

Division of Juvenile Justice Service

SUICIDE PREVENTION WATCH/REMOVAL

Juvenile Name:	Date:
Case Number:	Time:

PLACEMENT ON SUICIDE WATCH

JUSTIFICATION FOR PLACING JUVENILE ON SUICIDE WATCH (explained):

- | | | | | | | | |
|--------------------------|---|---|---|---|---|---|---|
| <input type="checkbox"/> | MAYSI-2 Suicide Ideation Score: | 0 | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | Columbia Screener: (mark each item that was answered yes) | 1 | 2 | 3 | 4 | 5 | 6 |

WHO WAS NOTIFIED?

- Parent/Guardian: _____
Voicemail - Date _____ Time: _____
- Was the Telehealth Calendar reviewed? Next clinician notified _____
- Facility Admin/ Clinician: _____
- Probation Officer/Case Manager: _____
Voicemail - Date _____ Time _____

STAFF PLACING JUVENILE ON SUICIDE WATCH:

Clinical Follow-Up

Clinician Name:	Date:	Time:
Was Youth Removed From SW: <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Review Team:		
Approving Clinician Signature (if removed):		
Who was contacted (Guardian, PO, CW, CM, ETC.):		
<input type="checkbox"/> Voicemail	Date: _____	Time: _____

Justification:

Follow Up Plan:

Clinical Follow-Up Continued

Clinician Name:

Date:

Time:

Was Youth Removed From SW: Yes or No

Review Team:

Approving Clinician Signature (if removed):

Who was contacted (Guardian, PO, CW, CM, ETC.):

Voicemail

Date: _____ Time: _____

Justification:

Follow Up Plan:

Clinical Follow-Up Continued

Clinician Name:	Date:	Time:
Was Youth Removed From SW: <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Review Team:		
Approving Clinician Signature (if removed):		
Who was contacted (Guardian, PO, CW, CM, ETC.):		
<input type="checkbox"/> Voicemail	Date: _____	Time: _____
Justification:		
Follow Up Plan:		