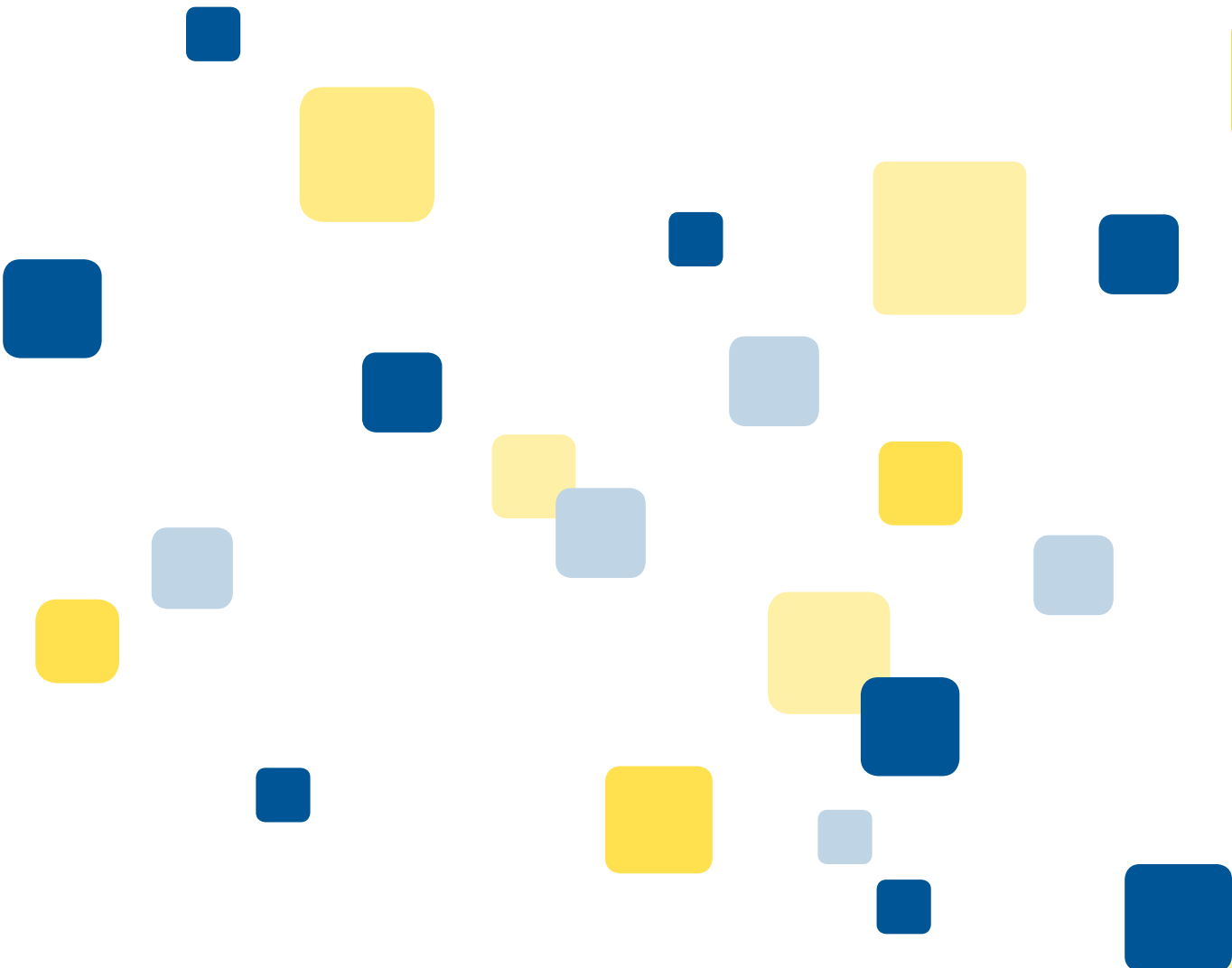




MAY 2010

VALIDATED MENTAL HEALTH SCREENING



WHAT IS VALIDATED MENTAL HEALTH SCREENING?

As the numbers of youth with mental health needs in the juvenile justice system increase and mental health and probation resources decrease, limited mental health resources for probation youth must be allocated more effectively. The first step towards ensuring that youth in the juvenile justice system with mental health needs are accurately identified, assessed, and appropriately treated is routine mental health screening at the earliest point of contact with the system.

Validated mental health screening can help juvenile justice staff and administrators:

- Systematically identify youth that may be in need of mental health and substance abuse assessment and treatment
- Prevent further delinquency and mental deterioration
- Be aware of “red flags,” including risk of suicide or self-harm
- Increase the safety of youth and staff by identifying youth with harmful behaviors
- Improve staff understanding and interactions with youth
- Develop more appropriate case plans and inform service linkage
- Reduce unnecessary confinement and recidivism by better responding to mental health and substance abuse needs of youth
- Identify which disorders are most prevalent to assist in program planning and resource allocation
- Provide state and local agencies with accurate information and data on this population

Standardized validated mental health screening is a brief procedure in which trained staff use a screening tool (questionnaire) with youth in the system or assist the youth in administering the tool themselves. The screen can be administered by either clinical or non-clinical staff, but must be administered in a uniform, routine fashion to receive accurate results. There are several research-based tools designed specifically for the juvenile justice system that are proven to reliably identify youth with mental health and substance abuse issues. These tools are generally voluntary for the youth and can vary in format, some presenting questions concerning youths’ thoughts, feelings, or behaviors, and others requiring staff to make ratings based on past behavior.

Validated mental health screening is distinctly different from mental health assessment, evaluation, or diagnosis. Screening provides staff with important information on a youth’s current emotional or mental state that may indicate the need for further attention. Staff are able to more accurately identify youth in need of a follow-up clinical assessment or mental health evaluation, which must be performed by a mental health clinician. The information can also be used to develop more appropriate case plans and improve how staff interact with the youth.

To ensure that any risk factors or red flags are immediately identified, validated mental health screening generally occurs when youth first enter detention, after the intake process and before they appear in court, or upon entrance to a juvenile placement such as a juvenile facility or out-of-home care.

While there are several validated mental health screening tools currently being used across the U.S., including the Problem-Oriented Screening Instrument for Teenagers (POSIT) and the Global Appraisal of Individual Needs (GAIN), the MAYSI-2 was used by all of the Healthy Returns Initiative counties and is the most widely used screen in juvenile justice facilities nationwide.¹ However, many juvenile justice stakeholders have noted that the MAYSI-2 does have limitations. It is not available in multiple languages and can not be used as a mental health assessment tool, as opposed to other mental health screening tools available.

LESSONS LEARNED FROM THE HEALTHY RETURNS INITIATIVE

While more and more counties are moving towards using validated mental health screening tools, stakeholders in California's juvenile justice system have noted that a number of counties conduct mental health screens that are not validated and consist of questions developed by staff or clinicians. In response to this trend, the Healthy Returns Initiative required participating counties to use a standardized screening tool.

In the Healthy Returns Initiative counties, the MAYSI-2 is administered to all youth entering juvenile facilities. The MAYSI-2 was already in use by three of the five of the counties (Los Angeles, Santa Clara, and Ventura counties) and was newly implemented by Humboldt and Santa Cruz counties.

About the Massachusetts Youth Screening Instrument – Version 2 (MAYSI-2)

The MAYSI-2 was developed during the 1990s by Thomas Grisso, PhD and Richard Barnum, MD at the University of Massachusetts Medical School and was made available in 2000 after its reliability and validity had been sufficiently established. The MAYSI-2 was created for youth ages 12–17 and is composed of 52 yes-or-no questions that take about 10 minutes for the youth to complete and three minutes to score. Youth taking the MAYSI-2 self-report, reading and answering the questions themselves with a paper and pencil or at an electronic kiosk. The questions relate to seven scored scales—Alcohol/Drug Use, Angry-Irritable, Depressed-Anxious, Somatic Complaints, Suicide Ideation, Thought Disturbance, and Traumatic Experiences—with each scale having a “Warning” and “Caution” cut-off score. For more information on the MAYSI-2, visit maysiware.com/MAYSI2.htm.

PROMISING PRACTICES

Establishing Procedures for Routine Use of the MAYSI-2

All of the counties participating in the Healthy Returns Initiative have developed procedures and protocols to ensure that the MAYSI-2 is administered upon entry into a juvenile youth facility and that information from the screen can be shared in ways that meet confidentiality standards. Staff are assigned and trained to administer the screen to youth, score the results, enter results into the appropriate databases or files, and share results with staff working with the youth, including multidisciplinary teams (MDTs) and case managers.

The Healthy Returns Initiative counties have developed several strategies to ensure that the screen is administered consistently. Santa Clara County ensures that the MAYSI-2 is always administered two to four hours after a youth enters juvenile hall by having a trained correctional officer administer the screen in the evenings and on weekends when mental health clinicians are not available. In Ventura County, experienced juvenile facilities administration officers train new staff on how to administer the MAYSI-2 to ensure consistency and continuity in the administration of the screen.

¹Valerie Williams and Thomas Grisso, “Lessons Learned: Facilitating Mental Health Screening in Juvenile Justice Programs,” Center for Mental Health Services Research, University of Massachusetts Medical School, Vol 3, Issue 6 (October 2006), <http://www.modelsforchange.net/publications/219>.

Self-Administration and Staff Screening

One benefit of the MAYSI-2 is that it can be administered by both clinical and non-clinical staff and is available electronically or in a paper and pencil version. In Los Angeles and Santa Clara counties, county mental health clinicians administer and score the MAYSI-2 and also provide mental health assessments, review case histories, make service referrals, and develop behavioral health case plans. Los Angeles County probation has found that this is the best combination of information relative to a youth's mental health status, especially since mental health records include treatment information and community provider contact information. In Ventura County, juvenile facility staff administer the MAYSI-2, then behavioral health staff review results and make referrals. In Humboldt and Santa Cruz counties, juvenile facility staff help youth take the MAYSI-2 at electronic kiosks located inside juvenile hall, then share results with mental health staff.

Improving Capacity for Implementation and Cross-Agency Sharing of MAYSI-2 Results

In Santa Clara County there is an improved capacity to implement and share results from the MAYSI-2 screen, which is administered by Department of Mental Health staff. Probation expanded their capacity to administer the screen by increasing the number of stations for administration and by offering the screen in Spanish. As a result of this strong collaboration, probation officers and ranch counselors have access to MAYSI-2 results for case planning purposes via a shared database. Santa Cruz County also worked to establish a system of extracting and disseminating MAYSI-2 results to their MDTs. Their mental health clinicians enter selected measures from the MAYSI-2 into a shared database so that results can be discussed in weekly MDT meetings.

Setting Warning Thresholds for Prevention

With the MAYSI-2, counties are able to set different thresholds to identify red flags. In Humboldt County, the Healthy Returns Initiative Clinical Services Coordinator deliberately set a low warning threshold to heighten the sensitivity of the MAYSI-2 screen in order to ensure that their MDT adopts a prevention focus, as well as responding to youth with high needs.

IMPROVING OUTCOMES

- Counties are able to systematically identify mental health issues, alcohol and drug problems, and self-harm behaviors. There is improved staff recognition of co-occurring disorders.
- Staff do a better job of making referrals for extensive mental health assessment and evaluation. They are able to be more selective about whom they refer to mental health clinicians.
- Juvenile staff and case managers, as well as MDT members serving youth, are provided with critical information that is used to inform case plans both in and out of custody.

CHALLENGES OF IMPLEMENTING THE MAYSI-2

Preparation

Implementing systematic mental health screening takes significant preparation and planning. First, the need for screening should be clearly identified by probation management and staff with buy-in at all levels. Then policies must be developed to address the provision of resources related to screening and identify staff roles and responsibilities. In addition, there should be clear procedures and protocols for administration and scoring, information sharing, and database management duties.

Staff Resistance

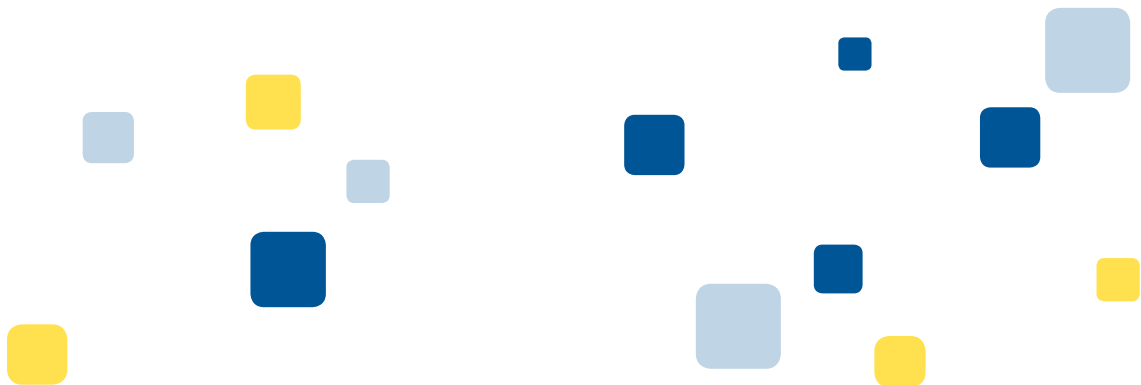
Once implemented, many sites across the nation using the MAYSI-2 have reported probation staff resistance to using what is perceived to be a mental health tool. Santa Cruz County experienced some resistance to using the MAYSI-2 by the mental health staff. Even though they admitted that it increased objectivity, some therapists had to be convinced of the value of using the MAYSI-2 since they believed that their previous system of questioning worked just as well. It is important that all departments interacting with youth, particularly probation and mental health departments, educate staff on the benefits and ease of validated screening and also ensure that there is adequate staffing to conduct the screening.

“We spend a great deal of time with the youth when they come into custody to try to develop rapport in a trusting way. We explain that the MAYSI-2 isn’t information going to their probation officer for court reports, that it is information used to help them better adjust to their time while they are in custody.”

– Doug Rasines, Retired Chief Probation Officer, Humboldt County Probation Department

Youth Resistance

Because probation youth often cycle in and out of the juvenile hall, some youth in Santa Cruz County would refuse to take the screening instrument after multiple administrations. In addition, several sites noted that the consistent use of the MAYSI-2 has resulted in youth learning how to manipulate the system by refusing to take the test or providing false information. In Humboldt County, probation staff found that it was helpful to have someone who was not as closely connected to the individual case administer the tool and explain its purpose so that the youth did not feel like they were offering up information that could be used against them at a later point in time.



Requiring Validated Mental Health Screening in Juvenile Justice

Although use of validated mental health screening instruments is not required by state regulation, an increasing number of California county probation departments are implementing mental health screening tools to systematically identify these youth. Outside of California, several states have mandated that all youth entering the juvenile justice system receive a validated mental health screen. For example, in 2001, Texas required all juvenile probation departments in the state to administer the MAYSI-2 to each youth entering probation intake. Minnesota also enacted statewide mental health screening for youth in the child welfare and juvenile justice systems in 2004, providing exemptions for situations in which youth had received a mental health screen within the last 180 days or a parent objected to his or her child undergoing a mental health screen and notified the court in writing. For youth in the juvenile justice system, Minnesota implemented both the MAYSI-2 and the POSIT.²

ADDITIONAL RESOURCES

Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System, National Center for Mental Health and Juvenile Justice

California Department of Corrections and Rehabilitation, Corrections Standards Authority

Center for Promotion of Mental Health and Juvenile Justice

Healthy Returns Initiative Case Studies – Final Report, Desert Vista Consulting

Healthy Returns Initiative: Strengthening Mental Health Services in the Juvenile Justice System, National Council on Crime and Delinquency

Lessons Learned: Facilitating Mental Health Screening in Juvenile Justice Programs, Center for Mental Health Services Research, University of Massachusetts

Massachusetts Youth Screening Instrument – Version 2, www.maysiware.com

Mental Health Issues in California's Juvenile Justice System, Berkeley Center for Criminal Justice

Mental Health Screening Within Juvenile Justice: The Next Frontier, Models for Change, National Center for Mental Health and Juvenile Justice

National Youth Screening Assistance Project – MAYSI-2, UMASS Medical School

²Kathleen R. Skowyrza and Joseph J. Cocozza, "Blueprint for Change: A Comprehensive Model for the Identification and Treatment of Youth with Mental Health Needs in Contact with the Juvenile Justice System," The National Center for Mental Health and Juvenile Justice and Policy Research Associates, Inc., <http://www.ncmhjj.com/Blueprint/pdfs/Blueprint.pdf>.



www.healthyreturnsinitiative.org