

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

Policy No.: 03-03	Effective Date: 05/09/07	Revision Date: 01-22-14
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 physical 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

- A. "Initial Health Screen form" is the Division's standard form used to screen newly admitted juveniles for health, mental health, and suicide ideation.
- B. "Suicide Probability Scale" (SPS) is a standard tool for screening and assessment to identify juveniles that may be at risk for suicidal behavior.
- C. "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.
- D. "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 one or more of the following instruments during the intake screening process for each juvenile admitted to any Division residential facility.

Facility/ Program	Type of Screening Tool		
	Initial Health Screen	MAYSI - 2	Suicide Probability Scale (SPS)
Secure Facility	X		X
Detention Center	X	X	as needed
Observation and Assessment	X	X	as needed
Youth Services (Residential)	X	X	as needed
Shelter	X	X	as needed
Genesis	X	X	as needed

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A. Initial Health Screen

1. Staff or medical personnel shall administer the Initial Health Screen (attachment 03-03-A) 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.
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 or medical personnel shall complete the Initial Health Screen by interviewing the juvenile and completing the standardized form (attached).
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 ambulate, or to the degree that they cannot respond coherently, shall not be admitted to the facility without prior medical release.

B. 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 (Attachment 03-03-B) to identify a juvenile who requires additional monitoring and/or referral to a qualified medical and/or mental health professional.
4. Staff shall complete a follow-up interview and/or SPS as needed.
5. Staff shall administer the SPS to Juveniles above the **Caution** cut-off (but not into the **Warning**) to deny or confirm the need for suicide watch. Juveniles in the Warning shall be placed on suicide watch in accordance to JJS Suicide Intervention policy 05-03.

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C. Suicide Probability Scale – SPS

1. Staff shall administer the SPS in designated facilities within one (1) hour of admission and before the juvenile is assigned a room.
2. Staff may also administer the SPS to a juvenile in any facility or program when the need is indicated from the Initial Health Screen, the MAYSI-2, and/or other collateral information.
3. Staff shall score the SPS immediately and each juvenile with a T-score over 70 shall be placed on Suicide Watch and referred to a clinician in accordance with JJS Policy 05-03 Suicide Prevention.

D. Staff shall use information from the Initial Health Screen, the MAYSI-2 , the SPS, and any other collateral information to determine behavior 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. scores **above the Warning** cut-off on suicide ideation on the MAYSI,
3. has an SPS T-score of 70 or above, or
4. has collateral information that indicates the need (PO/court ordered, verbalized, parent’s request).

F. Other possible responses to juveniles indicated as high risk for suicide may include a secondary 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 Suicide Prevention policy 05-03.

G. Staff shall maintain the Initial Health Screen, MAYSI-2 results, SPS T-score (if tested), collateral information, and relevant documentation, in the juvenile record.

H. As soon as possible and in accordance with Suicide Prevention policy 05-03, staff shall complete an incident report and notify the parents, probation officer, and case manager when any juvenile is placed on suicide watch.

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

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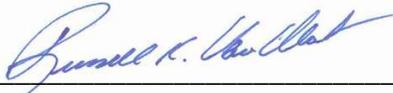
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J. Previous screening information shall not be used for future admissions.

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.



Russell K. Van Vleet, Chair
Board of Juvenile Justice Services

01-22-14

Signature Date



Susan V. Burke, Director
Division of Juvenile Justice Services

01-22-14

Signature Date