

Protocols for the Administration of the MAYSI-2

Screened Youth

All youth entering into secured detention are to be screened for mental health issues by administration of the Massachusetts Youth Screening Instrument (MAYSI-2). An exception to this would be if a youth is readmitted to the detention center within a fourteen day window. *(Please see Frequency of Screening below).*

Those detention centers that also house emergency shelter youth may choose to set up a separate process to screen those youth with the MAYSI-2 as well, but their electronic data must be held separately and is not part of the pilot project.

All incidents where youth are not screened or not screened in the timeframe indicated below must be documented and reported to the Site Coordinator. The Site Coordinator will then report these incidents to the Project Director.

Screening Environment

The ideal screening environment is a quiet, private place with no distractions. MAYSI- 2 screening should not take place in a day room or hallway where staff and youth are moving about. Ideally the staff administering the screen and the youth being screened should be the only persons present in the room. The room should be free of distractions such as noise from ringing telephones. While screening the youth, there should be as much privacy as possible. The more comfortable youth are in the screening environment, the more likely they are to disclose information. Since the computer reads the questions aloud to the youth, headphones should be used, if possible, so that only the youth can hear the questions. Staff can also create privacy by simply seating himself/herself at a position where the computer monitor can not be viewed.

Screening Time Frame

The MAYSI-2 will be administered to all youth within 24 hours of admission to the facility, unless certain circumstances exist (i.e., youth is hostile/violent or under the influence of a mood altering chemical). If a youth can not be screened within the 24 hour time frame, the reasons will be documented, reported to the Site Coordinator and tracked. The earlier the screening can be done, the better. Screening within the first 4-6 hours of admission is optimal. *Individual center policies and procedures should be applied in cases when a youth refuses to take the screen. It is important to note that if a youth answers the questions against his or her will, the youth will most likely not respond honestly.*

The MAYSI-2 will be administered by those staff specifically designated and trained by the Site Coordinator. Weekend/holiday staff should be designated and trained to administer the MAYSI-2 to avoid a lapse in the 24 hour requirement..

Protocols for the Administration of the MAYSI-2

Indiana Juvenile Detention Standards already require screening for both mental health problems and suicidal ideation. (210 IAC 6-3-4.238). The protocols set by the Advisory Board are not intended to replace these requirements, but rather to augment them. *Specifically, separate suicide screens should continue to be employed at the earliest feasible time.*

Presentation to Youth

Positive presentation of the MAYSI-2 is key. Youth are more likely to answer the MAYSI-2 questions honestly if the screen is presented in a positive manner. Youth should be informed that the MAYSI-2 is a tool the detention center uses to measure potential mental and emotional distress. Prior to taking the screen, youth should be informed of individuals who may review the results and limitations of confidentiality. Thoroughly informing youth of how the screening process works will increase the youths' comfort level and consequently result in more honest answers.

The MAYSI-2 should not be referred to as a “test” because this implies that there are correct and incorrect answers. Nor should the MAYSI-2 be presented as a research project. Although prevalence data will be collected, the primary purpose of the screen is to help detention centers triage youth with potential mental health problems.

- **Reference *Guidelines for Introducing MAYSI-2 to Youth***

Responding to the MAYSI-2 Scores

As part of the Pilot Project, detention centers are required to respond to youth scoring at or higher than the state cut-off criteria. This cut-off level determines what response level is mandatory for the project and minimally acceptable given the community's resources. **The state mandatory cut-off is a Caution¹ or Warning² on the Suicide Ideation Scale OR 2 or more Warnings on any combination of scales.**

Each county site has been required to develop its own policy on when and how it will respond to elevated MAYSI-2 scores in its detention centers; and county pilot sites have had the option of establishing lower cut off points (*i.e.*, county-adopted, mandatory response levels that are tied to lower scores on the MAYSI-2). The pilot site's policy on

¹ When a youth scores above the Caution cut-off scores on a given scale, the youth has scored at a level that can be said to have “possible clinical significance.” The Caution cut-off scores, therefore, simply mean that youths scoring above the MAYSI-2 cut-off would probably score high enough on other tests of similar adolescent disturbances to require special attention of some kind.

² Warning cut-off scores are intended to alert staff that the youth has scored exceptionally high in comparison to other youths in the juvenile justice system. The Warning cut-off scores were set at the point that identifies approximately the top 10% of youths on a given MAYSI-2 scale. They identify a subset of youths in the Caution zone that are in the most in need of attention, and whose mental health needs should be given the highest priority.

Protocols for the Administration of the MAYSI-2

when and how it responds to elevated MAYSI-2 scores should be consulted and consistently followed for all youth.

If a youth's score is sufficient under the county's protocols to be considered an elevated score meeting county adopted cut off levels, a clinical consultation or a mental health evaluation should be considered. *Whenever a youth meets the state mandatory cut-off, as stated above, a mental health evaluation is presumed, unless a Secondary Screening process disconfirms the screening result. See Secondary Screening below.*

The procedures outlined in the Pilot Project Protocol on *Prohibited and Permitted Disclosures and Uses of Information Obtained in Screening, Assessment and Treatment of Youths in Detention* should be followed to obtain consent and involvement of the parent or guardian. Procedures for procuring emergency evaluation or treatment in the absence of parental/guardian consent are explained as well.

Evaluations should be conducted within the time frame recommended by the local mental health provider community. If a youth is released prior to assessment or evaluation, then the detention center should refer the youth to a mental health provider within the community to pursue follow up care. All efforts at follow up care should be documented on forms provided by the Pilot Project.

A combination of responses to elevated scores may be appropriate in an individual situation: a) monitoring; b) interviewing and collateral contacts; c) clinical consultation; d) evaluation referral; e) secondary screening; and f) therapeutic or security intervention. The county pilot site's policy should be routinely consulted and applied in all appropriate situations.

- **Reference *Guidelines for Counties to Develop Policy on Responses to Elevated MAYSI-2 Scores***

Second Screening: Our expectation is that the majority of youths who have high scores on the MAYSI-2 will get an evaluation. However, some youth with high scores do not necessarily require immediate intervention. Second screening refers to a relatively short, structured process to check a youth's responses on scales on which they have exceeded the cut-off criteria. Second screening should not be viewed as necessary in all cases, but rather might be considered for use in "borderline" situations, or where there is information to indicate that a youth's responses warrant further explanation. This added step in the screening process can either help determine that the youth is not in need of special intervention or provide further evidence that the youth has a mental health need that the MAYSI-2 has identified. This means that additional observation may result in information that reduces the urgency of the case (i.e. false alarms) or may suggest that the MAYSI-2 results should be heeded because there may be a potentially serious mental health condition requiring immediate follow up attention. Second Screening helps equip detention center staff to make an informed decision about the appropriate intervention or response.

Protocols for the Administration of the MAYSI-2

The MAYSI-2 Second Screening Forms are used to provide consistency and structure to this process, and should be followed when practical. The MAYSI-2 Second Screening Forms and Instructions in the MAYSI-2 Manual should be consulted for use in appropriate cases. Approaches employed in secondary screening may also include:

1. Monitoring: detention center staff exercise greater vigilance and attention to the youth in order to make relevant observations;
2. Interviewing and Collateral Contacts: detention center staff engage in discussions with the youth, the youth's family, or past/present service providers. These efforts focus on exploring the reason behind the youth's responses that resulted in elevated scores, and obtaining outside information that either contradicts or is consistent with what the youth reported on the instrument; and
3. Secondary Screening Results may indicate that a youth is already actively involved in counseling/therapy with a mental health provider. If this is the case, the therapist of record shall be contacted to determine if an additional evaluation is warranted.

Generally, when second screening is employed, the following procedures should be followed:

1. When the information obtained from the secondary screening validates the youth's answers that resulted in the high MAYSI-2 score(s), staff should respond by seeking an emergency assessment by a mental health professional.
2. When the information obtained in the secondary screening indicates that the youth does require mental health intervention, but the youth's need for mental health intervention does not appear to be as immediate as the MAYSI-2 score(s) indicated, staff may respond by seeking a non-emergency assessment by a mental health professional.
3. When the information obtained from the secondary screening invalidates the youth's answers that resulted in the MAYSI-2 score, mental health intervention may not be indicated, and staff may choose to respond with any other facility protocols that may be appropriate.
4. In all cases, when an emergency assessment by a mental health professional is determined by detention center staff to be unnecessary, they are expected to review each situation thoroughly before making that decision. The MAYSI-2 results, the MAYSI-2 Second Screening answers, and any other relevant or known information should be reviewed by the

Protocols for the Administration of the MAYSI-2

Site Coordinator, in concurrence with the Detention Center Director, who always has the option of seeking an emergency assessment by a mental health professional.

5. When a youth scores in the cut-off range on the MAYSI-2 and Secondary Screening is conducted, detention center staff should thoroughly document the resulting decisions, reasons for the decisions, and what interventions or responses were used. This information should be maintained in the youth's medical file, and the Site Coordinator is responsible for submitting tracking information regarding the decision to the Pilot Project Director on the *Follow Up Care Tracking Form*. All decisions to not obtain a clinical assessment or evaluation should be documented on the MAYSI-2 Second Screening Form and reported to the Site Coordinator.

Site Coordinator: The Site Coordinator is the point of contact for all administrative problems or concerns. Difficulties with following pilot project protocol should be reported to the Site Coordinator, who will then report them to the Detention Center Director and the Pilot Project Director

Frequency of Screening

The MAYSI-2 should not be repeated in a time interval less than 14 days, or when a youth is transferred from one facility to the next.

The MAYSI-2 literature indicates that there is some evidence that the validity of the MAYSI-2 results diminish when the instrument is administered frequently.

Data Collection

1. Detention Centers are to screen *all* youth entering into their facilities. Understanding that the authors of the MAYSI-2 indicate that this screening tool has not been validated for those youth under the age of twelve, all data will be separated, those under the age of twelve and those between the ages of twelve to seventeen, for reporting purposes. Detention Centers are to include the data for those youths under the age of twelve in their monthly submissions to the Pilot Project Director.
2. Should a Detention Center also operate a Shelter facility, Centers are encouraged to utilize the MAYSI-2 for those youths in Shelter. For the purposes of this Pilot Project, only data on those youths admitted to the Detention Centers is to be submitted to the Pilot Project Director.
3. Data that is submitted to the Pilot Project Director on a monthly basis is to include data for *all* screened youth, not only data on those youths whose MAYSI-2 results in Warnings/Cautions.

Indiana Juvenile Mental Health Screening, Assessment and Treatment Pilot Project

Protocols for the Administration of the MAYSI-2

4. As stated in the Letter of Commitment, data shall be mailed to the Pilot Project Director by the first and no later than the tenth of each month.

Mental Health Records Are Maintained Confidentially

As provided in the *Protocol on Prohibited and Permitted Disclosures and Uses of Information Obtained in Screening, Assessment and Treatment of Youths in Detention*, all mental health records, including the MAYSI-2 screening results, are to be held confidentially and retained for seven years. Accordingly, two weeks after a youth's release, the MAYSI-2 screening results should be transmitted in their entirety to the detention center's health care provider or medical clinic and retained for seven years. See *Protocol on Prohibited and Permitted Disclosures and Uses of Information Obtained in Screening, Assessment and Treatment of Youths in Detention*.