Assessment/Evaluation

Chronological:

Date defaults to current date. Enter your notes, don't forget to spell check.

Current Facility Report shows  
Chronological notes for Active  
Youth/Active Program



### FLORIDA DEPARTMENT OF JUVENILE JUSTICE

#### Mental Health Chronological

Youth's name/DJJ ID

Last Updated By: Hutchins, Rosellyn

Date: 08/28/2014

Chrono Type: Assessment/Evaluation

Chronological:

Entering Chrono note for a different facility.

Last Updated By: Hutchins, Rosellyn

Date: 08/28/2014


Chrono Type: Assessment/Evaluation

Chronological:

Date defaults to current date. Enter your notes, don't forget to spell check.

View All Report shows Chrono notes for Active  
Youth/All Programs

## MH/SA Treatment Discharge Summary

 **DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
**MENTAL HEALTH FORMS**

Home **Active Youth:**  [\(facesheet\)](#) **User Role:** Licensed MH/SA [Logout](#)

**Youth Search** <<

**Active Program:**  
Collier Regional Juvenile Detention Cent

**Collier Regional Juvenile Detention Center**  
Facility Youth Listing: ( 25 total )

**Facility Youth listed here**

**Sample Forms**

**Standardized Forms**

- ☐ Acknowledgment Receipt of EMT or Practitioner Form (PDF)
- ☐ Assessment of Suicide Risk
- ☐ Authority For Evaluation and Treatment
- ☐ Clinical Psychotropic Progress Note (PDF)
- ☐ Clinical Psychotropic Progress Note Part B (PDF)
- ☐ Intention Suicide Risk Parent/Guardian Notification (PDF)
- ☐ Follow-up Assessment of Suicide Risk
- ☐ Health Status Checklist
- ☐ Limited Consent for Evaluation and Treatment (PDF)
- ☐ MAYSI Questionnaire
- ☐ MH/SA Treatment Discharge Summary
- ☐ PACT MH/SA Screening Report and Referral
- ☐ Substance Abuse and Mental Health Assessment
- ☐ Suicide Precautions-Observation Log (PDF)
- ☐ Suicide Risk Screening Instrument - General Directions (PDF)
- ☐ Suicide Risk Screening Instrument(SRSI)
- ☐ Suicide Risk Screening Parent/Guardian Notification (PDF)

**OHS Management Reports**

**MH Referral / Sick Call**

**Mental Health Forms**

**Medical Forms**

**Upload Library**

**Youth History**

**Pending Actions - 0**

**EMR User Administration**

**Youth's Name:**  **DOB:**  **Sex:** [Male](#) **Race:** [White](#) **DJJID:**

**MH/SA Treatment Discharge Summary Records.** << Back Add MH/SA Treatment Discharge Summary

No Records Found

1. Select the "Active Youth"
2. Select Mental Health Forms from the menu
3. Select Standardized Forms
4. Select MH/SA Treatment Discharge Summary
5. Select Add MH/SA Treatment Discharge Summary

## Mental Health/Substance Abuse Treatment Discharge Summary (MHSA 011)

### Staff Responsible for Opening Form

Mental Health Clinical Staff Person, Substance Abuse Clinical Staff Person, Licensed Mental Health Professional, Licensed Qualified Professional, Qualified Professional

### Key Elements of Form

During the final phase of mental health and/or substance abuse treatment, the Mental Health Clinical and/or Substance Abuse Staff Person, treatment team and youth shall establish a transition/discharge plan whereby improvements made during mental health treatment will be maintained upon the youth's movement from one facility to another, or return to the community.

A copy of the Mental Health/Substance Abuse Treatment Discharge Plan Form (MHSA 011) will be provided to the youth, the youth's assigned Juvenile Probation Officer, and also to the parent/legal guardian when the youth's written consent for release of substance abuse information to the parent/guardian has been obtained in accordance with consent provisions in Rule 63N-1.015, F.A.C.

### Key Steps

This form must be signed in the OHS EMR by a Licensed Mental Health Professional if completed by non-licensed mental health clinical staff or by a Qualified Professional if completed by a non-licensed substance abuse clinical staff employed by a service provider licensed under Chapter 397, F.S.

The form is printed, physically signed by treatment team (including youth, parent/guardian, and JPO requirements per 63N-1) and placed in the youth's Active Mental Health and Substance Abuse Treatment File or Individual Healthcare Record.

Note: this form can be started at any time after a treatment plan has been established, and completed at discharge.



## MH/SA Treatment Discharge Summary

Youth's Name: 
 DOB: 
 Sex: [Male](#)
 Race: [Black](#)
 DJJID: 
<< Back

Facility Name: \*  Select Facility

1. Date Mental Health Treatment Started:  
 Date Mental Health Treatment Ended:    
 Date Substance Abuse Treatment Started:  
 Date Substance Abuse Treatment Ended:

2. Relevant Mental Health and/or Substance Abuse History: \* +  

1200 characters remaining...

Check Spelling

3. Reason Mental Health and/or Substance Abuse Treatment Terminated: \* +  

1200 characters remaining...

Check Spelling

4. Problems Which Were Focus of Mental Health and/or Substance Abuse Treatment: \* +  

1200 characters remaining...

Check Spelling

5. Summary of Mental Health Treatment and/or Substance Abuse Treatment and Youth's Progress in Treatment: \* +  

1200 characters remaining...

Check Spelling

MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT DISCHARGE SUMMARY				
6. Beginning Diagnoses:				
	DSM-IV-TR Diagnoses	DSM-5 Diagnoses		
Axis I	1. Adjustment Disorder with depression 2. 3.		1200 characters remaining... <span style="border: 1px solid gray; padding: 2px 5px;">Check Spelling</span>	
Axis II	1. No diagnosis 2.			
Axis III	1. Refer to medical records or Healthy 2.			
Axis IV	1. Academic and legal issues 2.			
Axis V (GAF)	1. 55 GAF			
7. Ending Diagnoses:				
	DSM-IV-TR Diagnoses	DSM-5 Diagnoses		
Axis I	1. 2. 3.			1200 characters remaining... <span style="border: 1px solid gray; padding: 2px 5px;">Check Spelling</span>
Axis II	1. 2.			
Axis III	1. 2.			
Axis IV	1. 2.			
Axis V (GAF)	1.			

Complete all required fields

**NOTE:** The treatment end date CAN be later than today  
 Beginning Diagnoses will pre-populate.  
 Enter data for fields 7 – 11 with all applicable information.



## MH/SA Treatment Discharge Summary

8. Youth's Alert Status and Mental Status at discharge:  
 Suicide Risk ☐ Mental Health ☐ Substance Abuse ☐ Medical ☐

1200 characters remaining... [Check Spelling](#)

9. Psychotropic Medications youth has been receiving and to be continued upon discharge from the facility/program: \*

1200 characters remaining... [Check Spelling](#)

10. Continuing Mental Health Treatment and/or Substance Abuse Treatment or Services Recommended Upon Transition/Discharge \*

1200 characters remaining... [Check Spelling](#)

11. Referred to the following mental health and/or substance abuse providers:(List follow-up appointments, contact names and telephone numbers) \*

1200 characters remaining... [Check Spelling](#)

**Mental Health/Substance Abuse Clinical Staff Signature/Date**

[Elec.Sign & Save >>](#)

**Licensed Mental Health/Substance Abuse Professional's Signature/Date**

[<< Previous](#) [Save](#) [Cancel](#)

Continue entering data for fields 7 – 11 with all applicable information.

To complete select “Elec. Sign & Save”

If completed by a non-licensed MH/SA clinician, a Licensed MH/SA professional will have to approve/review your work once completed via “Elec. Sign & Save”

## MH/SA Treatment Discharge Summary

11. Referred to the following mental health and/or substance abuse providers:(List follow-up appointments, contact names and telephone numbers) \*

Referred to the following mental health and/or substance abuse providers:(List follow-up appointments, contact names and telephone numbers)

1061 characters remaining...

Check Spelling

Mental Health/Substance Abuse Clinical Staff Signature/Date

Licensed MHSA, LMHC 10/29/2015

Licensed Mental Health/Substance Abuse Professional's Signature/Date

<< Previous

Mental Health/Substance Abuse Treatment Discharge Summary saved successfully.

Youth's Name: Youth's name

DOB: DOB

Sex: Male

Race: Black

DJJID: DJJ ID

<< Back

Report

Facility Name: \* Duval Regional Juvenile Detention Center

Select Facility

Once the form is saved via Electronic Signature The page becomes View Only and the "Report" button at the top of the page becomes enabled  
A user can select "Report" to open and print the Discharge Summary



### FLORIDA DEPARTMENT OF JUVENILE JUSTICE

#### MENTAL HEALTH/SUBSTANCE ABUSE TREATMENT DISCHARGE SUMMARY

Youth's Name Youth's name

DOB DOB

Sex M

Race White

JJIS No. DJJ ID

Facility Name Collier Regional Juvenile Detention Center

Circuit 20

1. Date Mental Health Treatment Started: 06/12/2013

Date Mental Health Treatment Ended: 07/03/2013

Date Substance Abuse Treatment Started:

Date Substance Abuse Treatment Ended:

2. Relevant Mental Health and/or Substance Abuse History:  
Youth had history of depression

## Crisis Assessment

**Must be completed by a MH clinical staff person or Licensed MH Professional.**

**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
**MENTAL HEALTH FORMS**

Home | Active Youth | Youth's name/DJJ ID | (facesheet) | Role: Licensed MH/SA | Logout

**Youth Search** <<

Active Program:  
Collier Regional Juvenile Detention Center

**Collier Regional Juvenile Detention Center**  
Facility Youth Listing: ( 25 total )

**Facility Youth listed here**

**Sample Forms**

- Chronologicals
- Close Supervision - Visual
- Counseling/Therapy Plan
- Crisis Assessment**
- Documentation of Non-L
- Indiv. MH/SA Treatment Plan
- Indiv. MH/SA Treatment Plan Review
- Initial MH/SA Treatment Plan
- Licensed Mental Health Professionals and Substance Abuse Professionals Direct Supervision Log (PDF)
- Mental Health Alert - Observation Log (PDF)
- Mental Health Review
- Mental Health Summary
- Mental Health Summary for Release of SA Treatment Records
- Mental Health Summary for SA Treatment
- Standardized Forms

OHS Management Reports

MH Referral / Sick Call

Mental Health Forms

Medical Forms

1. The Crisis Assessment is entered by selecting the identified youth as active youth
2. Select Mental Health Forms from the menu
3. Select Sample Forms
4. Select Crisis Assessment
5. Select "New" - If assessment already exists then "Edit" can be selected

**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
**CRISIS ASSESSMENT**

Home | Active Youth: Youth's name/DJJ ID | (facesheet) | User Role: Licensed MH/SA | Logout

>>

Youth's Name: Youth's name | DOB: DOB | Sex: Male | Race: White | DJJID: DJJ ID

<< Back | New

**Crisis Assessment Records.**  
No Records Found

## Crisis Assessment Form (MHSA 023)

### Staff Responsible for Opening Form

Mental Health Clinical Staff Person, Licensed Mental Health Professional

### Key Elements of Form

When a youth is identified as having Acute Emotional or Psychological Distress which may pose a safety/security risk, he/she must be immediately referred to a Mental Health Clinical Staff Person using Mental Health/Substance Abuse Referral Summary form (MHSA 014). Examples of acute emotional/psychological distress include extreme anxiety, fear, panic, paranoia, impulsivity, agitation or rage.

A Crisis Assessment is utilized only when the youth's Acute Emotional or Psychological Distress or Crisis is not associated with Suicide Risk Factors or Suicide Risk Behaviors.

If the youth's behavior or statements indicate possible suicide risk, the youth must receive an Assessment of Suicide Risk instead of a Crisis Assessment.

Referrals for Crisis Assessment may be made by facility staff or by youth self-referral.

### Key Steps

The superintendent/designee must document consultation with the Designated Mental Health Clinician Authority or other Licensed Mental Health Professional and referral for Crisis Assessment on form MHSA 014.

A Crisis Assessment conducted by a non-licensed Mental Health Clinical Staff Person must be reviewed by a Licensed Mental Health Professional within 24 hours of the referral.

In the circumstance where the Crisis Assessment is conducted by a non-licensed Mental Health Clinical Staff Person but cannot be reviewed by a Licensed Mental Health Professional within 24 hours through face-to-face interaction, the Licensed Mental Health Professional may accomplish a review of the Crisis Assessment within 24 hours of the referral through in-person, telephonic or electronic consultation.

## Crisis Assessment

>> Please minimize number of upper case letters to retain report layout.

Youth's Name:  DOB:  Sex:  Race:  DJJD:  << Back

Step 1 Show All Crisis Assessments

Facility Name: \*

Date of Assessment: \*  Reason For Referral: \*

1. REASON FOR CRISIS ASSESSMENT: Describe presenting crisis condition (e.g., anxiety, fear, panic, paranoia, agitation, impulsivity, rage) and precipitants to crisis.\*

1190 characters remaining...

2. METHOD OF ASSESSMENT: (MUST INCLUDE AN IN-DEPTH INTERVIEW WITH THE YOUTH).

☒ Review of DJJ file ☒ Interview with Parent ☒ Interview with youth (required)

☐ Interview with facility nurse ☒ Interview with direct care staff ☐ Interview with facility administration

☐ Administered Questionnaire, Rating Scale, Tests (attach instrument)

3. CURENT MENTAL STATUS: (Place v in applicable box).

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

\*\* NOTE: Youths reporting thoughts of death or suicide or exhibiting symptoms of serious or severe depression must be referred for Assessment of Suicide Risk.

- Use current facility or select a different one.
- Enter Date of Assessment
- Select Reason for referral from drop down box.
- Complete all required fields
- Click Save.

## Crisis Assessment

[Step 1](#) | [Step 2](#) | [Step 3](#) | [Step 4](#) | [Show All Crisis Assessments](#)

[<< Back](#)
[Report](#)

Facility Name: \*  [Select Facility](#)

Date of Assessment: \*  Reason For Referral: \*

**1. REASON FOR CRISIS ASSESSMENT:** Describe presenting crisis condition (e.g., anxiety, fear, panic, paranoia, agitation, impulsivity, rage) and precipitants to crisis.\*

1191 characters remaining.. [Check Spelling](#)

**2. METHOD OF ASSESSMENT: (MUST INCLUDE AN IN-DEPTH INTERVIEW WITH THE YOUTH).**

☒ Review of DJJ file
 ☒ Interview with Parent
 ☒ Interview with youth (required)
 ☐ Interview with facility nurse
 ☒ Interview with direct care staff
 ☐ Interview with facility administration
 ☐ Administered Questionnaire, Rating Scale, Tests (attach instrument)

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

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

**\*\* NOTE:** Youths reporting thoughts of death or suicide or exhibiting symptoms of serious or severe depression must be referred for Asse Risk.

[Save](#)
[Cancel](#)

When Step 1 is saved the system will generate a total of 4 Steps/tabs to complete.

Click on Step 2 and click Yes to confirm saving data

**Confirm Save**

Do you want to save data on this page prior to going to the next page?

**Note:** Youths reporting thoughts of death or suicide or exhibiting symptoms of serious or severe depression must be referred for Assessment of Suicide Risk

## Crisis Assessment

Step 1 Step 2 Step 3 Step 4 Show All Crisis Assessments << Back Report

**4. DEGREE OF DANGEROUSNESS YOUTH PRESENTS TO SELF/OTHERS RELATED TO MENTAL HEALTH CRISIS (e.g., anxiety, fear, panic, paranoia, impulsivity, agitation, rage)**  
(Address each indicator listed below)

**IMMINENCE OF BEHAVIOR (PLEASE DESCRIBE IMMINENCE OF INJURY TO SELF OR OTHERS RELATED TO YOUTH'S MENTAL HEALTH CRISIS)\***

No imminent danger to self or others

1164 characters remaining... Check Spelling

**INTENT OF BEHAVIOR\***

To hurt others when angry

1200 characters remaining... Check Spelling

**CLARITY OF DANGER (DEFINITENESS OF DANGER POSED TO YOUTH AND OTHERS)\***

Youth does not present as danger to self or others

1150 characters remaining... Check Spelling

**LETHALITY OF BEHAVIOR\***

Youth does not present as danger to self or others

1200 characters remaining... Check Spelling

**5. INITIAL CLINICAL IMPRESSION\***

**a. SYMPTOMS\***

Angry and punched wall

1178 characters remaining... Check Spelling

**b. SOURCES OF STRESS/CONCERN\***

Phone call with mother and youth got mad

1160 characters remaining... Check Spelling

**c. COPING ABILITIES\***

Youth is able to process anger effectively

1158 characters remaining... Check Spelling

Save Cancel

Step 1 Step 2 Step 3 Step 4 Show All Crisis Assessments << Back Report

**6. SUPERVISION RECOMMENDATIONS\***

☐ Emergency Transport (Baker Act)

Mental Health Alert and

☐ One-to-One Supervision

☐ Constant Supervision

☐ Close Supervision

☒ Facility Standard Supervision

**7. TREATMENT RECOMMENDATIONS:\***

Mental health will initiate treatment

1163 characters remaining... Check Spelling

**8. RECOMMENDATIONS FOR FOLLOW-UP OR FURTHER EVALUATION:\***

Referral to family counseling

1171 characters remaining... Check Spelling

Save Cancel

Step 3: User will document supervision level recommended and input all treatment recommendations as well as follow up for further evaluations.

Step 2: The MH Clinician must complete and input text for each text box above before being allowed to move to Step 3 (15 Characters min. for each)



## Crisis Assessment

Step 1 Step 2 Step 3 Step 4 Show All Crisis Assessments << Back Report

**9. NOTIFICATION (IF APPLICABLE):**

<b>Parent/Legal Guardian</b> Name: <input type="text" value="Mother"/> Notified By: <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> E-mail Date & Time: <input type="text" value="08/29/2014"/> / <input type="text" value="08:00 AM"/>	<b>Juvenile Probation Officer:</b> Name: <input type="text" value="..."/> Notified By: <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> E-mail Date & Time: <input type="text"/> / <input type="text"/>	<b>Outside Provider:</b> Name: <input type="text"/> Notified By: <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> E-mail Date & Time: <input type="text"/> / <input type="text"/>
---	---	---

Save Cancel

NOTE: The parent/legal guardian and juvenile probation officer must be notified of the youth's mental health crisis, which may pose a safety or security risk to the youth or others.

Completed By:

Licensed Mental Health Professional Reviewed By:

Facility Superintendent Reviewed By:

Step 4: Complete all notification boxes as applicable and then To complete select "Elec. Sign & Save"

If non-licensed MH clinician, a Licensed MH professional will have to approve/review your work once completed via "Elec. Sign & Save"

Step 1 Step 2 Step 3 Step 4 Change In Supervision Show All Crisis Assessments << Back Report

**9. NOTIFICATION (IF APPLICABLE):**

<b>Parent/Legal Guardian</b> Name: <input type="text" value="Mother"/> Notified By: <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> E-mail Date & Time: <input type="text" value="08/29/2014"/> / <input type="text" value="08:00 AM"/>	<b>Juvenile Probation Officer:</b> Name: <input type="text" value="..."/> Notified By: <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> E-mail Date & Time: <input type="text"/> / <input type="text"/>	<b>Outside Provider:</b> Name: <input type="text"/> Notified By: <input type="checkbox"/> Telephone <input type="checkbox"/> Letter <input type="checkbox"/> E-mail Date & Time: <input type="text"/> / <input type="text"/>
---	---	---

Save Cancel

NOTE: The parent/legal guardian and juvenile probation officer must be notified of the youth's mental health crisis, which may pose a safety or security risk to the youth or others.

Completed By: Rosellyn Hutchins on 08/29/2014 08:38 AM

Licensed Mental Health Professional Reviewed By: Rosellyn Hutchins on 08/29/2014 08:38 AM

Facility Superintendent Reviewed By:

\*\*\* Once approved, a user can select "Change In Supervision" button

## Crisis Assessment – Change in Supervision

Step 1 Step 2 Step 3 Step 4 **Change In Supervision** Show All Crisis Assessments << Back Report

CHANGE IN SUPERVISION (TO BE COMPLETED AFTER FOLLOWUP MENTAL STATUS EXAMINATION)

Add Cancel

User will select “Change In Supervision” button.

User will the select “Add” button.

Step 1 Step 2 Step 3 Step 4 **Change In Supervision** Show All Crisis Assessments << Back Report

- ☐ One-to-One Supervision  
☐ Constant Supervision  
☐ Close Supervision  
☒ Facility Standard

Completed By:

Licensed Mental Health Professional Reviewed By:

Facility Superintendent Reviewed By:

CHANGE IN SUPERVISION (TO BE COMPLETED AFTER FOLLOWUP MENTAL STATUS EXAMINATION)

Add Save and Complete Elec.Sign >> Cancel

Select the desired supervision level

Click “Save and Complete Elec. Sign”

Step 1 Step 2 Step 3 Step 4 **Change In Supervision** Show All Crisis Assessments << Back Report

CHANGE IN SUPERVISION (TO BE COMPLETED AFTER FOLLOWUP MENTAL STATUS EXAMINATION)

Add Cancel

	Supervision Type	Completed By	Completed On
Select	Facility Standard Supervision	Hutchins, Rosellyn	08/29/2014 09:20 AM

The Supervision level is shown in the table.

Additional changes in supervision can be entered by selecting the “Add” button.

## Crisis Assessment – Change in Supervision

Youth's Name:	<input type="text" value="Youth's name"/>	DOB:	<input type="text" value="DOB"/>	Sex:	<u>Male</u>	Race:	<u>White</u>	DJJID:	<input type="text" value="DJJ ID"/>
Facility Name:	<u>Collier Regional Juvenile Detention Center</u>		Circuit:	<u>20</u>					

Step 1

Step 2

Step 3

Step 4

Change In Supervision

Show All Crisis Assessments

CHANGE IN SUPERVISION (TO BE COMPLETED AFTER FOLLOWUP MENTAL STATUS EXAMINATION)


Add

Cancel

	Supervision Type	Completed By	Completed On
<u>Select</u>	Facility Standard Supervision	MentalHealth, Lee	07/03/2013 02:26 PM

Once Saved the supervision type, completed by and date will appear. To make changes a user can click on “Select” button to modify.

# OHS Reports



**DEPARTMENT OF JUVENILE JUSTICE**  
**Electronic Medical Records**

[Home](#)

**Active Youth:**  [\(facesheet\)](#) [Logout](#)

**Youth Search**


**Active Program:**  

Collier Regional Juvenile Detention Center

**Collier Regional Juvenile Detention Center**  
 Facility Youth Listing: ( 25 total )

Facility Youth Listing

**OHS Management Reports**  
 MH Referral / Sick Call  
 Mental Health Forms  
 Medical Forms  
 Upload Library  
 Youth History  
 Pending Actions - 0



**Select OHS Management Reports from the Menu**

**OUR VISION**  
 The children and families of Florida will live in safe, nurturing communities that provide for their needs, recognize their strengths and support their success.

**OUR MISSION**  
 To increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services that strengthen families and turn around the lives of troubled youth.

# OHS Reports

**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
OHS Reports

User Role: Medical RN

Home Active Youth: **Please select the Youth.** Logout

YOUTH SEARCH << Please minimize number of upper case letters to retain report layout.

Active Program:  
Collier Regional Juvenile Detention Center

Collier Regional Juvenile Detention Center  
Facility Youth Listing: ( 25 total )

Facility Youth Listing

OHS Management Reports

**OHS Reports**

Report Name: \* Mental Health History By Youth

Date Range: \* 9/2/2014 THRU 9/2/2014 Current Date  
Start Date (MM/DD/YYYY) End Date (MM/DD/YYYY)

Branch: \* Detention

Search Criteria: \* Program Name

Circuit: \* Twentieth Circuit

Program Name: \* Collier Regional Juvenile Detention Center

HTML Report PDF Report Excel Report

Citrix Users Please Note: To close an HTML Report and return to the OHS Reports Menu, click the "Close Window" link or press the 'ALT' + 'F4' keys.


ASRs Summary  
Follow up ASRs Summary  
Medical Alerts Summary  
Mental Health History By Youth  
Mental Health Referral Details  
MHSA 011 Discharge Summaries  
MHSA 014 Referral Summaries  
MHSA 015 Initial Treatment Plan  
MHSA 016 Individualized Tx Plan  
MHSA 017 Individualized MH/SA Treatment Plan Review  
Multiple Sick Calls  
Problem List  
Psychotropic Medications Summary  
Referred Sick Calls  
Sick Call List  
Sick Call Requests  
Sick Calls Summary  
Suicide Risk Screening Instrument Referral Report  
Youth Admitted On Medications Summary

After selecting the desired report from the dropdown, fill out search criteria such as dates, branch, Circuit, program, etc....

When completed there are 3 choices to populate the report:  
HTML, PDF, and Excel

## Suicide Risk Screening Instrument (SRSI) (MHSA 002)

Initiated at JAC or Detention Center through OHS Web Forms Module

 **DEPARTMENT OF JUVENILE JUSTICE**  
Office of Health Services Web Forms  
**MENTAL HEALTH FORMS**

Home **Active Youth:**  ([Facesheet](#)) ([PACT](#)) ([PACT MHSA Referral](#)) ([Alerts Module](#)) [Exit](#)

**Youth Search** <<

Active Program:  
 [Sample Forms](#)  
[Standardized Forms](#)

**Duval Regional Juvenile Detention Center**  
Facility Youth Listing: ( 70 total )

**Youth Listing**

Form: [Suicide Risk Screening Instrument\(SRSI\)](#) for  Record Count: 0  
[New](#) [Upload...](#)

No Suicide Risk Screening Instrument(SRSI) forms found for youth.

**Prior JJIS Web Forms: Specific Form Information** Record Count: 9

	Ref#	Youth Name	Created Date Time	Created By	Modified Date Time	Modified By
<a href="#">View Report</a>	3750119	Youth Name	10/31/2012 12:39 PM	Smith, Lillian	10/31/2012 07:47 PM	Mcneil, Janine
<a href="#">View Report</a>	3865667		10/17/2013 05:44 PM	Pinckney, Diondra	10/17/2013 06:36 PM	Allen, Marilyn
<a href="#">View Report</a>	3865667		10/09/2013 12:56 PM	Thomas, Melvin	10/10/2013 01:32 PM	Elder-washington, Senita
<a href="#">View Report</a>	3857122		09/11/2013 08:59 PM	Ryals, Valerie	09/12/2013 01:16 PM	Elder-washington, Senita
<a href="#">View Report</a>	3971818		09/03/2014 01:54 PM	Guess, Leslie	09/03/2014 01:54 PM	Guess, Leslie
<a href="#">View Report</a>	3853506		08/29/2013 04:54 PM	Gadson, Urhonda	08/29/2013 04:54 PM	Gadson, Urhonda
<a href="#">View Report</a>	3962529		08/01/2014 03:28 AM	Lloyd, Brian	08/01/2014 03:28 AM	Lloyd, Brian
<a href="#">View Report</a>	3836378		07/03/2013 02:13 PM	Smith, Lillian	07/04/2013 03:52 PM	Elder-washington, Senita
<a href="#">View Report</a>	3783401		02/06/2013 12:54 PM	Hackley, Wilchelle	02/07/2013 03:22 PM	Elder-washington, Senita

MH Referral / Sick Call / MH Review  
Mental Health Forms  
Medical Forms  
Upload Library  
Youth History  
Pending Actions - 29

1. The Suicide Risk Screening Instrument is entered by selecting the identified youth as active youth
2. Select Mental Health Forms from the menu
3. Select Standardized Forms
4. Select Suicide Risk Screening Instrument
5. Select instrument to complete review

## Suicide Risk Screening Instrument (SRSI) (MHSA 002)

### Staff Responsible for Opening Form

JAC screener or JPO in JAC or JPO screening unit and  
JDO when youth enters a detention center or  
JDO if youth is a direct admission to the detention center

### Key Elements of Form

Administered at intake into the Juvenile Assessment Center (JAC) or Juvenile Probation Officer (JPO) Screening Unit and admission to detention or  
Administered at direct admission to detention

### Key Steps

In the JAC or JPO Screening Unit, the JAC screener or JPO completes the JAC/JPO screening sections of the SRSI. If the youth is detained, upon admission to the detention center the JDO completes the Juvenile Detention Officer screening and Screening Results sections.

Either a nurse or mental health clinical staff person must complete the “Nursing or Mental Health Clinical Staff Screening” and results sections of the SRSI.

If “no referral” is indicated in any results section then the form is completed and saved.

If a referral is needed, the Assessment of Suicide Risk Results section will be completed by MH staff after the Assessment of Suicide Risk (MHSA 004) is completed. This section will be pre-populated when the new SRSI is released in the EMR.



>>


Sample Forms

Standardized Forms

- Acknowledgment of Receipt of CPPN or Practitioner Form (PDF)
- Affidavit of Diligent Effort (PDF)
- Assessment of Suicide Risk
- Authority For Evaluation and Treatment
- Clinical Psychotropic Progress Note (PDF)
- Clinical Psychotropic Progress Note Part B (PDF)
- Detention Suicide Risk Parent/Guardian Notification (PDF)
- Follow-up Assessment of Suicide Risk
- Health Status Checklist
- Limited Consent for Evaluation and Treatment (PDF)
- MAYSI Questionnaire
- MH/SA Treatment Discharge Summary
- PACT MH/SA Screening Report and Referral
- Suicide Precautions-Observation Log (PDF)
- Suicide Risk Screening Instrument - General Directions (PDF)
- Suicide Risk Screening Instrument(SRSI)**
- Suicide Risk Screening Parent/Guardian Notification (PDF)
- Youth Consent for Substance Abuse Treatment RSAT or RSAT Overlay Services Program (PDF)

Form: Suicide Risk Screening Instrument(SRSI) for

Record Count: 1

[Select](#)  Ref# 3938422 Type EMR Form Program Name Alachua Regional Juvenile Detention Center Modified Date Time 06/23/2014 02:17 PM Modified By Stormant, Susan A Status Open

[View Report](#)

Prior JJIS Web Forms: Specific Form Information


Record Count: 1

Ref#	Youth Name	Created Date Time	Created By	Modified Date Time	Modified By
3938422	Testr, Orange Blue	06/23/2014 11:19 AM	Stormant, Susan	06/23/2014 11:46 AM	Stormant, Susan

1. "Select" the SRSI form completed by the JAC and JDO screeners.

"Select" to view

"New" to create a new form



**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
SUICIDE RISK SCREENING INSTRUMENT (SRSI)

User Role: Clinical Staff MH

[Home](#)

Active Youth: 
[Facesheet](#) [\(PACT\)](#) [\(PACT MHSA Referral\)](#) [\(Alerts Module\)](#)  
[in the current program.](#)

[Logout](#)

Youth Search  
  
 Active Program: SW Florida Regional Juvenile Detention C  
 SW Florida Regional Juvenile Detention Center  
 Facility Youth Listings: ( 32 total )

<< Please minimize number of upper case letters to retain report layout.
<< Back   SRSI Report

Youth Data, Interview of Arrest./Trans. Officer and Youth
JAC/JPO Section
Detention Officer Section
Nurse, MH Staff Section
ASR Results


Step 1 of 2
[Step 1](#) [Step 2](#)

Nursing Screening or Mental Health Clinical Staff Screening

If one or more "Yes" for questions 1 through 6, place youth on suicide precautions and constant supervision and refer youth for Assessment of Suicide Risk to be conducted within 24 hours, or immediately if the youth is in need of emergency services or crisis intervention.

	Nurse Screening	Mental Health Clinical Staff
1. Have you ever tried to kill yourself? *	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
When was the most recent time?		
500 characters remaining... <div style="text-align: right; font-size: 0.8em;">Check Spelling</div>		
How?		
500 characters remaining... <div style="text-align: right; font-size: 0.8em;">Check Spelling</div>		
Was there another time in the past that you tried to kill yourself? *	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
When?		
500 characters remaining... <div style="text-align: right; font-size: 0.8em;">Check Spelling</div>		
How?		

1. Review the information in the 3 sections already documented on the SRSI with regard to the youth's suicide risk.
2. Go to the Nurse, MH Staff Section.



## DEPARTMENT OF JUVENILE JUSTICE

### Electronic Medical Records

#### SUICIDE RISK SCREENING INSTRUMENT (SRSI)

User Role: Clinical Staff/MH

[Home](#)
Active Youth:  

[Facsheet](#)
[PACT](#)
[PACT/MHSA Referral](#)
[Alerts Module](#)


Youth is not in the current program.

YOUTH SEARCH

Active Program: SW Florida Regional Juvenile Detention C ▼

**SW Florida Regional Juvenile Detention Center**

Facility Youth Listings: ( 32 total )











SRSI Report

YOUTH DATA, INTERVIEW OF ARREST/TRANS. OFFICER AND YOUTH
JAC/IPO SECTION
DETENTION OFFICER SECTION
Nurse, MH Staff Section
ASR RESULTS

Step 1 of 2

Nursing Screening or Mental Health Clinical Staff Screening

If one or more "Yes" for questions 1 through 6, place youth on suicide precautions and constant supervision and refer youth for Assessment of Suicide Risk to be conducted within 24 hours, or immediately if the youth is in need of emergency services or crisis intervention.

	Nurse Screening	Mental Health Clinical Staff
<p>1. Have you ever tried to kill yourself? *</p> <p>When was the most recent time?</p> <div style="border: 1px solid #ccc; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: right; font-size: small;">500 characters remaining...</div> <div style="text-align: right;">   </div> <p>How?</p> <div style="border: 1px solid #ccc; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: right; font-size: small;">500 characters remaining...</div> <div style="text-align: right;">   </div> <p>Check Spelling</p>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<p>Was there another time in the past that you tried to kill yourself? *</p> <p>When?</p> <div style="border: 1px solid #ccc; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: right; font-size: small;">500 characters remaining...</div> <div style="text-align: right;">   </div> <p>How?</p> <div style="border: 1px solid #ccc; height: 30px; margin-bottom: 5px;"></div> <div style="text-align: right; font-size: small;">500 characters remaining...</div> <div style="text-align: right;">   </div> <p>Check Spelling</p>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

>> Please minimize number of upper case letters to retain report layout.

<< Back

SRSI Report

Youth Data, Interview of Arrest/Trans. Officer and Youth

Detention Officer Section

**Nurse, MH Staff Section**

ASR Results

Step 1 of 2

[Step 1](#) [Step 2](#)

### Nursing Screening or Mental Health Clinical Staff Screening

If one or more "Yes" for questions 1 through 6, place youth on suicide precautions and constant supervision and refer youth for Assessment of Suicide Risk to be conducted within 24 hours, or immediately if the youth is in need of emergency services or crisis intervention.

	Nurse Screening	Mental Health Clinical Staff
1. Have you ever tried to kill yourself? *	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
When was the most recent time?		
<div>500 characters remaining...</div>		
How?		
<div>500 characters remaining...</div>		
Was there another time in the past that you tried to kill yourself? *	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
When?		
<div>500 characters remaining...</div>		
How?		
<div>500 characters remaining...</div>		
2. Are you thinking of hurting or killing yourself now? *	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
"Yes", requires immediate referral for Assessment of Suicide Risk to be conducted within 24 hours or immediately if the youth is in crisis, or Baker Act.		
Explain:		
<div>500 characters remaining...</div>		
3. Do you feel that there is no future, that life is not worth living? *	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

If "Yes" is answered to any question, then a narrative is required.

Any "Yes" answer generates a **Suicide Alert**.

If "Yes" for question 2 ("Are you thinking of hurting or killing yourself now?"), the mental health clinical staff person or nurse must place youth on suicide precautions and constant supervision, and immediately refer the youth for an Assessment of Suicide Risk or refer for Baker Act if the youth presents an imminent threat of suicide.

<div>500 characters remaining...</div> <div>Check Spelling</div>			
3. Do you feel that there is no future, that life is not worth living? *		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<div>4. Have you recently put yourself in a situation where you could have been seriously hurt or killed because you did not care whether you lived or died? (e.g., reckless driving while drunk or high, etc.) *</div> <div>Explain:</div> <div>500 characters remaining...</div> <div>Check Spelling</div>		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<div>5. Have your sleeping or eating habits changed to the extent that you are losing weight because you don't have an appetite or you can't sleep most of the time? *</div> <div>Explain:</div> <div>500 characters remaining...</div> <div>Check Spelling</div>		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<div>6. Other than being arrested and detained, have you had a major change or loss in the past six months, such as a death, divorce of parents, breaking up with a boyfriend or girlfriend, etc.? *</div> <div>Explain:</div> <div>500 characters remaining...</div> <div>Check Spelling</div>		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Was the major change or loss related to someone in your family or a close friend killing or trying to kill himself/herself? *		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<div>Who?</div> <div>500 characters remaining...</div> <div>Check Spelling</div>			
<div>When?</div> <div>500 characters remaining...</div> <div>Check Spelling</div>			
<div>How?</div> <div>500 characters remaining...</div> <div>Check Spelling</div>			
<div>Other Comments:</div> <div>600 characters remaining...</div> <div>Check Spelling</div>			
<div>&lt;&lt; Previous</div> <div>Save</div> <div>Save &amp; Next &gt;&gt;</div> <div>Cancel</div>			

Once all 6 items from Step 1 are completed, click on the Save & Next button



**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
**SUICIDE RISK SCREENING INSTRUMENT (SRSI)**

[Home](#)      Active Youth: **Testr, Orange (1321846)** ([facesheet](#))

>> Please minimize number of upper case letters to retain report layout.

Youth Data, Interview of Arrest/Trans. Officer and Youth	Detention Officer Section	Nurse, MH Staff Section	ASR Results
--	---------------------------	-------------------------	-------------

**Step 2 of 2**  
**Nursing Screening or Mental Health Clinical Staff Screening Results**

☐ No referral necessary based on available information

☒ Referred for Assessment of Suicide Risk

☐ Self

Referred to:

Referred by: ☐ Telephone ☐ E-mail    Date/Time  /

☐ Assessor will be immediately consulted to determine if youth is in need of immediate Assessment or crisis intervention

☐ Assessor will see youth within 24 hours

☐ Emergency Transport (Baker Act)  
Note: Youth presenting an imminent threat of suicide must be transported for emergency care.

☐ Emergency Transport (Marchman Act Evaluation or Medical Evaluation)  
Note: Youth presenting as intoxicated or high on drugs/alcohol must be transported for emergency care.

**Elec.Sign & Save >>**

Nurse's/MH Staff Name and Date/Time

On Step 2, indicate if the youth was referred for Assessment of Suicide Risk, or was an Emergency Transport under the Baker or Marchman Acts.

When a Mental Health Clinical Staff Person checks the box "Referred For Assessment of Suicide Risk", the youth will either be referred to another mental health clinical staff person for Assessment of Suicide Risk or the mental health clinical staff person administering the SRSI will also administer the Assessment of Suicide Risk.

If the youth is referred for Assessment of Suicide Risk indicate the person's name and type of contact

If "Self" is checked, the mental health staff person's name will be prepopulated on form.

Indicate when the youth will be seen by the mental health staff.

A referral for Assessment of Suicide Risk **MUST** be completed if:

- “Yes” response on any SRSI item.
- PACT Mental Health and Substance Abuse Report and Referral Form – Suicide Category
- MAYSI-2 Suicide Scale
- Suicide Risk Alert in JJIS
- Other available information.



DEPARTMENT OF JUVENILE JUSTICE  
Electronic Medical Records  
SUICIDE RISK SCREENING INSTRUMENT (SRSI)

Active Youth: Testr, Orange (1321846) [\(facesheet\)](#) User Role: Medical ARNP [Logout](#)

>> Please minimize number of upper case letters to retain report layout.

<< Back SRSI Report

Youth Data, Interview of Arrest/Trans. Officer and Youth Detention Officer Section Nurse, MH Staff Section ASR Results

Step 2 of 2

**Nursing Screening or Mental Health Clinical Staff Screening Results**

☐ No referral necessary based on available information  
☒ Referred for Assessment of Suicide Risk

Referred to:  indicate person's name

Referred by: ☒ Telephone ☐ E-mail Date/Time 06/24/2014 05:00 PM

☐ Assessor will be immediately consulted to determine if youth is in need of inpatient  
☒ Assessor will see youth within 24 hours

☐ Emergency Transport (Baker Act)  
 Note: Youth presenting an imminent threat of suicide must be transported for emergency evaluation

☐ Emergency Transport (Marchman Act Evaluation or Medical Evaluation)  
 Note: Youth presenting as intoxicated or high on drugs/alcohol must be transported for emergency evaluation

**Elec.Sign & Save >>**

Nurse's/MH Staff Name and Date/Time

**Electronic Signature**

By clicking Elec.Sign and Save, I agree that the signature will be the electronic representation of my signature.

**Confirm Your Name and Credentials for Electronic Signature.**

Susan Stormant  
 Susan Stormant

**Enter Your JJIS Password for Confirmation.**

Password:


**Elec.Sign and Save**

**Note:**  
 If you choose 'Elec.Sign and Save' no one else is allowed to modify what you have entered in. Do this when you are completely finished with the report portion.

<< Previous Save Save & Next >> Cancel

Once Step 2 is completed, click on the Electronic Signature Button.

Input your JJIS password, then click on the Elec. Sign and Save button. This completes the Nursing/Mental Health section of the SRSI.

 **DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records  
**SUICIDE RISK SCREENING INSTRUMENT (SRSI)**

[Home](#) Active Youth: [Testr, Orange \(1321846\)](#) [\(facesheet\)](#)

>> Please minimize number of upper case letters to retain report layout.

YOUTH DATA, INTERVIEW OF ARREST/TRANS. OFFICER AND YOUTH | DETENTION OFFICER SECTION | NURSE, MH STAFF SECTION | **ASR RESULTS** | Modified By: \_\_\_\_\_

This section is VIEW only.

**Assessment of Suicide Risk Results**

(The Assessment of Suicide Risk must be completed by a licensed mental health professional or mental health clinical staff person working under the direct supervision of a licensed mental health professional)

Date of Assessment of Suicide Risk:

**Assessment Results:**

POTENTIAL SUICIDE RISK ☐ Yes ☒ No

ASR Recommendations Regarding Suicide Precautions

☐ Emergency Transport (Baker Act)

Precautionary Observation

☐ Continue youth on Precautionary Observation

☐ Move youth from Precautionary Observation to Secure Observation

☐ Discontinue Precautionary Observation and transition youth to Close Supervision

☒ Discontinue Precautionary Observation and place youth on standard supervision

Secure Observation

☐ Continue Secure Observation

☐ Move youth from Secure Observation to Precautionary Observation

☐ Discontinue Secure Observation and transition youth to Close Supervision

Completed By: Susan Stormant, 07/07/2014 11:24 AM  
(Mental Health Clinical Staff Assessor's Name )

Reviewed By: \_\_\_\_\_  
(Licensed Mental Health Professional's Name, Title)

☐ No Assessment of Suicide Risk Completed

Comments

The Assessment of Suicide Risk section of the SRSI will remain blank until the Assessment of Suicide Risk is completed by the appropriate Mental Health Personnel.

When an Assessment of Suicide Risk is completed, this section of the SRSI will be filled-in automatically (pre-populated) in the EMR.

**Assessment of Suicide Risk (MHSA 004) Results:**POTENTIAL SUICIDE RISK ☐ YES ☐ NO**ASR Recommendations Regarding Suicide Precautions**☐ Emergency Transport (Baker Act)**Suicide Precautions:****Precautionary Observation**

- ☐ Continue youth on Precautionary Observation  
☐ Move youth from Precautionary Observation to Secure Observation  
☐ Discontinue Precautionary Observation and transition youth to Close Supervision  
☐ Discontinue Precautionary Observation and place youth on standard supervision

**Secure Observation**

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

Assessed By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 (Mental Health Clinical Staff Assessor's Name )

Reviewed By: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
 (Licensed Mental Health Professional's Name, Title)

☐ No Assessment of Suicide Risk Completed

Comment: \_\_\_\_\_

☐ Detention Suicide Risk Parent/Guardian Notification Form (MHSA 009) provided to parent/guardian.

Completed By: \_\_\_\_\_ Date/Time \_\_\_\_\_  
 Mental Health Clinical Staff Assessor's Name

*Copies to: When all sections of the SRSI have been completed, a printed copy of the SRSI must be placed in the youth's DJJ Case File and DJJ Individual Healthcare Record-Mental Health Section.*

Results from the Completed ASR will now populate at the end of the SRSI form.

If No ASR was completed, MH Staff will document why and this will appear on the completed SRSI.

If you have any questions or problems using OHS Electronic Medical Record, please contact your local Data Integrity Officer (DIO)

<http://www.djj.state.fl.us/partners/data-integrity-jjis>