



# Navigation of the Suicide Risk Screening Instrument (SRSI) via the EMR OHS Module

For Nursing Staff and Mental Health Staff

December 2016

Nursing Staff and Mental Staff will logon to the EMR OHS Module via the JJIS logon Screen by using the same user name and password as they utilize for JJIS but selecting the EMR OHS Module.

## 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" value="Stormont"/>
Password: *	<input type="password" value="*****"/>
System: *	<input type="text" value="OHS EMR Module"/> ▼
<input type="checkbox"/> Change Password?	
<input type="button" value="Login"/> <input type="button" value="Close"/>	

*JJIS Help Desk (850) 921-7832*

Put a check in the check box agreeing to the DJJ Office of Health Services Terms and Conditions and select the Detention Center (s) you are associated with from the Program Name drop down list. Click on Go.

 **DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records [Exit](#)

**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.



From the EMR OHS Home Page, select the youth from the facility youth listing or complete a youth search.

DEPARTMENT OF JUVENILE JUSTICE  
Electronic Medical Records

Home

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

User Role: Facility Superintendent Designee [Exit](#)

Youth Search

Active Program:  
Alachua Regional Juvenile Detention Center

Alachua Regional Juvenile Detention Center

Facility Youth Listing: ( 67 total )

MH Referral / Sick Call

Mental Health Forms

Medical Forms

Upload Library

Youth History

Pending Actions - 1

EMR User Administration

DEPARTMENT OF JUVENILE JUSTICE

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.

If youth has left the facility, complete youth search to find the youth

Once the youth is showing in the active youth section, click on the Mental Health Forms Module to navigate to the SRSI.

**DEPARTMENT OF JUVENILE JUSTICE**  
Electronic Medical Records

User Role: Facility Superintendent Designee [Exit](#)

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

**YOUTH SEARCH** <<

Active Program:  
Alachua Regional Juvenile Detention Center  
**Alachua Regional Juvenile Detention Center**  
Facility Youth Listing: ( 67 total )

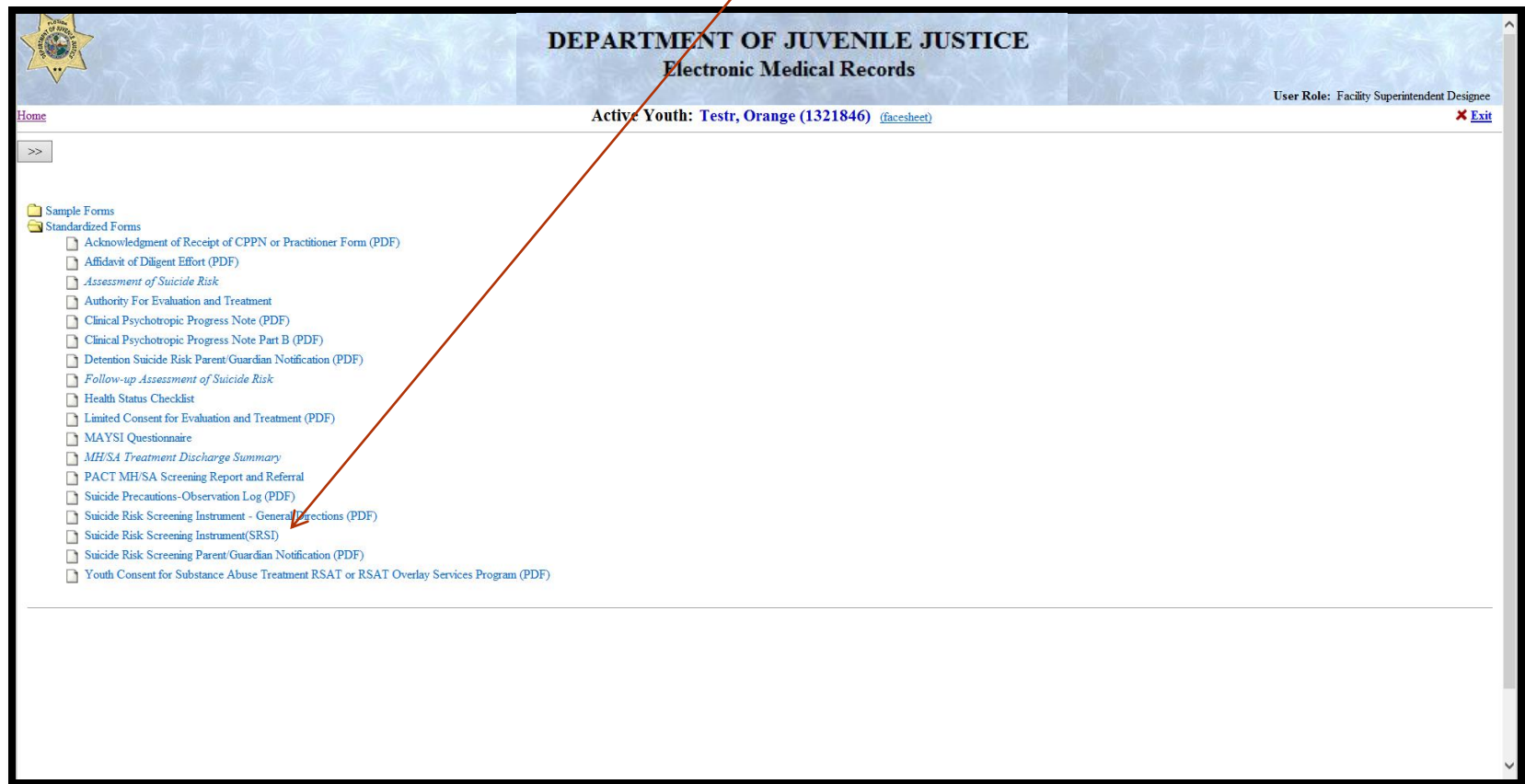
**MH Referral / Sick Call**  
**Mental Health Forms**  
Medical Forms  
Upload Library  
Youth History  
Pending Actions - 1  
EMR User Administration

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

**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.

# The Suicide Risk Screening Instrument is located under the Standardized Forms File Folder.



Select the form that has been completed by the JAC Screener and Juvenile Detention Officer.

Home Active Youth: [Redacted] (facesheet) User Role: Facility Superintendent Designee [Exit]

>>

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 Testr, Orange Blue (1321846) Record Count: 1

New Upload..

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

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

View Report

Open the SRSI Report to view the SRSI sections completed by the JAC and JDO screeners and review the information already documented on the SRSI with regard to the youth's suicide risk.

"Select" to view or edit

Mental Health and Medical staff will NOT have access to create a "NEW" SRSI.

## SRSI section entitled “Nursing Screening or Mental Health Clinical Staff Screening”

- This section is to be completed either by a mental health clinical staff person or a nursing staff.
- This section shall be completed either by nursing staff or mental health clinical staff during the youth’s intake/admission to the detention center on the day of the youth’s admission, or if the youth was admitted during the evening during the following morning.
- Either Nursing or Mental Health staff ask youth questions 1-6 and if “yes” and/or if additional information available, screener must provide explanation for each response.

Note: When either the nurse or mental health clinical staff person completes this section and Electronically Signs and Saves in the EMR, the section is completed and is “view only” in the EMR.

# Nursing or Mental Health Staff will logon to the EMR OHS Module to complete the “Nursing Screening or Mental Health Clinical Staff Screening “ section of the Suicide Risk Screening Instrument .

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

Home Active Youth:  [Facesheet](#) [\(PACT\)](#) [\(PACT MHSA Referral\)](#) [\(Alerts Module\)](#) User Role: Clinical Staff MH [Logout](#)

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

Active Program: SW Florida Regional Juvenile Detention Center  
SW Florida Regional Juvenile Detention Center  
Facility Youth Listing: ( 32 total)

<< 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...		
How?		
500 characters remaining...		
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...		
How?		

Nursing or Mental Health staff ask youth questions 1-6 and if “yes” and/or if additional information available, screener must provide explanation for each response.

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

If yes is answered to any question, then a narrative is required!

[<< Back](#)   [SRSI Report](#)

Youth Data, Interview of Arrest/Trans. Officer and Youth	Detention Officer Section	Nurse, MH Staff Section	ASR Results
<div style="float: left;">Step 1 of 2</div> <div style="float: right;"><a href="#">Step 1</a>   <a href="#">Step 2</a></div>			
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
<b>1. Have you ever tried to kill yourself? *</b> When was the most recent time? <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> <div style="text-align: right; font-size: small;">500 characters remaining...</div>		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
How? <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> <div style="text-align: right; font-size: small;">500 characters remaining...</div>			
<b>Was there another time in the past that you tried to kill yourself? *</b> When? <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> <div style="text-align: right; font-size: small;">500 characters remaining...</div>		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
How? <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> <div style="text-align: right; font-size: small;">500 characters remaining...</div>			
<b>2. Are you thinking of hurting or killing yourself now? *</b>		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Explain: <div style="border: 1px solid #ccc; height: 20px; width: 100%;"></div> <div style="text-align: right; font-size: small;">500 characters remaining...</div>			
<b>3. Do you feel that there is no future, that life is not worth living? *</b>		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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.

500 characters remaining...		Check Spelling		
2. Are you thinking of hurting or killing yourself now? *			<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<p>“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.</p> <p>Explain:</p>				
500 characters remaining...		Check Spelling		
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
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.) *			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<p>Explain:</p>				
500 characters remaining...		Check Spelling		
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? *			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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.? *			<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<p>Explain:</p>				
500 characters remaining...		Check Spelling		
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 type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<p>Who?</p>				
500 characters remaining...		Check Spelling		
<p>When?</p>				
500 characters remaining...		Check Spelling		
<p>How?</p>				
500 characters remaining...		Check Spelling		
Other Comments:				


Once all 6 Items from Step 1 are completed, the user (Nurse or Mental Health Clinical Staff Person) will click on the next/save button.

The form is a multi-section assessment tool. It contains several text input fields, each with a '500 characters remaining...' indicator and a 'Check Spelling' button. The sections are as follows:

- Section 3:** Question: "3. Do you feel that there is no future, that life is not worth living? \*". Response options: ☐ Yes ☒ No, ☐ Yes ☐ No.
- Section 4:** Question: "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.) \*". Response options: ☐ Yes ☒ No, ☐ Yes ☐ No. Sub-section: "Explain:" with a text field (500 characters remaining...).
- Section 5:** Question: "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? \*". Response options: ☐ Yes ☒ No, ☐ Yes ☐ No.
- Section 6:** Question: "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.? \*". Response options: ☐ Yes ☒ No, ☐ Yes ☐ No. Sub-section: "Explain:" with a text field (500 characters remaining...). Further sub-section: "Was the major change or loss related to someone in your family or a close friend killing or trying to kill himself/herself? \*". Response options: ☐ Yes ☒ No, ☐ Yes ☐ No. Sub-sections: "Who?", "When?", and "How?" each with a text field (500 characters remaining...).
- Other Comments:** A final text field (600 characters remaining...) with a 'Check Spelling' button.

At the bottom of the form are four buttons: "<< Previous", "Save", "Save & Next >>", and "Cancel". A red arrow points from the top text to the "Save & Next >>" button.

On Step 2, the nurse or mental health clinical staff person will indicate whether the youth was referred for Assessment of Suicide Risk, or Emergency Transport under the Baker Act or Emergency Transport under the Marchman Act and then input an electronic signature.



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

Active Youth:  [Facesheet](#) [\(PACT\)](#) [\(PACT MHSA Referral\)](#) [\(Alerts Module\)](#)  
Youth is not in the current program.

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

**New box added**  
If "Self" is checked, the mental health staff person's name will be prepopulated on form

**OHS Management Reports**  
**MH Referral / Sick Call / MH Review**  
**Mental Health Forms**  
**Medical Forms**  
**Upload Library**  
**Youth History**  
**Pending Actions - 1**  
**EMR User Administration**

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

**Step 2 of 2**  
**Nursing Screening or Mental Health Clinical Staff Screening Results**  
☐ No referral for Assessment of Suicide Risk 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  

**<< Previous** | **Save** | **Save & Next >>** | **Cancel**

If the youth is referred for **Assessment of Suicide Risk** indicate the person's name and type of contact and when the youth will be seen by the mental health staff.

**SRSI section entitled  
“Nursing Screening or Mental Health Clinical Staff Screening Results Section”**

- Referral is based on “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.

On Step 2 of the SRSI, 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 staff person administering the SRSI will also administer the Assessment of Suicide Risk.

If “Self” is checked, the mental health staff person’s name will be prepopulated on form.



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: [Text Field]

Referred by: ☐ Telephone ☐ E-mail Date/Time [Text Field] / [Text Field]

☐ 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

<< Previous Save Save & Next >> Cancel

Once the user completes Step 2 and clicks on the Electronic Signature Button, the user will input their JJIS password, then click on the “Elec. Sign and Save” button to complete the Nursing/Mental Health section of the SRSI.

https://jjiswebqt1/DJJOHSElectronicMedRecordsWeb2010/SRSI/SRSI.aspx Office of Health Services W...

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

Home 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:

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 immediate Assessment or

☒ Assessor will see youth within 24 hours

☐ Emergency Transport (Baker Act)

Note: Youth presenting an imminent threat of suicide must be transported for emergency

☐ Emergency Transport (Marchman Act Evaluation or Medical Evaluation)

Note: Youth presenting as intoxicated or high on drugs/alcohol must be transported for

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

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 your portion.

Cancel

<< Previous Save Save & Next >> Cancel

# **Once the SRSI Nurse/Mental Health staff section has been completed:**

## Mental Health Clinical Staff Person:

- Closes any associated Mental Health referrals.
- Completes the Assessment of Suicide Risk.
- Returns to the SRSI – ASR Results tab to complete or close the form.

# SRSI Closed as “Completed”

## If the youth has all “No” answers throughout the SRSI

- Youth is not in need of an ASR based on available information.
- Mark the box “Close Form as Completed.”
- Electronically sign & save the form.
- This will mark the SRSI as Completed status.

The screenshot displays the SRSI form interface. At the top, there is a section titled "No Assessment of Suicide Risk Completed" with a checkbox that is currently unchecked. Below this is a "Comments" text area with a character count of "400 characters remaining..." and a "Check Spelling" button. A large red arrow points to the "Close Form as Completed" checkbox, which is checked. Below this are two more checkboxes: "Detention Suicide Risk Parent/Guardian Notification Form (MHSA 009) provided to parent/guardian" (unchecked) and "Close Form as Incomplete" (unchecked). Below these is another "Comments" text area with a character count of "400 characters remaining..." and a "Check Spelling" button. At the bottom, the "Elec.Sign & Save >>" button is circled in red. Below this button is a line for "Mental Health Clinical Staff Person's Name and Date/Time" and a "Cancel" button.

☐ No Assessment of Suicide Risk Completed

Comments

400 characters remaining...

Check Spelling

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

☐ Close Form as Completed

☐ Close Form as Incomplete

Comments

400 characters remaining...

Check Spelling

**Elec.Sign & Save >>**

Mental Health Clinical Staff Person's Name and Date/Time

Cancel

- **If the youth has any “YES” answers throughout the SRSI.**
  - An automatic mental health referral will be created.
  - The JDO will open the automated mental health referral, record referral to mental health professional and record mental health professional’s comments or instructions and electronically sign and save the form to move it to pending mental health staff review.
  - Mental health staff opens the Mental Health Referral, reviews referral and records comments in the “MH/SA Staff Review Comments” textbox.
  - An Assessment of Suicide Risk (ASR) must be completed.
  - Once ASR is completed, the SRSI will be marked as completed once you electronically sign the ASR Results Tab.
  - If MHSA 009 was provided to parent/guardian, mark box.

This section is VIEW only.

**Assessment of Suicide Risk Results**

(The Assessment of Suicide Risk (MHSA 004) must be completed by a licensed mental health professional or mental health clinical staff person or health professional)

Date of Assessment of Suicide Risk (ASR): 05/09/2016 11:51 AM

Assessment of Suicide Risk (MHSA 004) 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

Assessed By: Kelli Muk addam, 05/09/2016 11:53 AM

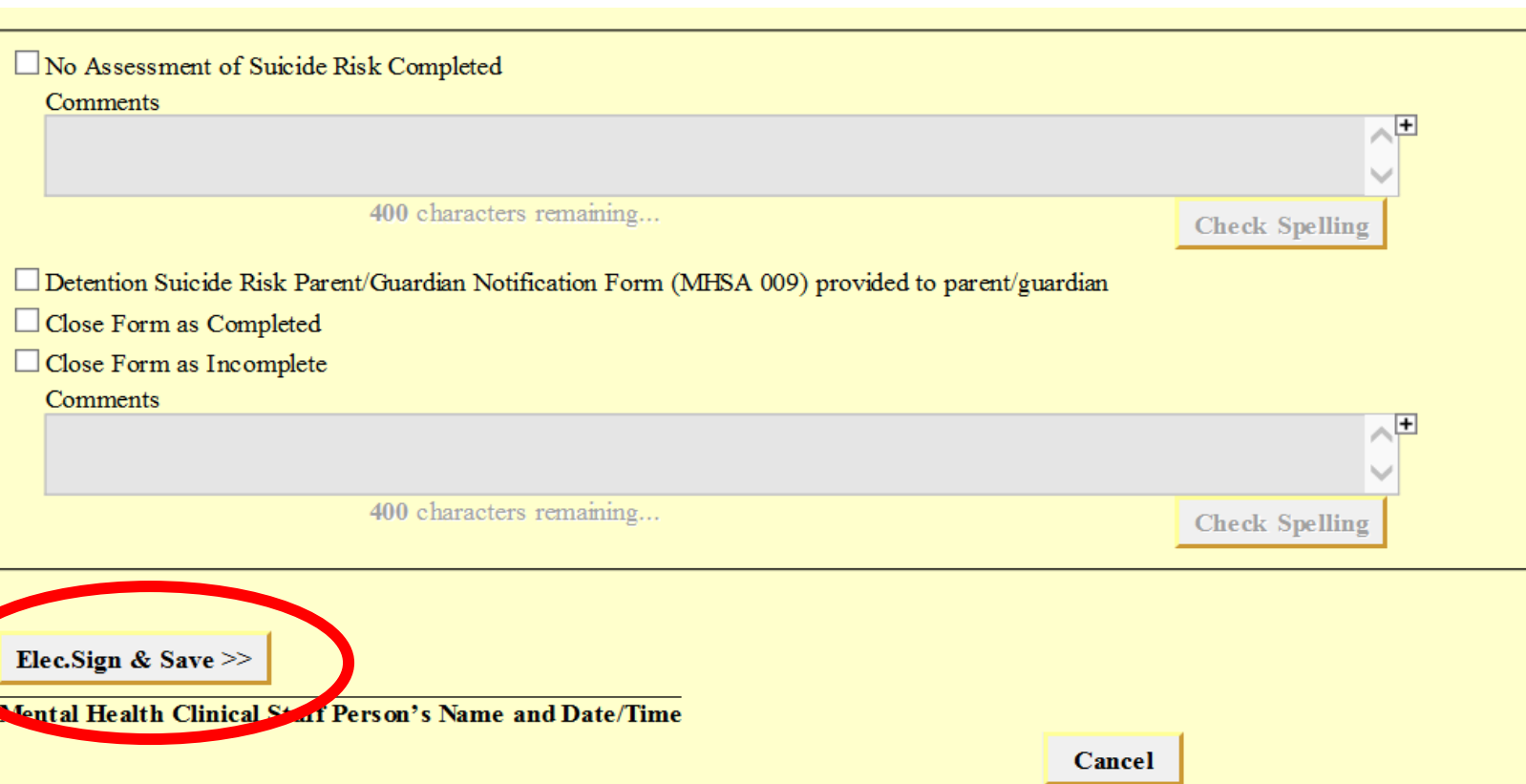
(Mental Health Clinical Staff Assessor's Name )

Reviewed By:

(Licensed Mental Health Professional's Name, Title)

## If the youth leaves detention prior to the ASR being completed.

- Mark the box at the bottom of the ASR tab that states: “No Assessment of Suicide Risk Completed”.
- If MHSA 009 was provided to parent/guardian, mark box.
- Document in the comment box why the ASR was not completed.
- Electronically sign & save the form.
- This will mark the SRSI as Completed status.



☐ No Assessment of Suicide Risk Completed

Comments

400 characters remaining...

Check Spelling

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

☐ Close Form as Completed

☐ Close Form as Incomplete

Comments

400 characters remaining...

Check Spelling

**Elec.Sign & Save >>**

Mental Health Clinical Staff Person's Name and Date/Time

Cancel

# SRSI Closed as Incomplete

If the youth's SRSI is missing any information, or missing an Electronic Signature in the JAC/JPO or JDO section.

- Document whether the form MHSA 009 was provided to parent/guardian by marking box.
- Mark the box "Close as Incomplete."
- It is essential that you document reason for closing form in the Comments box!!
- Electronically sign and save the form.
- This will mark the SRSI as Closed status. (Closed as Incomplete)

The screenshot displays a web-based form for SRSI (Suicide Risk Screening Instrument). It features two main sections, each with a checkbox and a text area for comments. The first section is for 'No Assessment of Suicide Risk Completed' and the second is for 'Detention Suicide Risk Parent/Guardian Notification Form (MHSA 009) provided to parent/guardian'. The second section also includes options to 'Close Form as Completed' or 'Close Form as Incomplete'. A red arrow points to the 'Close Form as Incomplete' checkbox. Below the form sections, the 'Elec.Sign & Save >>' button is circled in red. At the bottom, there is a field for 'Mental Health Clinical Staff Person's Name and Date/Time' and a 'Cancel' button.

☐ No Assessment of Suicide Risk Completed  
Comments  
400 characters remaining... [Check Spelling](#)

☐ Detention Suicide Risk Parent/Guardian Notification Form (MHSA 009) provided to parent/guardian  
☐ Close Form as Completed  
☐ Close Form as Incomplete  
Comments  
400 characters remaining... [Check Spelling](#)

**Elec.Sign & Save >>**



Mental Health Clinical Staff Person's Name and Date/Time

[Cancel](#)

# Mental Health Referral Process

When the youth has one or more “YES” answers on the SRSI, an automated Mental Health Referral will be opened.

Detention staff must edit (open the referral form, record referral to mental health professional, and record narrative of mental health professional’s comments and instructions) and electronically sign the automated referral for it so show up as Pending Review for Mental Health Staff.

MH / SA Referral Summary Records				Pending Review for MH/SA Staff						
	Report	Youth Name	DJJJD	Program Name	Reason For Referral	Status	Created	Referral Signed	MH/SA Staff Signed	Superintendent Signed
<a href="#">Referral MH Forms</a>				SW Florida Regional Juvenile Detention Center	The System generated Referral ...	Pending Review	System System 12/13/2016 10:35 AM	Kelli Mukaddam 12/13/2016 02:58 PM		
<a href="#">Referral MH Forms</a>				SW Florida Regional Juvenile Detention Center	The System generated Referral ...	Pending Review	System System 12/05/2016 01:57 PM	Kelli Mukaddam 12/05/2016 02:56 PM		

Youth has open Suicide risk alert in JJIS

PACT information not available at the time of Referral Summary Creation.

Referral for assessment of suicide risk is indicated by the SRSI:\* ☒ Yes ☐ No ☐ Not Administered

Facility Name: \*

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

The System generated Referral based on SRSI Results on Dec 5 2016 1:57PM

Youth also had previous Suicide Risk Alert in JJIS. Youth's mother stated...

1045 characters remaining...

**YOUTH SELF-REFERRAL:\*** ☐ Yes ☒ No

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

1200 characters remaining...

**REFERRED FOR:**

<input checked="" type="checkbox"/> Assessment of Suicide Risk	<input type="checkbox"/> Comprehensive Substance Abuse Evaluation or Updated Evaluation
<input type="checkbox"/> Crisis Assessment/Intervention	<input type="checkbox"/> Mental Health Consultation or Mental Health Support Services
<input type="checkbox"/> Mental Health Alert Status Exam	<input type="checkbox"/> Other: <input type="text"/>
<input type="checkbox"/> Comprehensive Mental Health Evaluation or Updated Evaluation	

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

Provider Name: \*

Phone Number: \*  Ext:

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

The System generated Referral based on SRSI Results on Dec 5 2016 1:57PM

Telephone contact made with mental health provider (record name of mental health professional) to inform him/her of suicide risk findings during intake screening and that

643 characters remaining...

Kelli Mukaddam 12/05/2016

Signature of Staff Member Making Referral

Once the referral is edited and Electronically Signed and Saved by the JDO, it will appear as “Pending Review for MH/SA Staff”

This will allow mental health staff to see the referral and complete the ASR.

Referral will NOT Feed to the ASR until it is edited and Electronically signed and saved!!

# To close a MH Referral

Youth Search << Please minimize number of upper case letters to retain reg

Active Program: SW Florida Regional Juvenile Detention  
**SW Florida Regional Juvenile Detention Center**  
 Facility Youth Listing: ( 34 total )

**1**

MH Referral / Sick Call / MH Review

Mental Health Forms

Medical Forms

**MH Referral:**

- [MH/SA Referral Summary](#)
- [MH/SA Referral Review](#) **2**

**Sick Call:**

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

**Mental Health Forms Review**




- [Mental Health Forms Review](#)

1. Mental Health Clinical Staff Person will select the “MH Referral/Sick Call /MH Review tab”
2. Select the “MH/SA Referral Review”
3. Select “Pending Review MH/SA staff” from the drop down Status box.
4. Select “Referral” next to the referral you wish to review/close

**3**

Status: Pending Revi ▼ MH/SA Referral List For All Youths ▼ ☒ Current Facility List ☐ All Facility List

**MH/SA Referral Review List**

	Report	Youth Name	DJJID	Program Name	Reason For Referral	Status	Created	Referral S
<a href="#">Referral</a> <a href="#">MH Forms</a>			1	SW Florida Regional Juvenile Detention Center	Youth's intake screening indic...	Pending Review	Kelli Mukaddam 05/24/2016 01:28 PM	Kelli Muka 05/24/2016 PM
<a href="#">Referral</a> <a href="#">MH Forms</a>			1	SW Florida Regional Juvenile Detention Center	Referral made due to suicide a...	Pending Review	Kelli Mukaddam 05/24/2016 11:37 AM	Kelli Muka 05/24/2016 AM
<a href="#">Referral</a> <a href="#">MH Forms</a>			1	SW Florida Regional Juvenile Detention Center	The System generated Referral ...	Pending Review	System System 05/24/2016 11:35 AM	System Sy 05/24/2016 AM

**4**

After you click the “Referral”, complete the enabled “MH/SA Staff Review Comments” box at the bottom & electronically Sign and Save the referral to close it.

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

Provider Name:\*

Phone Number:\*  Ext:

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

Telephone contact made with mental health provider (record name of mental health professional) to inform him/her of suicide risk findings during intake screening and that youth was placed on Precautionary Observation. The mental health professional (record name ) stated that an Assessment of Suicide Risk will be administered to the youth this

721 characters remaining...

Check Spelling

*Kelli Mukaddam 05/24/2016*

Signature of Staff Member Making Referral

MH/SA Staff Review Comments\*

Record your comments regarding review of the referral in this box. For example, Referral reviewed. An Assessment of Suicide Risk will be administered to youth today during morning shift.

1200 characters remaining...

Check Spelling

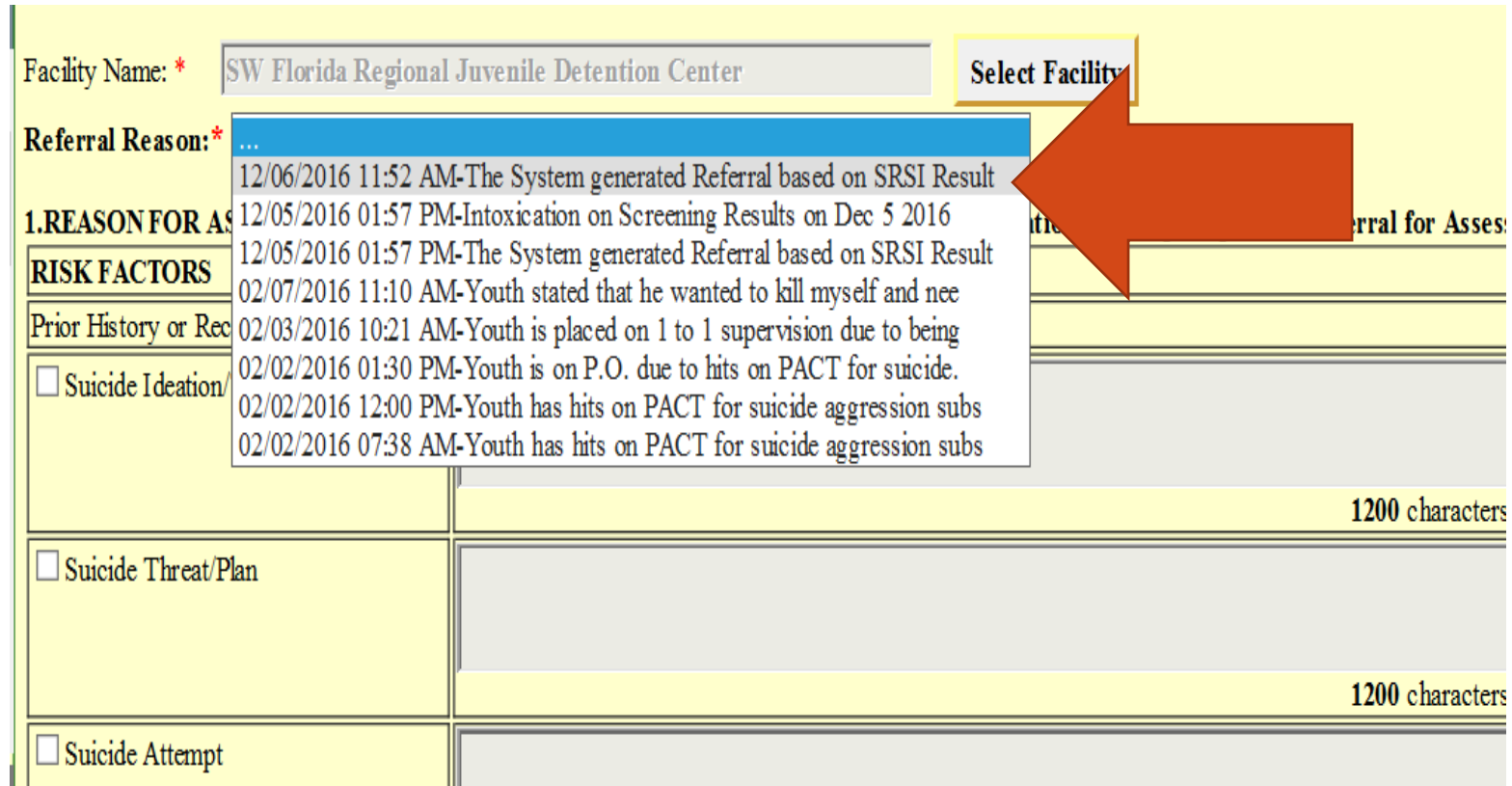
Elec.Sign & Save >>

MH/SA Staff Reviewer Signature

<< Previous

When creating an Assessment of Suicide Risk, select the referral associated with the date and time of the SRSI.

If the wrong referral is selected, it will not feed to the ASR Results tab of the SRSI.



Facility Name: \* SW Florida Regional Juvenile Detention Center Select Facility

Referral Reason: \* ...

1. REASON FOR ASSESSMENT

RISK FACTORS

Prior History or Record

☐ Suicide Ideation/Threat

☐ Suicide Threat/Plan

☐ Suicide Attempt

1200 characters

1200 characters

12/06/2016 11:52 AM-The System generated Referral based on SRSI Result

12/05/2016 01:57 PM-Intoxication on Screening Results on Dec 5 2016

12/05/2016 01:57 PM-The System generated Referral based on SRSI Result

02/07/2016 11:10 AM-Youth stated that he wanted to kill myself and need

02/03/2016 10:21 AM-Youth is placed on 1 to 1 supervision due to being

02/02/2016 01:30 PM-Youth is on P.O. due to hits on PACT for suicide.

02/02/2016 12:00 PM-Youth has hits on PACT for suicide aggression subs

02/02/2016 07:38 AM-Youth has hits on PACT for suicide aggression subs

## Assessment of Suicide Risk Results

(The Assessment of Suicide Risk (MHSA 004) must be completed by a licensed mental health professional or mental health clinician)

Date of Assessment of Suicide Risk (ASR): 12/27/2016 01:53 PM

Assessment of Suicide Risk (MHSA 004) 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

Assessed By: Kelli Mukaddam, 12/27/2016 01:56 PM  
(Mental Health Clinical Staff Assessor's Name )

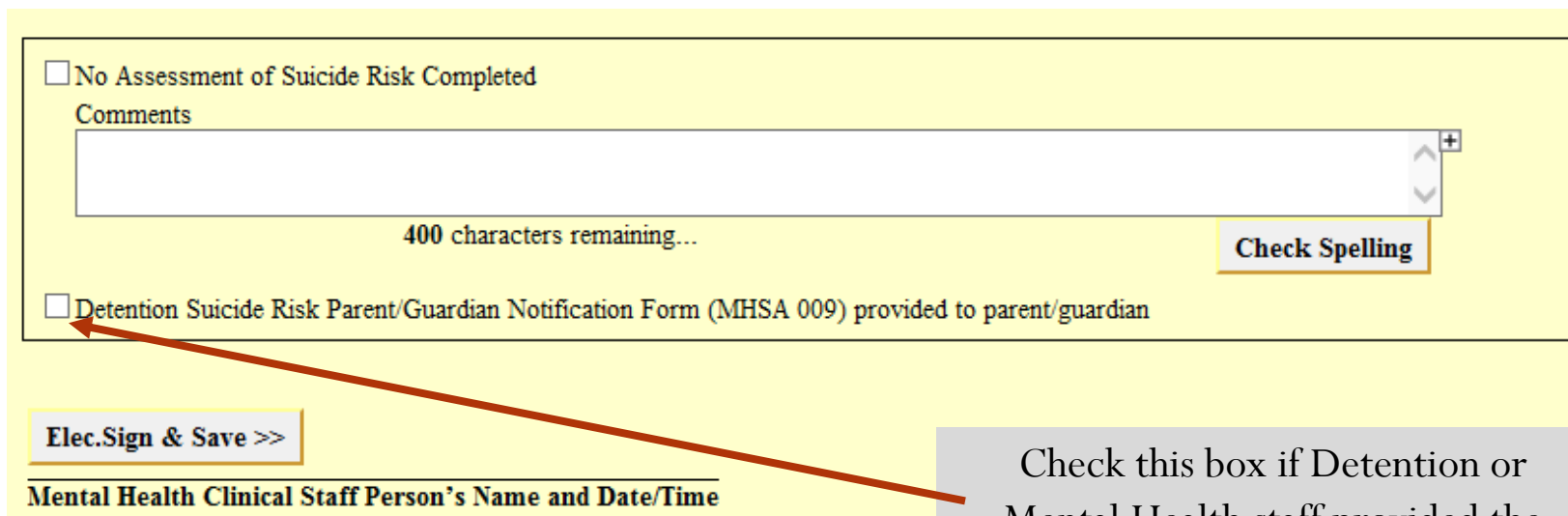
Reviewed By: \_\_\_\_\_  
(Licensed Mental Health Professional's Name, Title)

Example of how the ASR Results feed over to the SRSI when the correct referral reason is selected on the Assessment of Suicide Risk (ASR).

# What happens when a youth is released prior to an ASR?

Mark the “No Assessment of Suicide Risk Completed” box at the bottom of the ASR Results tab.

An explanation of why the ASR was not completed must be documented in the comments box.



☐ No Assessment of Suicide Risk Completed

Comments

400 characters remaining...

[Check Spelling](#)

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

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

Mental Health Clinical Staff Person's Name and Date/Time

Check this box if Detention or Mental Health staff provided the parent/guardian with form MHSA 009 when the youth was released.

**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

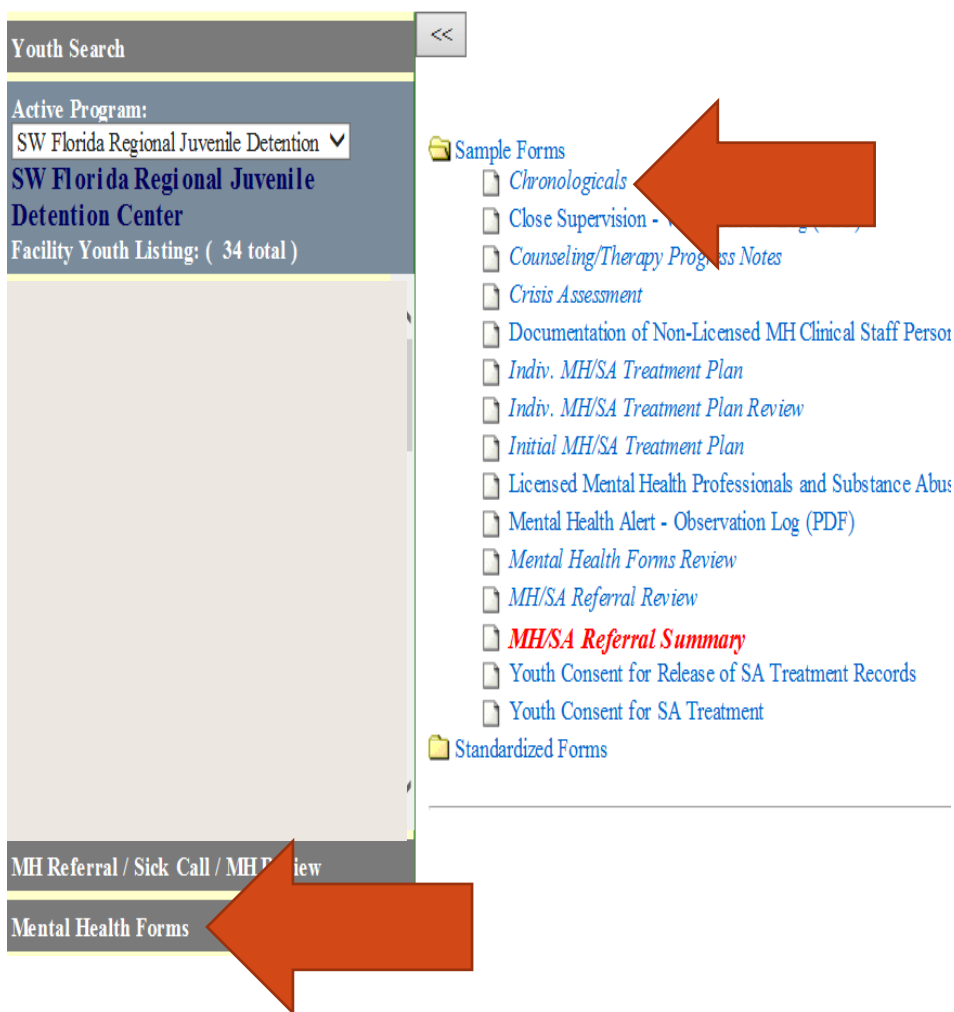
Comment: \_\_\_\_\_

☐ 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 printe copy of the SRSI must be placed in the youth's DJJ Case File and DJJ Individual Healthcare Record-Mental Health Section.*

# Chrono's



## To access Chronologicals:

- Select the youth
- Select Mental Health Forms.
- Select “Chronologicals” under the Sample Forms folder.

## Chrono's should be used when:

- No EMR Form exists to document the event.
- Documenting collateral information.
- Documenting contact with parent, youth, or staff that is **not** a therapy session.

Facility Name: \*

Chrono Type: \*

Date:

Chronological: \*

7500 characters remaining...

Mental Health Chronological Records.

	Program Name	Chronological	Chronological Date	Chrono Type	Last Updated By	Last Updated On	Elec.Sig By	Elec.Sig DateTime
Select	SW Florida Regional Juvenile Detention Center	test	06/13/2016	Assessment/Evaluation	Kelli Mukaddam	06/13/2016 01:26 PM	Kelli Mukaddam,	06/13/2016 01:26 PM

**To enter a Chrono-** complete the fields with a \* and click Elec. Sign & Save.

**Facility Name:** Defaults to Detention Center you are assigned to. If not click on “Select Facility” to select your Detention Center.

**Chrono Type:** Select type of Chrono to be entered from drop down box. (See next slide for description of Chrono Types).

**Date:** Automatically defaults to today’s date. This date cannot be backdated.

**Chronological:** Enter the details of the note you are entering for the youth.

**“New”:** Will enable once you have already entered and saved a Chrono and you wish to create another Chrono entry.

## ChronoTypes:

- **Collateral Contact** – Contact with and information obtained from outside sources.
- **Crisis Intervention - Follow up:** Documentation of review of Off-Site Crisis Assessment.
- **Emergency Service** – Documentation of Emergency Mental Health/Substance Abuse. Events, Baker Act, Review of discharge summary for youth returning from Baker Act Facility.
- **Mini Treatment Team Meeting** – Summary of treatment team meeting.
- **Parent/Guardian Contact** – Face-to-face contact with the parent/guardian.
- **Phone Contact** – Telephone contact with outside source regarding youth.
- **Record Review** – Review of prior/available records for the youth.
- **Supportive Services** - Therapeutic activities provided for a youth who is on Suicide Precautions or Mental Health Alert. Therapeutic activities include supportive counseling, crisis counseling, Mental Status Examination and on-going daily examination of the youth's risk to self or others.
- **Youth Contact** – Contact with the youth that is NOT a therapy session. (Therapy session is to be recorded on form MHSA 018)

# Questions ??????

Contact your local  
Mental Health Staff  
or DIO.

This JJIS Instructional Power Point is available online at  
<http://www.djj.state.fl.us/partners/data-integrity-jjis/jjis-information>