



Suicide Risk Screening Instrument (SRSI)

Juvenile Assessment Center
Juvenile Probation Officer/Case Manager/ Screener

May 2016

How to Access the SRSI

First, log in to JJIS

Department of Juvenile Justice System 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: *	<input type="text"/>
Password: *	<input type="password"/>
System: *	<input type="text" value="JJIS"/>
<input type="checkbox"/> Change Password?	
<input type="button" value="Login"/> <input type="button" value="Close"/>	

JJIS Help Desk (850) 921-7832

How to Access the SRSI



The screenshot shows a web browser window with the address bar displaying <http://jjiswebqt1/JJISWEBSITE2010/Welcome.asp>. The page header includes the text "Department of Juvenile Justice" and a "Logout" link. A "Modules" menu is visible on the left, containing the following items:

- Intake Web
- Applications
- NEW Web Forms

A large red arrow points to the "NEW Web Forms" option. In the bottom right corner, there is a large yellow star logo with the text "FLORIDA DEPARTMENT OF JUVENILE JUSTICE" and "GREAT SEAL OF THE STATE OF FLORIDA".

Click on New Web Forms

How to Access the SRSI

Department of Juvenile Justice

Logout Face Sheet Test Server

New Web Forms Module

Form Package Information

Search Type

☐ Approximate Match ☒ Exact Match

Search By

☐ Last Name, First Name
☐ Last Name, First Name, DOB
Last Name
First Name

☐ Last Name, First Name, Race
☐ Last Name, First Name, Sex
Last Name
First Name

☐ Alias Name
Alias
Sex

☐ Date of Birth
DOB

☐ Social Security #
SSN

☐ DJJ ID
DJJ ID

☐ Race
Race

Find

Youth Found

Youth	DJJID	SSN	DOB	Prevention	Civil Citation	Delinquent	Race	County
Select		XXX-XX-0185	10/24/1996	No	No	YES	White	

Count: 1

- 1) Find Your Youth
- 2) Select Your Youth

How to Access the SRSI

The screenshot shows a web browser window with the address bar displaying `http://jjiswebqt1/JJISWEBSITE2010/WebForms/W`. The page header includes a logo, a "Logout" link, and the text "Department of Juven". The main content area is titled "New Web Forms Module" and contains a section for "Form Package Information". Under this, there is a "Primary Referral Screen" with a blacked-out ID and the number "1180173". Below this, the text "Youth Referrals" and "Record Count: 1" are visible. A table with four columns: "Referral", "Date", "Charge Description", and "Status" contains one row. The "Referral" value is "3938161", which is highlighted by a red arrow. The "Date" is "5/18/2014", the "Charge Description" is "RESIST OFFICER- FLEE ELUDE LEO WITH LIGHTS SIREN ACTIVE", and the "Status" is "Open".

Referral	Date	Charge Description	Status
3938161	5/18/2014	RESIST OFFICER- FLEE ELUDE LEO WITH LIGHTS SIREN ACTIVE	Open

Select the referral number you are addressing

How to Access the SRSI

Form Package Information Select Youth View Forms Directory
Select Referral Old Web Forms

7) (Primary ReferralID: 3972498)

NEW Web Forms

- Assessment Center Forms
 - Authority For Evaluation and Treatment - Old
 - Authority For Evaluation and Treatment - New
 - Commitment Management Conference Summary
 - Detention Risk Assessment
 - Financial Statement for Determination of Cost Recovery
 - Human Trafficking Screening Tool
 - MAYSI Questionnaire
 - Old Detention Risk Assessment
 - PACT Classification
 - PACT MH/SA Screening Report and Referral
 - PACT Pre-Post Disposition Report
 - PACT Recommendation to State Attorney
 - PACT YES Plan
 - Pre-Post Disposition Report
 - Recommendation to State Attorney
 - Substance Abuse and Mental Health Assessment - Part I & Part II - Old
 - Substance Abuse and Mental Health Assessment Summary of Findings and Recommendations - Old
 - Substance Abuse and Mental Health Preliminary Screening
 - Suicide Risk Screening Instrument - Old
 - Suicide Risk Screening Instrument - General Direction
 - Suicide Risk Screening Instrument(SRSI) - New
 - Suicide Risk Screening Parent/Guardian Notification
 - Supervision Plan
 - Supervision Risk Classification Instrument
- Detention Center Forms
- Health Services Forms
- Probation and Community Corrections Forms
- Residential and Correctional Facilities Forms



- 1) **Select Suicide Risk Screening Instrument (SRSI) NEW**
- 2) **This will take you to the Office of Health Services Web Forms.**



[Logout](#)

[<< Back](#)

Form Package Information

[Select Youth](#)

[Select Referral](#)

[View Forms Direct](#)

[Old Web Forms](#)

(Primary ReferralID: 3970345)

NEW Web Forms

Assessment Center Forms

- ☐ [Authority For Evaluation and Treatment - Old](#)
- ☐ [Authority For Evaluation and Treatment - New](#)
- ☐ [Commitment Management Conference Summary](#)
- ☐ [Detention Risk Assessment](#)
- ☐ [Financial Statement for Determination of Cost Recovery](#)
- ☐ [Human Trafficking Screening Tool](#)
- ☐ [MAYSI Questionnaire](#)
- ☐ [Old Detention Risk Assessment](#)
- ☐ [PACT Classification](#)
- ☐ [PACT MH/SA Screening Report and Referral](#)
- ☐ [PACT Pre-Post Disposition Report](#)
- ☐ [PACT Recommendation to State Attorney](#)
- ☐ [PACT YES Plan](#)
- ☐ [Pre-Post Disposition Report](#)
- ☐ [Recommendation to State Attorney](#)
- ☐ [Substance Abuse and Mental Health Assessment - Part I & Part II - Old](#)
- ☐ [Substance Abuse and Mental Health Assessment Summary of Findings and Recommendations - Old](#)
- ☐ [Substance Abuse and Mental Health Preliminary Screening](#)
- ☐ [Suicide Risk Screening Instrument - Old](#)
- ☐ [Suicide Risk Screening Instrument - General Directions](#)
- ☐ [Suicide Risk Screening Instrument\(SRSI\) - New](#)
- ☐ [Suicide Risk Screening Parent/Guardian Notification](#)
- ☐ [Supervision Plan](#)

Placement Selection

Please select the current placement:

Placements*

.....
J A C - 20 Circuit - Lee County
Intake - 20th Circuit



Select youth's current placement.

JAC Screeners and JPO's will select "Intake or JAC referral"

How to Access the SRSI

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

User Role: JPO/JPOS

Active Youth: [Redacted] (facesheet) [Exit](#)

Form: Suicide Risk Screening Instrument(SRSI) for [Redacted]

Record Count: 0

[New](#) [Upload...](#)

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

Prior JJIS Web Forms: Specific Form Information


	Ref#	Youth Name	Created Date Time	Created By	Modified Date Time	Count
View Report	3753001	[Redacted]	11/08/2012 03:21 AM	Thomas, Cassandra	11/08/2012 03:21 AM	4
View Report	3567435	[Redacted]	07/01/2011 05:41 PM	Calhoun, Glenna	07/01/2011 05:41 PM	
View Report	3938161	[Redacted]	05/18/2014 05:31 PM	Lacy, Magan	05/18/2014 05:31 PM	
View Report	3804519	[Redacted]	04/04/2013 11:26 PM	Butler, Colleen	04/04/2013 11:26 PM	

**Click “New” to start a new SRSI or
Click “View Report” to view a previously
completed SRSI**

(SRSI’s completed in the old form will be at the bottom, the NEW SRSI’s will be above them)

How to Access the SRSI

Office of Health Services Web Forms - Windows Internet Explorer

 DEPARTMENT OF JUVENILE JUSTICE
Office of Health Services Web Forms
SUICIDE RISK SCREENING INSTRUMENT (SRSI)

User Role: JPO/JPOS

Active Youth: [REDACTED] ([facesheet](#)) [Exit](#)


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

[<< Back](#)

Primary Referral Selection

Youth Referrals Status: [Open](#) ▼

Referral	Date	Charge Description	Status
3938161	05/18/2014	RESIST OFFICER- FLEE ELUDE LEO WITH LIGHTS SIREN ACTIVE	Open



Select the JAC referral or referral youth is going to detention for.

Part 1

Juvenile Assessment Center (JAC)

JAC Contracted Screener

JAC/Juvenile Probation Officer

**Interview of Youth and
Arresting/Transporting Officer**

Completing the SRSI (Part 1)

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

Step 1 of 3

Direct Admit to Detention? ☒ Yes ☐ No

Facility Name: * P C P - 20 Circuit - D J J

Youth's Name Referral: 3972498

Aliases Kel DJJID:

Date of Birth Age 15

Parent/Guardian Selection

Address/Telephone

Date/Time Detained 02/11/2015 02:49 PM

Statute Number/Offense(s)
794.011 2b Sex Assault- Battery BY UNDER 18 YOA SEX BATTERY VICTIM UND 12 YOA

Step 1 includes the JAC screener's initial intake Information.

Move through the screens:

Click "Save" if you want to save information and keep working on this page

Click "Save & Next" if you're ready to move on to the next page

Click "Cancel" if you want to exit the SRSI without saving

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

Step 2 of 3

Interview of Arresting/Transporting Officer (To be completed before the officer leaves)

If "Yes", place youth on suicide precautions and constant supervision. If "Yes" for item 1, transport youth for immediate evaluation under the Baker Act. If "Yes" for item 2, transport youth for emergency medical evaluation or eval

Arresting/Transporting Officer's Name: * Badge/ID#: * ☐ Prepopulated By JJIS

1. Do you have any reason to think this youth will try to kill himself? * ☐ Yes ☐ No

Explain:

400 characters remaining...

2. Do you have any reason to think this youth is intoxicated or high on drugs or alcohol? * ☐ Yes ☐ No

Explain:

400 characters remaining...

Other Comments:

400 characters remaining...

Elec.Sign & Save >>

Name of Staff Person Completing this Section

Instructions of what to do if "YES" is selected for questions.

If "YES" is selected for any answer in this form, a narrative is required in the Explain Box.

Any "YES" response generates a **Suicide Alert!**

Navigation Buttons: << Previous Save Save & Next >> Cancel

Click "Previous" if you want to return to the last page

Click "Save" if you want to save information and keep working on this page

Click "Save & Next" if you're ready to move on to the next page

Click "Cancel" if you want to exit the SRSI without saving

Click "Elec. Sign & Save" when you've completed this section!!

DEPARTMENT OF JUVENILE JUSTICE
Office of Health Services Web Forms
SUICIDE RISK SCREENING INSTRUMENT (SRSI)

User Role: JPO/JPOS

Active Youth: [REDACTED] (facesheet) [Exit](#)

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

<< Back SRSI Report

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

Step 2 of 3

Interview of Arresting/Transporting Officer

If "Yes", place youth on suicide precaution.

Arresting/Transporting Officer's Name
Joseph Distefano III

1. Do you have any reason to think this youth is suicidal?
Explain:
You have 400 characters remaining to type your explanation.

2. Do you have any reason to think this youth is suicidal?
Explain:
You have 340 characters remaining to type your explanation.

Other Comments:
You have 337 characters remaining to type your other comments.

Elec.Sign & Save >>

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.

Enter Your JJIS Password for Confirmation.
Password: [REDACTED]

Elec.Sign and Save Cancel

Enter your JJIS password to electronically sign the document.

Click "Elec. Sign & Save"

Click "Next" to move to the next screen

(You must "Electronically Sign and Save" before moving on)

Interview of Arresting/Transporting Officer

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

Step 2 of 3

Interview of Arresting/Transporting Officer (To be completed before the officer leaves)

If "Yes", place youth on suicide precautions and constant supervision. If "Yes" for item 1, transport youth for immediate evaluation under the Baker Act. If "Yes" for item 2, transport youth for emergency medical evaluation or evaluation under the Marchman Act

Arresting/Transporting Officer's Name: * Badge/ID#: * ☐ Prepopulated By JJIS

1. Do you have any reason to think this youth will try to kill himself? * ☐ Yes ☐ No

Explain:

400 characters remaining...

NOTE INSTRUCTIONS ON FORM: If Yes, Place youth on Suicide Precautions and constant supervision. If "yes" for item 1, transport youth for immediate evaluation under the Baker Act. If yes for item 2, transport youth for emergency medical evaluation or evaluation under the Marchman Act

- ❖ Ask the arresting/transporting officer the question posed in item one. Records his/her response "yes" or "no". If "yes" is recorded, an explanation must be recorded in the "Explain" textbox. (Record the specific information provided by the arresting/transporting officer)
- ❖ If the Arresting/Transporting Officer answers "Yes" then ...
If "Yes", place youth on suicide precautions and constant supervision.
If "Yes" for item 1, transport youth for immediate evaluation under the Baker Act.

NOTE INSTRUCTIONS ON FORM: If Yes, Place youth on Suicide Precautions and constant supervision. If “yes” for item 1, transport youth for immediate evaluation under the Baker Act. If yes for item 2, transport youth for emergency medical evaluation or evaluation under the Marchman Act

2. Do you have any reason to think this youth is intoxicated or high on drugs or alcohol? * ☐ Yes ☐ No

Explain:

400 characters remaining...

Other Comments:

400 characters remaining...

- ❖ Ask the arresting/transporting officer the question in item two. Record his/her response “yes” or “no” . If “yes” is recorded, an explanation must be recorded in the “Explain” textbox. (Record the specific information provided by the arresting/transporting officer)
- ❖ If the Arresting/Transporting Officer answers “Yes” then ...
If "Yes" for item 2, transport youth for emergency medical evaluation or evaluation under Marchman Act

Step 3 of 3

JAC Screener or Juvenile Probation Officer (JPO) Interview of Youth (JAC Screener or JPO shall ask the youth the following questions)

If one or more "Yes", for questions 1 through 3 place youth on suicide precautions and constant supervision. Refer youth for Assessment of S intervention.

1. Have you ever tried to kill yourself? * ☐ Yes ☐ No

When was the most recent time?

400 characters remaining...


How?

400 characters remaining...

❖ Ask the youth the question in item one above. "Have you ever tried to kill yourself?" Record his/her response "yes" or "no". If "yes", the next two questions are asked (When was the most recent time? And How?) Record the youth's answers in the text boxes.

❖ If the youth answers "YES" then ...

If "Yes", for question 1 place youth on suicide precautions and constant supervision. 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.



Was there another time in the past that you tried to kill yourself? * ☐ Yes ☐ No

When?

400 characters remaining...

How?

400 characters remaining...

Other Comments?

400 characters remaining...

- ❖ If the youth answered “yes” to question 1, ask the youth the next follow-up question – “Was there another time in the past that you tried to kill yourself?” Record his/her response “yes” or “no” . If “yes” is recorded, the next questions and text boxes (When ? and How?) must be completed. Record youth’s answers in the text boxes.
- ❖ If the youth answers “YES” then ...
If "Yes", for question, place youth on suicide precautions and constant supervision. 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.

2. Are you thinking about killing yourself now? * ☐ Yes ☐ No

Explain?

400 characters remaining...

- ❖ Ask the youth the question in item 2. – “Are you thinking about killing yourself now?” Record his/her response “yes” or “no” . If “yes” is recorded, an explanation must be recorded in the “Explain” textbox. (Record the youth’s answers in the text box.)

If the youth answers “YES” then ...

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.

3. Have you been high on drugs or alcohol in the past 24 hours, and are currently coming down from alcohol or drugs? * ☐ Yes ☐ No

Explain?

400 characters remaining...

❖ Ask the youth the question in item 3 – “Have you been high on drugs or alcohol in the past 24 hours, and are currently coming down from alcohol or drugs?” Record his/her response “Yes” or “No” . If the youth answers “Yes”, an explanation must be recorded in the “Explain” textbox. (Record the specific information provided by the youth as to his/her being high on drugs or alcohol)

❖ If youth answers “Yes”, then ...

"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.

Youth's Current DJJ or DCF Involvement: (Check all that apply)

- | | | | | |
|---|---|---|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Delinquency Intake | <input type="checkbox"/> Delinquency Commitment | <input type="checkbox"/> Child Protective Investigation | <input type="checkbox"/> Foster Care | <input type="checkbox"/> None |
| <input type="checkbox"/> Probation | <input type="checkbox"/> Conditional Release | <input type="checkbox"/> Protective Services | <input type="checkbox"/> Adoptions | |

<< Previous

Save

Save & Next >>

Cancel

To complete step 3 of 3.

Check youth's current DJJ or DCF involvement. (Check all that apply)

Click "Previous" if you want to return to the last page

Click "Save" if you want to save information and keep working on this page

Click "Save & Next" if you're ready to move on to the next page

Click "Cancel" if you want to exit the SRSI without saving

Interview of Parent/Guardian, Dependency Case Manager, and assigned Juvenile Probation Officer (JPO)

- JPO intake worker attempts to contact youth's parent/guardian or if applicable, DCF case manager and assigned JPO (or assigned DJJ contact person), documents who was contacted, checks the "Contacted" box along with date and time, and asks questions 1-6, or documents attempts to contact and checks "Unable to Contact" box along with date and time.
- "Unable to Contact" means at least two calls were made to the telephone numbers provided for the parent, guardian or relative, and the parent/guardian or relative
 - ✓ When the "Contacted" box is checked, a "yes" or "no" response must be recorded for each interview question.
 - ✓ When the "Unable to Contact" box is checked, the "yes" and "no" boxes will remain blank.
 - ✓ The "Comments" sections must be completed to proceed in JJIS.

Step 1 of 4 - Select who you interviewed and when.

By selecting that you contacted a Parent, DCF or JPO, this allows you to complete questions in Step 2.

Step 1 of 4

JAC Screener or JPO Interview of Parent/Guardian or Relative or DCF Case Manager and Assigned JPO:

If the youth is detained and the JAC or JPO screener was unable to contact the parent/legal guardian or DCF Case Manager and the assigned JPO prior to the youth's admission to the detention center, then the detention center's assigned JPO. If the detention center's admitting detention officer is unable to contact the parent/legal guardian, the detention center must notify the youth's assigned JPO.

☐ Interview of Parent/Legal Guardian or Relative

Parent/Legal Guardian or Relative Name: Relationship:

Outcome:

☐ Contacted Date/Time / / ☐ Unable to Contact Date/Time / /

☐ Refused to Answer Interview Questions

Comments:

400 characters remaining...

..... (OR)

☐ Interview of DCF Case Manager

DCF Case Manager Name:

Outcome:

☐ Contacted Date/Time / / ☐ Unable to Contact Date/Time / /

☐ Refused to Answer Interview Questions

Comments:

400 characters remaining...

☐ Interview of Assigned JPO

Assigned JPO:

Outcome:

☐ Contacted Date/Time / / ☐ Unable to Contact Date/Time / /

☐ Refused to Answer Interview Questions

Comments:

400 characters remaining...

<< Previous Save Save & Next >> Cancel

When the "Contacted" box is checked, a "yes" or "no" response must be recorded for each interview question.

When the "Unable to Contact" box is checked, the "yes" or "no" interview questions will remain blank.

The "Comments" sections must be completed to proceed in JJIS.

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

Step 1 of 3

Direct Admit to Detention? ☐ Yes ☒ No

Facility Name: * SW Florida Regional Juvenile Detention Center

Youth's Name: Referral: 4126549

Aliases:

Date of Birth: Age: 18

Parent/Guardian Selection:

Address/Telephone:

On Step 1, leave the Parent/Guardian Selection box blank.

If the JPO is **unable to contact the Parent or Guardian**, but the JPO is able to speak with another contact person.

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

ASR Results

Step 1 of 4 [Step 1](#) [Step 2](#) [Step 3](#) [Step 4](#)

JAC Screener or JPO Interview of Parent/Guardian or Relative or DCF Case Manager and Assigned JPO:

To be completed by JAC Screener or Juvenile Probation Officer (JPO) during the intake process. Interview the parent, legal guardian or relative or assigned DCF case manager, **and** assigned JPO. If the parent/legal guardian or relative is unavailable, the JAC screener or JPO must document that he/she initiated contact, but was unable to interview parent/legal guardian or relative and proceed with screening. If the youth has an assigned JPO, the youth's JPO must also be interviewed. Detention must be immediately notified if one or more "Yes" responses are provided for one or more questions 1 through 6.

☒ **Interview of Parent/Legal Guardian or Relative**

Parent/Guardian or Relative Name: Relationship:

Other Contact Person Name: Relationship:

☐ Contacted Date/Time: / / ☐ Unable to Contact Date/Time: / /

☐ Refused to Answer Interview Questions

Comments:

400 characters remaining...

By leaving the Parent/Guardian Selection box blank on Step 1, as shown above, this enables "Other Contact Person Name and Relationship" to become enabled when the JPO gets to Step 1 of the JAC/JPO Section.

Step 2- Parent interview or DCF Case Manager Interview.

Review questions in step 2 with the parents. Any “YES” response requires a response.

Youth Data, Interview of Arrest./Trans. Officer and Youth	JAC/JPO Section	Detention Officer Section	Nurse, MH Staff Section	ASR Results
Step 2 of 4 Step 1 Step 2 Step 3 Step 4				
Interview of Parent/Guardian or Relative or DCF Case Manager and Assigned JPO:				
If one or more "Yes" for questions 1 through 6, place youth on suicide precautions and constant supervision. 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.				
Begin interview with the statement: "Please answer the following questions to the best of your knowledge"				
	Parent/Guardian or Relative	(OR)	DCF Case Manager	Assigned JPO
1. Has the youth ever tried to kill himself/herself?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
When was the most recent time?	(Parent or DCF)		(Assigned JPO)	
How?	(Parent or DCF)		(Assigned JPO)	
Was there another time in the past that the youth tried to kill himself/herself?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
When?	(Parent or DCF)		(Assigned JPO)	
How?	(Parent or DCF)		(Assigned JPO)	
<input checked="" type="checkbox"/> Completed Interview of Parent/Guardian or Relative or DCF Case Manager				
Elec.Sign & Save >>				
Name of JAC Screener or JPO Completing this Section				
<< Previous Save Save & Next >> Cancel				

Instruction for JPO if parent, or DCF Case Manager answers “YES” to one or more questions in step 2.

Once step 2 is completed, JPO must Electronic Sign and Save before moving to step 3.

Interview questions for parent or DCF case manager

Begin interview with the statement: "Please answer the following questions to the best of your knowledge"

1. Has the youth ever tried to kill himself/herself?

When was the most recent time?

How?

Ask the parent or DCF case manager each question. Record his/her response "yes" or "no". If "yes", the next two questions are asked (When was the most recent time? And How?) Record his/her answers in the text boxes.

Was there another time in the past that the youth tried to kill himself/herself?

When?

How?

Ask the parent or DCF case manager each question. Record his/her response "yes" or "no". If "yes", the next two questions are asked (When and How). Record his/her answers in the text boxes.

2. Has the youth threatened to kill himself/herself in the past six months?

Explain

Ask the parent or DCF case manager each question. Record his/her response "yes" or "no". Record his/her answers in the text boxes.

3. Have you noticed the youth having any of the following behaviors: Giving away his/her favorite things, dropping close friends, drastic changes in eating or sleeping habits, saying that things are hopeless?

Explain

4. Other than being arrested and detained, has the youth had a major change or loss in the past six months, such as a death, divorce of parents, breaking up with (girlfriend, boyfriend, etc.)?

Explain

Was the major loss related to someone this youth knows well committing suicide?

Who?

When?

How?

Ask the parent or DCF case manager each question. Record his/her response "yes" or "no". Record his/her answers in each text boxes.

5. Does the youth have any serious mental health problems (e.g. depression, withdrawn, hears voices, etc.)?

Explain

6. Is there any other information or reason for you to believe that this youth is a risk for suicide?

Explain

❖ If the parent or DCF Case Manager answers "YES", then ...

If one or more "Yes" for questions 1 through 6, place youth on suicide precautions and constant supervision. 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.

Step 3 - JPO Observation

Step 3 of 4

JAC Screener/Juvenile Probation Officer Observations

These are not interview questions. **DO NOT ASK THE YOUTH THESE QUESTIONS** but observe the youth during intake process and

If one or more "Yes" for items 1 through 4, place youth on suicide precautions and constant supervision. Immediately refer youth for

Have you observed any of the following:

1. Threatening to kill self/preoccupied with suicide: *

2. Fresh wounds/injuries that appear to be self-inflicted?

Describe:

Step 3 includes the JPO's observations of the youth. Answer each observation question with "Yes" or "No", describe your observations

400 characters remaining...

3. Do you have any other reason to think that the youth will try to kill himself/herself? *

Explain:

400 characters remaining...

4. Symptoms of alcohol/drug withdrawal (slurred speech, dilated pupils, depression, anxiety, jittery). *

Describe:

Note: Youth presenting as intoxicated or high on drugs/alcohol must be transported for emergency care or Marchman Act Evaluation.

If one or more "Yes" for items 1 through 4, place youth on suicide precautions and constant supervision. Immediately refer youth for Assessment of Suicide Risk or Baker Act

5. Dramatic mood changes (e.g. from crying to laughing in a short period of time). *

Describe:

400

JPO's observations of the youth. Answer each observation question with "Yes" or "No", describe your observations.

6. Indications of self-mutilating behavior (e.g. marks/scars or cigarette burns observed). *

Describe:

400 characters remaining...

7. Does youth have suicide risk noted on PACT Mental Health/Substance Abuse Report and Referral Form or MAYSI-2 Suicide Scales? *

JPO must review PACT Mental Health/Substance Abuse Report and Referral Form and MAYSI-2 for suicide scales.

If one or more "Yes" for items 5 through 7, place youth on suicide precautions and constant supervision. 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.

Step 4 – JPO Screening Results

Youth Data, Interview of Arrest./Trans. Officer and Youth	JAC/JPO Section	Detention Officer Section	Nurse, MH Staff Section	ASR Results
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Step 4 of 4

JAC Screener or Juvenile Probation Officer Screening Results

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

☒ Referred for Assessment of Suicide Risk

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.

☐ Youth released to parent/guardian ☐ The required form, Suicide Risk Screening Parent/Guardian Notification Form (MHSA 003) provided.

☐ Youth being detained in secure detention. ☐ Detention Superintendent or Designee verbally notified and "Suicide Risk Alert" entered in JJIS.

Person Verbally Notified: Date/Time: /

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- If there are any “yes” responses or available information regarding suicide risk (e.g., SRSI, PACT Suicide Scale, MAYSI-2 Suicide Subscale or staff observations indicate suicide risk), JDO checks the appropriate box: (☐ “Referred for Assessment of Suicide Risk”; ☐ Emergency Transport Baker Act; or ☐ Emergency Transport Marchman Act Evaluation or Medical Evaluation).
- If there are any “yes” responses, the box “No referral for Assessment of Suicide Risk necessary based on available information” will be grayed out and not be able to be selected.
- If all responses are “No”, and you do not feel the youth is in need of a Assessment of Suicide Risk, then select the “No referral for Assessment of Suicide Risk necessary based on available information.”

Step 4 – JPO Screening Results Continued

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

Step 4 of 4

JAC Screener or Juvenile Probation Officer Screening Results

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

☒ Referred for Assessment of Suicide Risk

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.

☐ Youth released to parent/guardian ☐ The required form, Suicide Risk Screening Parent/Guardian Notification Form (MHSA 003) provided.

☐ Youth being detained in secure detention. ☐ Detention Superintendent or Designee verbally notified and "Suicide Risk Alert" entered in JJIS.

Person Verbally Notified: Date/Time: /

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- If the youth is referred for Assessment of Suicide Risk, the JAC/JPO must record the name of the mental health professional that the youth was referred to, check the box indicating whether the referral was made by telephone or e-mail and record the date/time of the referral.
- If a youth is an imminent risk or suicide, the youth must be transported for emergency mental health care (Baker Act).
- If a youth presents as intoxicated or high on drugs/alcohol, he/she must be transported for emergency care.
- If a youth presents as both suicidal and intoxicated/high on drugs/alcohol. The youth should be transported for emergency medical evaluation and Baker Act evaluation.
- If the youth is not in need of emergency services/crisis intervention, a referral will be provided to the mental health professional at the detention center.

How to Electronically Sign and Save

The screenshot displays the SUICIDE RISK SCREENING INSTRUMENT (SRSI) interface. At the top, it shows 'Active Youth: [redacted]' and 'User Role: JDO'. A red note states: 'Please minimize number of upper case letters to retain report layout.' The interface includes a navigation bar with tabs: 'Youth Data, Interview of Arrest./Trans. Officer and Youth', 'JAC/JPO Section', 'Detention Officer Section' (selected), 'Nurse, MH Staff Section', and 'ASR Results'. The 'Step 4 of 4' section is titled 'JAC Screener or Juvenile Probation'. It contains several checkboxes: 'No referral for Assessment of Suicide Risk' (unchecked), 'Referred for Assessment of Suicide Risk' (checked), 'Referred to: Contrated mental health pro', 'Referred by: Telephone' (checked), 'E-mail' (unchecked), 'Assessor will be immediately cons' (unchecked), 'Assessor will see youth within 24 h' (checked), 'Emergency Transport (Baker Act)' (unchecked), and 'Emergency Transport (Marchman Act Evalua' (unchecked). A red note says: 'Note: Youth presenting as int'. At the bottom left, there is a button 'Elec.Sign & Save >>'. A modal window titled 'Electronic Signature' is open, showing a confirmation message: '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.' Below this is a text input field. The modal also prompts to 'Enter Your JJIS Password for Confirmation.' with a password field. A red note in the modal states: 'Note: If you choose \'Elec. Sign and Save\' no one else will be allowed to modify what you have entered in. Do this when you are completely finished filling out your portion.' The modal has an 'Elec.Sign and Save' button and a 'Cancel' button. Two red arrows point to the password field and the 'Elec.Sign and Save' button. The background interface also shows a 'JAC/JPO Section' tab and a 'Detention Officer Section' tab. At the bottom, there is a field for 'Juvenile Detention Officer's Name and Date/Time' and buttons for '<< Previous', 'Save', 'Save & Next >>', and 'Cancel'.

JPO name and date/time must be recorded on form
Enter your JJIS password
Click “Elec. Sign and Save”

NEW Web Forms

- Assessment Center Forms
 - Authority For Evaluation and Treatment - Old
 - Authority For Evaluation and Treatment - New
 - Commitment Management Conference Summary
 - Detention Risk Assessment
 - Financial Statement for Determination of Cost Recovery
 - Human Trafficking Screening Tool
 - MAYSI Questionnaire
 - Old Detention Risk Assessment
 - PACT Classification
 - PACT MHSA Screening Report and Referral
 - PACT Pre-Post Disposition Report
 - PACT Recommendation to State Attorney
 - PACT YES Plan
 - Pre-Post Disposition Report
 - Recommendation to State Attorney
 - Substance Abuse and Mental Health Assessment - Part I & Part II - Old
 - Substance Abuse and Mental Health Assessment Summary of Findings and Recommendations - Old
 - Substance Abuse and Mental Health Preliminary Screening
 - Suicide Risk Screening Instrument - Old
 - Suicide Risk Screening Instrument - General Directions**
 - Suicide Risk Screening Instrument(SRSI) - New
 - Suicide Risk Screening Parent/Guardian Notification
 - Supervision Plan
 - Supervision Risk Classification Instrument
- Detention Center Forms
- Health Services Forms
- Probation and Community Corrections
- Residential and Correctional Facilities



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

SUICIDE RISK SCREENING PARENT/GUARDIAN NOTIFICATION

[View Report](#)

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Parent/Guardian Notification (MHSA 003)



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

SUICIDE RISK SCREENING PARENT/GUARDIAN NOTIFICATION

DJJID: _____
Referral ID#: 3638360

I, as parent/guardian, have been notified that my child _____
has been determined to be in need of a mental health assessment which includes suicide risk assessment. I was
informed that my child's responses to suicide risk screening questions indicate that he/she should receive suicide
risk assessment as soon as possible.

If you need assistance in obtaining a mental health assessment which includes a suicide risk assessment for your
child, contact your family doctor, community mental health center, the Department of Children and Families District
Office, the Suicide Prevention Hotline at 1-800-SUICIDE (1-800-784-2433) or Nationally Supported Lifeline at 1-
800-273-TALK (1-800-273-8255).

By signing below, I confirm receipt of this notification and understand the information provided.

Parent/Guardian Signature

Witness Signature

Name (Print)

Name (Print)

Date

Date

Juvenile Released To: _____
(Name) (Relation)

Comments: _____

DJJ Staff: _____
Name/Title

Telephone: _____ Fax: _____

cc: Case Management File
Detention File



**The Juvenile Probation Officer section of
the SRSI is now complete.**

**Implement appropriate Referral, Alert and
Suicide Precaution processes.**

Suicide Risk Screening Instrument- General Instructions



NEW Web Forms

Assessment Center Forms

- ☐ Authority For Evaluation and Treatment - Old
- ☐ Authority For Evaluation and Treatment - New
- ☐ Commitment Management Conference Summary
- ☐ Detention Risk Assessment
- ☐ Financial Statement for Determination of Cost Recovery
- ☐ Human Trafficking Screening Tool
- ☐ MAYSI Questionnaire
- ☐ Old Detention Risk Assessment
- ☐ PACT Classification
- ☐ PACT MH/SA Screening Report and Referral
- ☐ PACT Pre-Post Disposition Report
- ☐ PACT Recommendation to State Attorney
- ☐ PACT YES Plan
- ☐ Pre-Post Disposition Report
- ☐ Recommendation to State Attorney
- ☐ Substance Abuse and Mental Health Assessment - Part I & Part II - Old
- ☐ Substance Abuse and Mental Health Assessment Summary of Findings and Recommendations - Old
- ☐ Substance Abuse and Mental Health Preliminary Screening
- ☐ Suicide Risk Screening Instrument - Old
- ☐ **Suicide Risk Screening Instrument - General Directions**
- ☐ Suicide Risk Screening Instrument (SRSI) - New
- ☐ Suicide Risk Screening Parent/Guardian Notification
- ☐ Supervision Plan
- ☐ Sup


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Suicide Risk Screening Instrument (SRSI) General Directions

NOTE: When a Suicide Risk Screening Instrument (SRSI) Form in JJIS is activated by the JAC or JPO screener at the time of a youth's initial intake, the newly activated SRSI form in JJIS is to be utilized by each DJJ screener as they administer their assigned sections of the SRSI to the youth. The newly activated SRSI form in JJIS will remain open/incomplete until each section of the youth's activated SRSI Form has been filled-in by the required screeners. A "warning" notice will appear in JJIS if a screener attempts to activate a new SRSI Form in JJIS when an activated SRSI Form currently exists.



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1. Interview of Arresting/Transporting Officer

- a. Each Juvenile Assessment Center (JAC) and Probation screening unit must have written operating procedures for completion of this section of the SRSI by the staff person meeting the arresting/transporting officer.
- b. Before the arresting/transporting officer leaves the Juvenile Assessment Center (JAC) or Probation screening unit, this section must be completed. The arresting/transporting officer must be interviewed to determine if the officer has reason to believe the youth will try to kill him/herself or is currently intoxicated or high on drugs or alcohol. The person interviewing the arresting/transporting officer must check the appropriate yes/no boxes. If "yes" and/or if additional information available, the staff person must provide explanation for response.
- c. A "hit" for item 1 should result in transport for a Baker Act evaluation. A "hit" for item 2 should result in transport for Marchman Act evaluation or emergency medical evaluation prior to admission to detention center.
- d. The name of the staff person completing this section must be recorded on the SRSI form.


Final SRSI

63N-1 Form SRSI MHSA 002 Final Revised.pdf - Adobe Reader

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Sign Comment



DEPARTMENT OF JUVENILE JUSTICE SUICIDE RISK SCREENING INSTRUMENT (SRSI) (Must be completed on JJIS)

Identifying Data: DJJID: _____ Referral#: _____ Direct Admit to Detention: ☐ Yes ☐ NO

Youth's Name _____ Date of Birth _____ Age _____
 Aliases _____
 Parent/Guardian _____
 Address/Telephone _____
 Date/Time Detained _____ Created Date: _____

Statute Number/Offense(s) _____

Interview of Arresting/Transporting Officer (To be completed before the officer leaves)

If Yes, Place youth on Suicide Precautions and constant supervision.
If "yes" for item 1, transport youth for immediate evaluation under the Baker Act. If yes for item 2, transport youth for emergency medical evaluation or evaluation under the Marchman Act

Arresting/Transporting Officer's Name: _____ Badge/ID#: _____

YES NO

1. Do you have any reason to think this youth will try to kill himself? ☐ ☐

Explain: _____

2. Do you have reason to think this youth is intoxicated or high on drugs or alcohol? ☐ ☐

Explain: _____

Other Comments: _____

Name of Staff Person Completing this Section: _____

JAC Screener or Juvenile Probation Officer (JPO) Interview Of Youth
(JAC Screener or JPO shall ask the youth the following questions)

If one or more "Yes", for questions 1 through 3 place youth on Suicide Precautions and constant