

DEPARTMENT OF HUMAN SERVICES
DIVISION OF JUVENILE JUSTICE SERVICES
POLICY AND PROCEDURES

Policy No.: 03-03	Effective Date: 05/09/07	Revision Date: 7/9/18
Subject: Intake Screening		

I. Policy Statement

A standardized intake screening process will be conducted upon admission of a juvenile to any Division residential facility within one hour of admission. Screening results will be used to determine behavior, health, or mental health issues that may require an immediate response.

II. Rationale

The purpose of this policy is to standardize the screening process for all juveniles entering a Division facility in the State of Utah.

III. Definitions

"Initial Health Screen form" is the Division's standard form used to screen newly admitted juveniles for health, mental health, and suicide ideation.

"Columbia Suicide Severity Rating Scale" (CSSRS) is a standard tool for screening and assessment to identify juveniles that may be at risk for suicidal behavior.

"MAYSI-2" is the Massachusetts Youth Screening Instrument - Version 2, a brief screening tool used to alert staff to a juvenile's potential mental/emotional distress and certain behavior problems that might require an immediate response.

"Qualified Mental Health Professional" (QMHP) is a licensed psychologist, licensed clinical social worker, psychiatrist, or therapist with experience in child or adolescent development.

IV. Procedures

Staff shall administer the Initial Health Screen, the CSSRS Screening Tool, and the MAYSI-2 during the intake screening process for each juvenile admitted to any Division residential facility.

A. Initial Health Screen

1. Staff shall administer the Initial Health Screen (attachment 03-03A) to each juvenile with a new intake/admission, to any Division residential facility. The screen shall be administered within the first (1) hour after admission and before the juvenile is assigned a room. Staff shall maintain line of sight supervision with the juvenile during this time.

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2. The Initial Health Screen is not required to be administered again for a currently admitted juvenile returning to the facility following a court appearance or other off site appointment.
3. Staff shall complete the Initial Health Screen by interviewing the juvenile and completing the standardized form (03-03A, attached to this policy).
4. Staff shall use the Initial Health Screen to determine behavior, health, or mental health issues that may need an immediate response.
5. A juvenile who appears to be under the influence of alcohol and/or drugs to the degree that they require assistance to walk, or to the degree that they cannot respond coherently, shall not be admitted to the facility without prior medical release.

B. Columbia Suicide Severity Rating Scale (CSSRS) Screening Tool

1. Staff shall administer the CSSRS Screening Tool in all facilities within the first (1) hour after admission and before the juvenile is assigned a room.
2. Staff shall interview the juvenile using the CSSRS Screening Tool. Refer to instructions as outlined on the CSSRS Screening Tool.
3. A juvenile who has been identified to be at risk for suicidal behavior will be placed on suicide watch and will be referred to a QMHP for further assessment in accordance with Division policy 05-03.
4. A QMHP shall administer the comprehensive version of the CSSRS to juveniles to deny or confirm the need for continued suicide watch.

C. MAYSI-2 Screen

1. Staff shall administer the MAYSI-2 screen in designated facilities within the first (1) hour after admission and before the juvenile is assigned a room.
2. Staff shall administer the MAYSI-2 for each juvenile and stay in line of sight while the juvenile completes the screening process on the computer. Refer to facility operation manuals for MAYSI-2 screening instructions.
3. Staff shall utilize the MAYSI Decision/Action Summary (03-03B, attached to this policy) to identify a juvenile who requires additional monitoring and/or referral to a QMHP.

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4. Staff shall administer the MAYSI-2 second screening to juveniles who score “**Caution**” in all six areas and/or “**Warning**” in any areas to gather additional information. Staff shall use this information for classification purposes and to make referrals to a QMHP as needed.
 5. Juveniles that score in the **Warning** area in suicide ideation shall be placed on suicide watch in accordance with Division policy 05-03.
- D. Staff shall use information from the Initial Health Screen, the CSSRS Screening Tool, the MAYSI-2, and any other collateral information to determine behavior, health, or mental health issues that may need an immediate response e.g., immediate monitoring, additional questioning, request for clinical consultation, or further detailed assessment.
- E. Staff shall place a juvenile on suicide watch when any of the following reasons are present;
1. juvenile reports suicide ideation,
 2. juvenile has been identified to be at risk for suicidal behavior based on the CSSRS Screening Tool,
 3. juvenile scores **above the Warning** cut-off on suicide ideation on the MAYSI-2, or
 4. there is collateral information that indicates the need (probation officer/court ordered, verbalized, parent’s request, Arresting/Transporting Officer Questionnaire etc.).
- F. Other possible responses to juveniles indicated as high risk for suicidal behavior may include additional screening, referral to a nurse or medical personnel, increased monitoring, placement in a camera room, and/or referral to a QMHP or outside agency for mental health consultation. Please refer to Division policy 05-03.
- G. All juveniles placed on suicide watch shall be referred to a QMHP.
- H. Staff shall maintain the Initial Health Screen, CSSRS Screening Tool, MAYSI-2 results, collateral information, and relevant documentation, in the juvenile’s record.
1. The screening may be postponed in the event that the juvenile refuses to comply, is severely intoxicated or otherwise incapacitated, or is violent or out of control.

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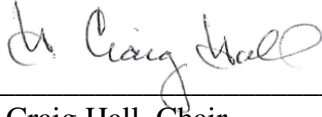
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I. Staff shall make room assignments based on the information gathered during the intake process.

V. Continuous Renewal

This policy shall be reviewed every three (3) years to determine its effectiveness and appropriateness. This policy may be reviewed before that time to reflect substantive change.

This policy has been reviewed by the Board of Juvenile Justice Services and is approved upon the signature of the Director.



H. Craig Hall, Chair
Board of Juvenile Justice Services

7/9/18

Signature Date



Susan V. Burke, Director
Division of Juvenile Justice Services

7/9/18

Signature Date