



FLORIDA DEPARTMENT OF JUVENILE JUSTICE

SAMPLE Crisis Assessment

Youth's Name _____

DJJ ID# _____ **Sex** _____ **Race** _____ **DOB** _____

Facility/Program _____ **Circuit** _____

Date of Assessment: _____

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

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

[Check all that apply]

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

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

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

WNL = WITHIN NORMAL LIMITS

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

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

(Address each indicator listed below)

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

INTENT OF BEHAVIOR

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

LETHALITY OF BEHAVIOR

5. INITIAL CLINICAL IMPRESSION

a. SYMPTOMS

b. SOURCES OF STRESS/CONCERN

c. COPING ABILITIES

6. SUPERVISION RECOMMENDATIONS:

____ Emergency Transport (Baker Act)

NOTE: Youth presenting an imminent threat of harm to self or others due to mental illness must be transported for emergency mental health services.

Mental Health Alert and

- One-to-One Supervision
- Constant Supervision
- Close Supervision

or

Facility Standard Supervision

7. TREATMENT RECOMMENDATIONS:

8. RECOMMENDATIONS FOR FOLLOW-UP OR FURTHER EVALUATION:

9. NOTIFICATIONS (IF APPLICABLE):

Parent/Legal Guardian

Name: _____

Juvenile Probation Officer (JPO)

Name: _____

Outside Provider

Name: _____

Notified by: Telephone Letter E-mail
 Date: _____ Time: _____

Notified by: Telephone E-mail
 Date: _____ Time: _____

Notified by: Telephone E-mail
 Date: _____ Time: _____

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

Completed By: _____
 Mental Health Clinical Staff Person's Signature, Title _____ Date _____ Time _____

Reviewed By: _____
 Licensed Mental Health Professional's Signature, Title _____ Date _____ Time _____

Reviewed By: _____
 Facility Superintendent or Designee _____ Date _____ Time _____

CHANGE IN SUPERVISION (TO BE COMPLETED AFTER FOLLOW-UP MENTAL STATUS EXAMINATION)

<input type="checkbox"/>	One-to-One Supervision
<input type="checkbox"/>	Constant Supervision
<input type="checkbox"/>	Close Supervision
<input type="checkbox"/>	Facility Standard Supervision

Completed By: _____
 Mental Health Clinical Staff Person's Signature, Title _____ Date _____ Time _____

Reviewed By: _____
 Licensed Mental Health Professional's Signature, Title _____ Date _____ Time _____

Reviewed By: _____
 Facility Superintendent or Designee's Signature _____ Date _____ Time _____