



Suicide Risk Screening Instrument (SRSI)

Regional Juvenile Detention Center (RJDC) DIRECT ADMISSIONS

**Youth directly admitted to the detention center without
passing through a Juvenile Assessment Center
or JPO Screening Unit**

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.

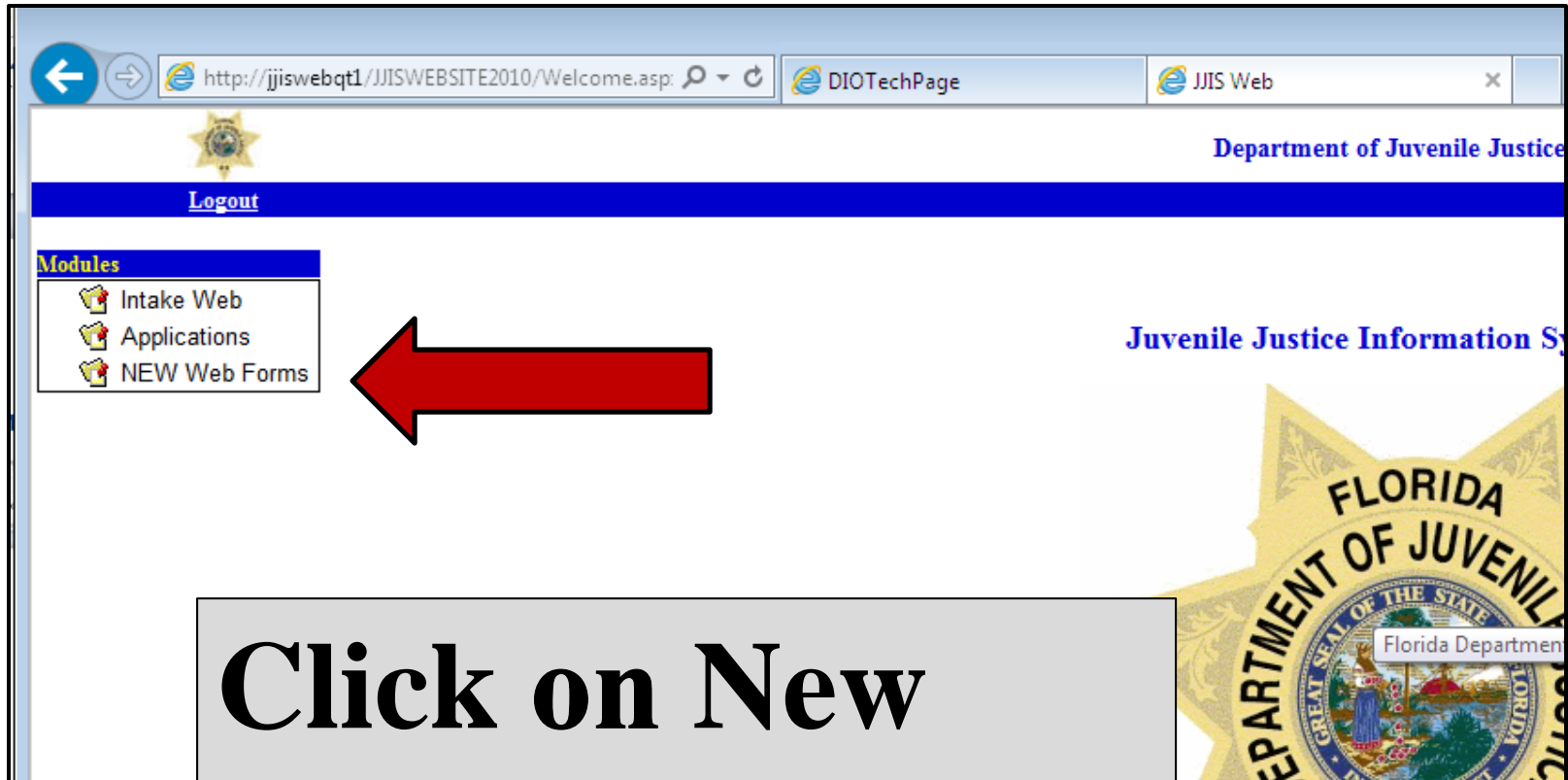
Additional information is available on the DJJ website at:

<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



**Click on New
Web Forms**

How to Access the SRSI

Department of Juvenile Justice

Logout Face Sheet Test Server

<< Back New Web Forms Module

Form Package Information

Search Type

☐ Approximate Match ☒ Exact Match

Search By

☐ Last Name, First Name ☐ Last Name, First Name, Race ☐ Alias Name ☐ Date of Birth

☐ Last Name, First Name, DOB ☐ Last Name, First Name, Sex ☐ Social Security # ☒ DJJ ID

Last Name Alias SSN DJJ ID Race

First Name Sex DOB

Find

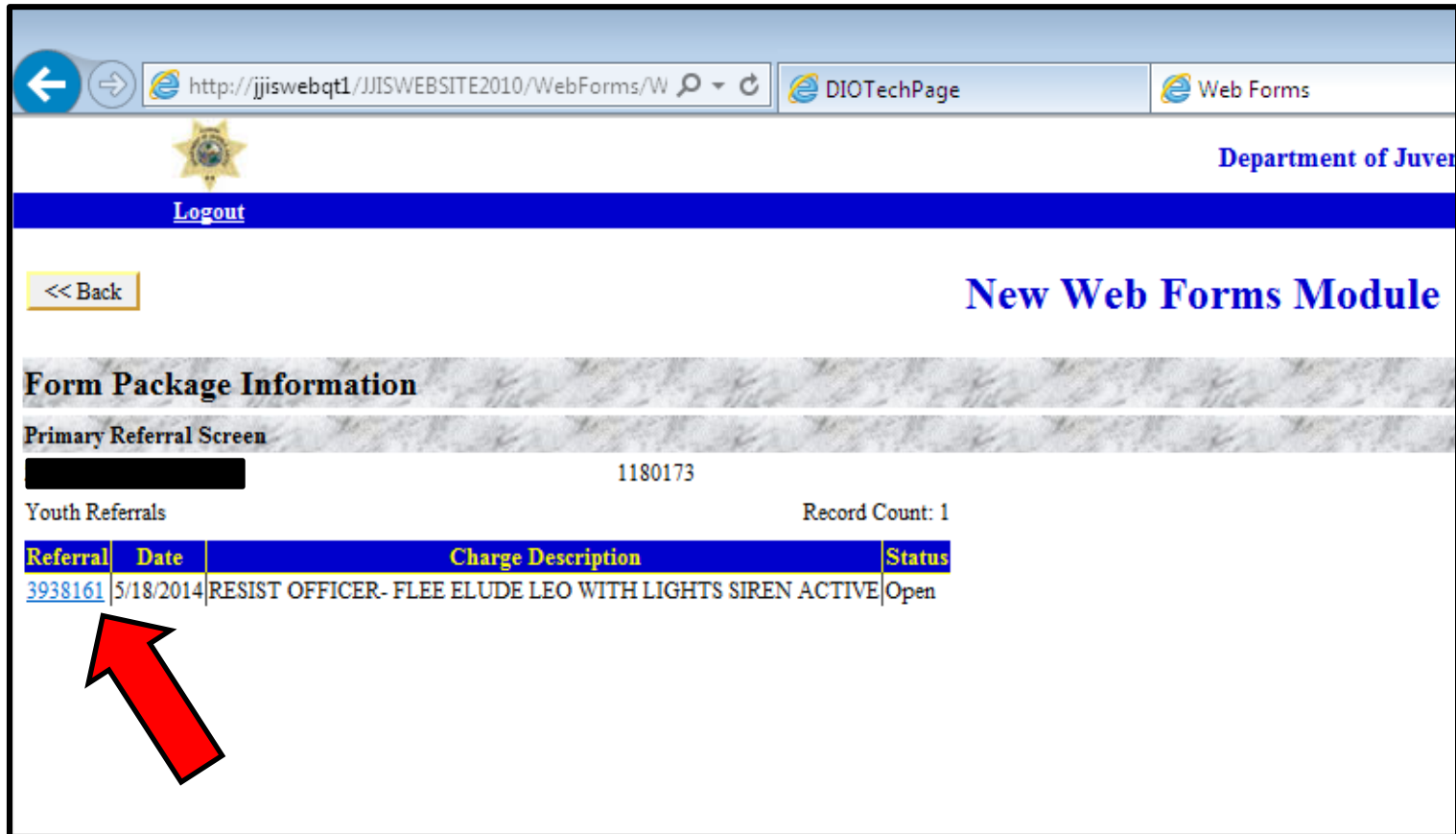
Youth Found

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

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 title is "Department of Juvenile Justice" and the page content is titled "New Web Forms Module". A "Logout" link is visible in the top left. Below the title, there is a "Form Package Information" section with the heading "Primary Referral Screen". A black redaction box covers the primary referral screen information, with the number "1180173" displayed to its right. Below this, the text "Youth Referrals" and "Record Count: 1" are shown. A table with four columns: "Referral", "Date", "Charge Description", and "Status" is displayed. The first row of the table contains the following data: "3938161", "5/18/2014", "RESIST OFFICER- FLEE ELUDE LEO WITH LIGHTS SIREN ACTIVE", and "Open". A large red arrow points to the "Referral" cell of the first row.

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

Select the referral used for detention placement

How to Access the SRSI

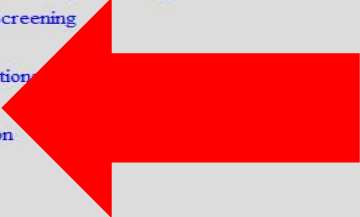
Form Package Information

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.

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: 4
View Report	3753001	[Redacted]	11/08/2012 03:21 AM	Thomas, Cassandra	11/08/2012 03:21 AM		andra
View Report	3567435	[Redacted]	07/01/2011 05:41 PM	Calhoun, Glenna	07/01/2011 05:41 PM		ma
View Report	3938161	[Redacted]	05/18/2014 05:31 PM	Lacy, Magan	05/18/2014 05:31 PM		n
View Report	3804519	[Redacted]	04/04/2013 11:26 PM	Butler, Colleen	04/04/2013 11:26 PM		ne

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

How to Access the SRSI

Office of Health Services Web Forms
MENTAL HEALTH FORMS

Active Youth: [REDACTED]

User Role: JDO [Exit]

Form: Suicide Risk Screening Instrument(SRSI) for Zavasky, William James (1180173)

Record Count: 1

New Upload...

Select	Form	Ref#	Type	Program Name	Modified Date Time	Modified By	Status
Select		3938161	EMR Form	J A C - 06 Circuit - Pinellas County	07/28/2014 12:44 PM	Gomez, Katherine C	Open

Prior JJIS Web Forms: Specific Form Information

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

Youth Admitted Details.

Has the youth directly admitted into Detention? ☐ Yes ☐ No

Save


Cancel

If the youth has been directly admitted to JDC without passing through a Juvenile Assessment Center first, click “yes”. Otherwise, click “no”.

If youth was admitted from the JAC, STOP!!! Do not create a new SRSI, “Select” the SRSI started at the JAC.

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: [\(facesheet\)](#) [Exit](#)


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

[<< Back](#)

Primary Referral Selection

Youth Referrals Status:

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



Select the referral used for detention placement

Part 1

Interview of Youth and Arresting/Transporting Officer

**JDO completes this section ONLY when
Direct Admission to Detention**

****This section should be reviewed for all
admits into Detention****

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: *

Youth's Name Referral:

Aliases DJJID:

Date of Birth Age

Parent/Guardian Selection

Address/Telephone

Date/Time Detained

Statute Number/Offense(s)

Step 1 includes the JDO's initial intake information about the youth.

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 on this form, a narrative is required in the Explain Box. Any "YES" response generates a **Suicide Alert!**

Check Spelling

<< 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're completed with this section!!

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

User Role: JPO/JPOS [Exit](#)

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

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 400 characters remaining to type your explanation.

Other Comments:
You have 400 characters remaining to type your other comments.

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:

Elec.Sign and Save Cancel

Elec.Sign & Save >>

Enter your JJIS password to electronically sign the document.
Click “Elec. Sign & Save”
Click “Next” to move to the next screen

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. 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", 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. 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" for item 2, transport youth for emergency medical evaluation or evaluation under Marchman Act

Step 3 of 3

Detention Officer Interview of Youth (Detention Officer 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...

- ❖ 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

Part 2

Juvenile Detention Officer

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

**JDO will start form here if youth was processed
through the JAC.**

Completing the SRSI (Part 2)

Step 1 of 4

Detention Officer 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, the detention center's admitting detention officer must complete the interview of the parent/legal guardian or DCF Case Manager and the assigned JPO prior to the youth's admission to the detention center. 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 (This Interview was completed in JAC/JPO Section)

Parent/Legal Guardian or Relative Name: Relationship:

Outcome:

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

☐ Refused to Answer Interview Questions

Comments:

400 characters remaining... Check Spelling

..... (OR)

☐ Interview of DCF Case Manager

DCF Case Manager Name:

Outcome:

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

☐ Refused to Answer Interview Questions

Comments:

400 characters remaining... Check Spelling

☐ Interview of Assigned JPO (This Interview was completed in JAC/JPO Section)

Assigned JPO:

Outcome:

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

☐ Refused to Answer Interview Questions

Comments:

400 characters remaining... Check Spelling

<< Previous Save Next >> Cancel

Detention Officer Section is the JDO section.

Look at the tabs and the steps. They tell you what page and what step you are on.

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)

- JDO 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.
- JDO's can now add parent information even if the JAC was unable to make contact with the parent.

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
Detention Officer 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...

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.

<< Previous Save Save & Next >> Cancel

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

Step 1 of 3

Direct Admit to Detention? ☐ Yes ☒ No

Facility Name: *

Youth's Name Referral: Cha

Aliases

Date of Birth Age

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 | **Detention Officer Section** | Nurse, MH Staff Section | ASR Results

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

Detention Officer 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 admitting detention officer must complete the interview of the parent/legal guardian or DCF Case Manager and the 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:

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 JDO gets to Step 1 of the Detention Officer Section.

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

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Interview questions for parent or DCF case manager (and JPO)

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 and JPO 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 and JPO 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 and JPO 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 and JPO 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 JPO 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 - JDO Observation

Step 3 of 4

Detention 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:

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:

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

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

JDO'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? *

JDO 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 – JDO Screening Results

Step 4 of 4

Detention 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.

Elec.Sign & Save >>

Juvenile Detention Officer's Name and Date/Time

- 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 – JDO Screening Results Continued

Step 4 of 4

Detention 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.

Juvenile Detention Officer's Name and Date/Time

- If the youth is referred for Assessment of Suicide Risk, the JDO 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.

SUICIDE RISK SCREENING INSTRUMENT (SRSI)

User Role: JDO [Exit](#)

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

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 4 of 4

Detention Officer Screening Results

☐ No referral for Assessment of Suicide Risk
☒ Referred for Assessment of Suicide Risk

Referred to:

Referred by: ☒ Telephone ☐ E-mail

☐ Assessor will be immediately cons
☒ Assessor will see youth within 24 h

☐ Emergency Transport (Baker Act)
☐ Emergency Transport (Marchman Act Evalua

Note: Youth presenting an in
 Note: Youth presenting as in

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

Juvenile Detention Officer's Name and Date/Time

[<< Previous](#) [Save](#) [Save & Next >>](#) [Cancel](#)

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:

[Elec.Sign and Save](#)

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 this portion.

[Cancel](#)

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

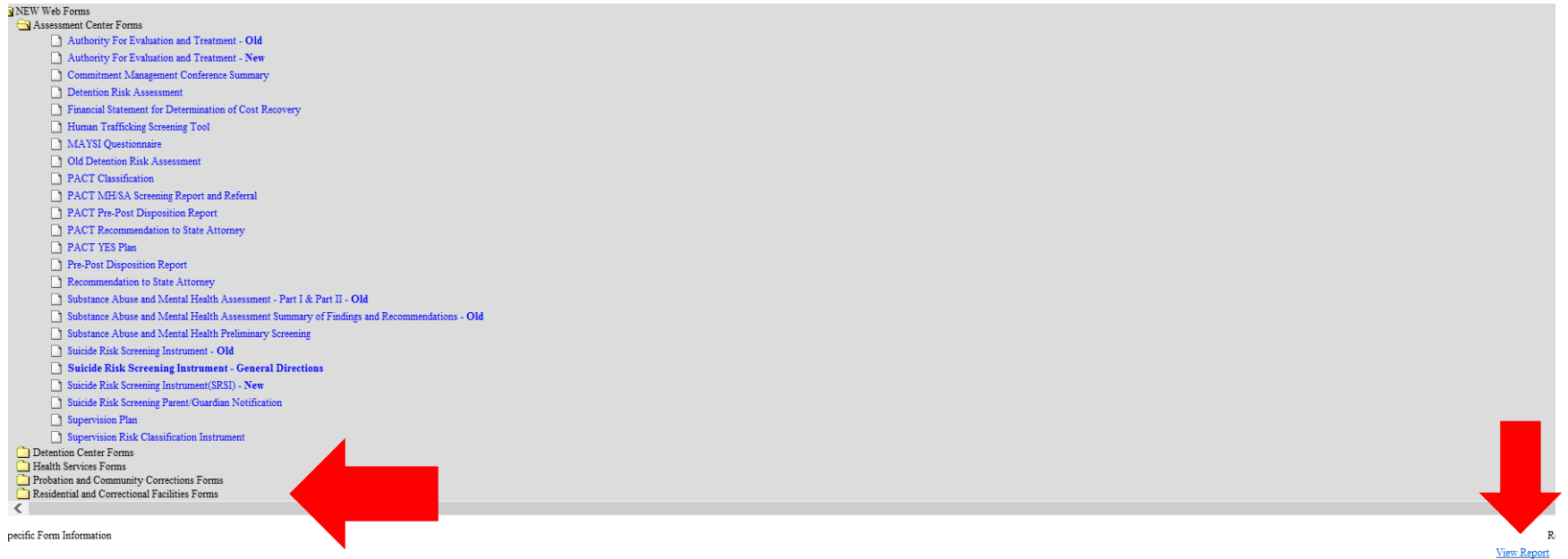
Parent/Guardian Notification

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 Forms
- Residential and Correctional Facilities Forms


specific Form Information

[View Report](#)



Parent/Guardian Notification (MHSA 009)

Located in Forms Library

 FLORIDA DEPARTMENT OF JUVENILE JUSTICE DETENTION SUICIDE RISK PARENT/GUARDIAN NOTIFICATION	
JJIS #: _____ Referral ID#: _____	
<p>I, as parent/guardian, have been notified that my child _____ was placed on Suicide Precautions as a result of screening and/or Assessment of Suicide Risk. I have been informed that my child is currently on Suicide Precautions in the detention center, but is not currently considered in need of emergency services under Florida's Baker Act.</p>	
<p><input type="checkbox"/> My Child has been in the detention center for less than 24 hours, and was released by the court prior to his/her scheduled Assessment of Suicide by a mental health professional in the detention center. I was informed my child's responses to suicide risk screening questions or behaviors observed by Department of Juvenile Justice (DJJ) staff indicated he/she should receive a suicide risk assessment as soon as possible.</p>	
<p><input type="checkbox"/> My Child was seen by a mental health professional while in secure detention. A mental health professional conducted an Assessment of Suicide Risk and determined my child was a potential suicide risk. I was informed my child should receive follow-up mental health assessment and treatment as soon as possible with my child's local primary care provider or if applicable, behavioral health clinic, or practitioner or local hospital.</p>	
<p>To obtain further information about the Assessment of Suicide Risk administered in the detention center, please contact the mental health office at _____ or the Regional Detention Center at _____.</p>	
<p>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). Your local hospital emergency room or walk-in clinic is also an option.</p>	
<p>By signing below, I confirm receipt of this notification and understand the information provided.</p>	
Parent/Guardian Signature _____	Witness Signature _____
Name (Print) _____	Name (Print) _____
Date _____	Date _____
Juvenile Released To: _____ (Name) _____ (Relation)	
Comments: _____ _____ _____	
cc: Case Management File, Detention File and DJJ Individual Healthcare Record	
Rule 63N-1 MHSA 009 August 2007 Page 1 of 1	



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

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

Part 3: Mental Health/Medical Provider

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

User Role: JDO

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 JAC/JPO Section Detention Officer Section **Nurse, MH Staff Section** ASR Results

Step 1 of 2 This section is VIEW only. [Step 1](#) [Step 2](#)

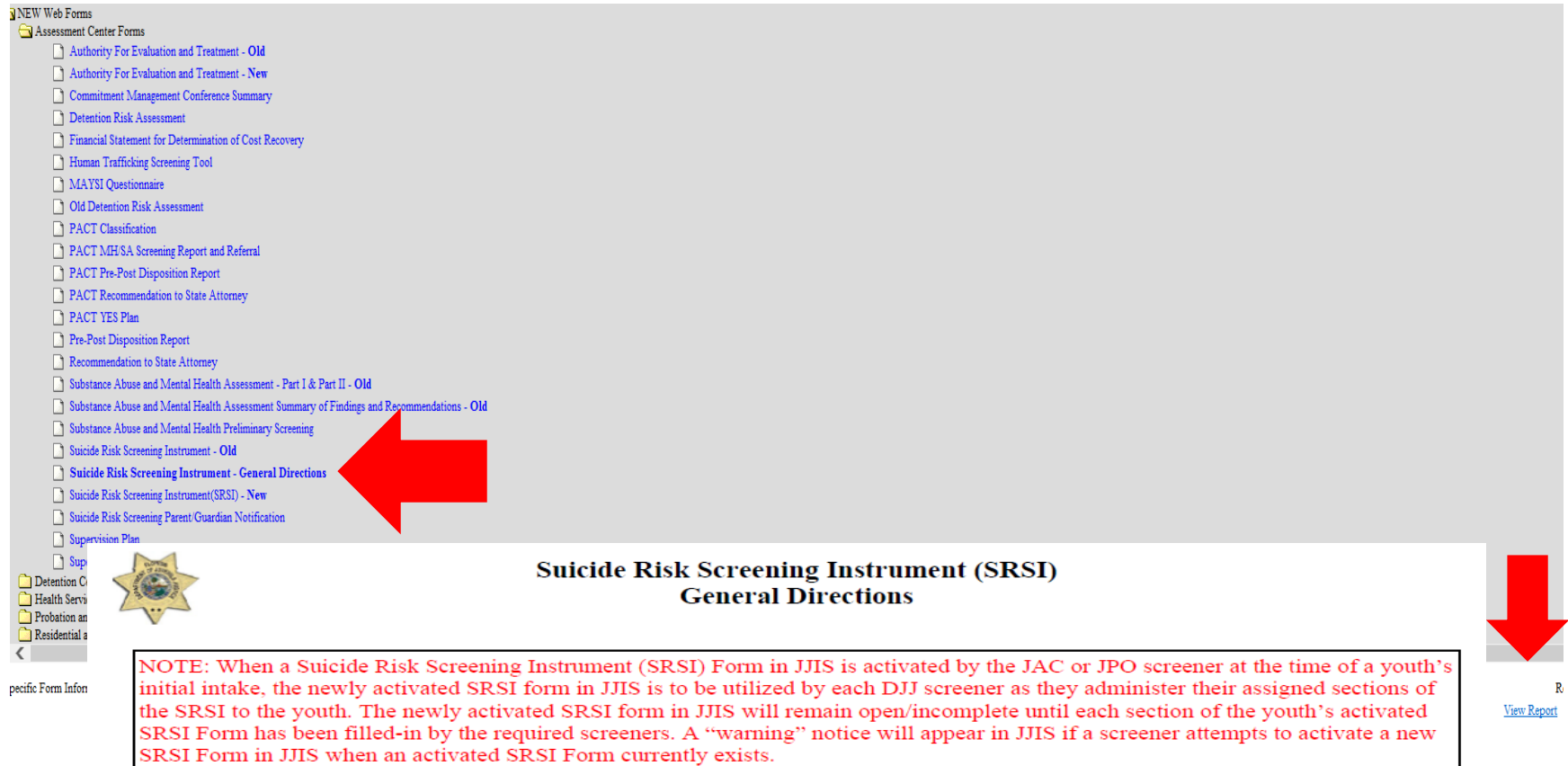
Nursing Screening or Mental Health Clinical Staff Screening

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

Nurse Screening Mental Health Clinical Staff

The next screen is for the mental health/medical provider who will complete this screening section.

Suicide Risk Screening Instrument- General Instructions



**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.

1. Interview of Arresting/Transporting Officer

- 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.
- 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.
- 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.
- The name of the staff person completing this section must be recorded on the SRSI form.