

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

Subject: <b>Youth Screening and Assessment</b>		Policy Number: <b>3</b>
Number of Pages: <b>5</b>		Section: <b>XIII</b>
Attachments	Related Standards & References	
<b>A. Initial Screening Protocol</b> <b>B. Intake Psychological Checklist</b> <b>C. Programming Needs Assessment</b>	<b>ACA 4-JCF-4D-02</b> <b>ACA 4-JCF-4D-03</b> <b>ACA 4-JCF-5C-03</b>	
Effective Date:  <b>December 28, 2006</b> Revised: October 6, 2008; Revised: March 30, 2015	Approved:   <b>James Maccarone, Director</b>	

**I. POLICY**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS) that every youth entering a DYS facility shall undergo a formal screening and assessment. The results of the screening and assessment instruments shall be used to develop a Service Plan (*DYS Policy XIII.5 Service Plan*) designed to address the care and rehabilitative needs of youth admitted to Oakley Youth Development Center (OYDC).

**II. DEFINITIONS**

As used in this policy and procedure, the following definitions apply:

- A. **Screening** – An objective process of identifying potential risk factors for future delinquent behavior and problem areas impacting normal adolescent development.
- B. **Assessment** – A more thorough evaluation process using standardized instruments and procedures designed to further assess identified risk factors and other problem areas. The goal of these assessments is to delineate specific interventions and programming designed to reduce the propensity for further delinquent activity and facilitate improved functioning toward normal adolescent development and health.
- C. **Risk/Need** – Certain behavioral and/or cognitive areas that have been found to have a high correlation with and predictive validity of future criminal behavior.
- D. **Service Plan** – A detailed, written plan addressing the goals, objectives, timelines, and staff assignments which comprises a youth’s rehabilitative program. The plan shall address areas of high risk/need, and promote pro-social behavior. (*DYS Policy XIII.5 Service Plan*)
- E. **Treatment Plan** – A detailed written plan addressing identified clinical needs prepared by a QMHP which details specific measurable objectives, evidence based treatment interventions, behavior management plans, persons responsible for delivering services

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and reasonable time frames for accomplishing these tasks (*DYS Policy XIII.5 Service Plan*).

**F. Re-Assessment** – The periodic use of the various screening and assessment instruments to identify any changes in a youth’s risk/need scores and/or to measure treatment impact.

**G. Serious Mental Illness** – Any mental illness which severely impacts a youth’s ability to establish and maintain normal interpersonal relationships or function in an age appropriate manner, to include diagnoses such as psychotic disorders, schizophrenia, bipolar disorder, major depressive disorder, severe post-traumatic stress disorder, or schizoaffective disorder.

**II. Qualified Mental Health Professional (QMHP)** - Mental health care provider licensed and sufficiently trained to provide the necessary mental health program services.

### III. PROCEDURE

The youth screening and assessment procedure shall take place in two consecutive phases. Phase I shall consist of the screening of youth by mental health staff using the identified tools. Phase II shall consist of the assessment of youth by mental health staff using the appropriate tools based on the level of risk/need identified in Phase I.

**A. Phase I: Screening** - Every youth admitted to Oakley Youth Development Center shall have an initial screening completed by Qualified Mental Health Professional, within three (3) business days of admission to the facility. When appropriate, standardized screening instruments may be administered by another staff member who has received specific training in the use of those instruments. In such a case, the results of the screening instruments shall be reviewed and approved by a Qualified Mental Health Professional. The protocol is as follows:

**1. Initial Screening** – All youth shall be screened by a qualified intake staff member within four (4) hours of admission to the facility. Youth shall remain under continuous, line of sight supervision until the qualified intake staff members complete the following screens.

a. Initial Screening Protocol (*Attachment A*)

b. Intake Psychological Checklist (*Attachment B*)

c. Mental Status Checklist for Adolescents (maintained in a secured location in the Intake area)

**2. Youth Screening Assessment Instrument (YASI)**

a. The YASI shall be administered within three (3) business days of admission.

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- b. Qualified intake staff members shall pose standard questions to youth following the YASI tool format.
  - c. The YASI wheel shall be made available for the completion of the initial Service Plan (*DYS Policy XIII.5 Service Plan*).
3. **Massachusetts Youth Screening Instrument 2 (MAYSI)** – The MAYSI shall be administered prior to the completion of Intake and Orientation. (*See DYS Policy XIII.1 Admission, Intake, and Orientation*).
- a. Youth shall complete the MAYSI with the assistance of a qualified intake staff member.
  - b. A qualified intake staff member shall process the data and document the results of the questionnaire as part of the Programming Needs Assessment (*Attachment C*).
4. **How I Think Questionnaire (HIT)** – This questionnaire shall be administered to all youth during Intake.
- a. Youth shall complete the How I Think Questionnaire with the assistance of a qualified intake staff member.
  - b. A qualified intake staff member shall process the data and document the results of the questionnaire as part of the Programming Needs Assessment (*Attachment C*).
- B. Phase II: Assessment** – Youth whose initial screens indicate the possible need for mental health services, shall receive timely, comprehensive and appropriate assessments by Qualified Mental Health Professionals. Assessments shall be updated as new diagnostic and treatment information becomes available. All youth who have been identified as having a high level of risk/need shall have further testing done in order to identify treatment and programming needs to be included in the youth’s Service Plan (*DYS Policy XIII.5 Service Plan*), which addresses the identified risk/need. Assessment instruments shall be administered within seven (7) business days of admission. The routine protocol is as follows:
- 1. **History of Physical and/or Sexual Abuse** – For all girls, and for boys who report a history of abuse, the *Trauma Symptom Checklist for Children* shall be administered.
  - 2. **Substance Abuse** – For youth scoring medium or high risk for alcohol/drugs, the *Substance Abuse Assessment Protocol* shall be administered to further assess the substance abuse problem.
  - 3. **Mental Health (Anger/Aggression/Homicide)** – For youth scoring medium or high risk for anger, aggression and/or homicide, the *Adolescent Anger Rating Scale* shall be administered to further assess this risk/need area.

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4. **Mental Health (Suicide)** – For youth scoring medium or high risk for mental health with suicide issues, the *Beck Hopelessness Scale* and a structured suicide interview (*DYS Policy XIII.12 Suicide Prevention*) shall be administered to further assess this risk/need area.
  5. **Mental Health (Sexual Aggression)** - For youth scoring medium or high risk for mental health with sexual deviance issues, the *Estimate of Risk of Adolescent Sexual Offenses (ERASOR)* shall be administered to further assess this risk/need area.
  6. **Mental Health (Psychiatric)** – Youth identified as having a serious mental illness or who may be at high risk for a serious mental illness shall be referred for a psychiatric evaluation. In addition, any youth who has been taking psychotropic medication or hospitalized in a psychiatric hospital within the past two (2) years shall be referred to the psychiatrist. While all youth are screened in the clinic during the Intake process, appointments with psychiatrists can be scheduled at any time mental health disorders are identified. The psychiatrist shall determine the treatment and medication recommendations. (*See DYS Policy XI.32 Psychiatric Evaluations Content, Referrals for Psychiatric Evaluation and the Use and Management of Psychotropic Medications*).
  7. **Education** – For youth scoring medium or high risk for education during the initial needs assessment, the Education Department shall be notified that the youth may have a learning disability or problems performing in the classroom. The Education Department shall assess that possibility during the admissions process. (*See Policy XII.1 Admissions Procedures to the MDHS/DYS Education Programs*).
  8. **Other** - Additional standardized assessment instruments may be administered by QMHPs as deemed clinically necessary. This may include intelligence assessment, objective assessment of personality or projective testing.
- C. **Re-assessment** – A re-assessment shall be completed if significant new facts are learned and/or if programming appears to have had a substantial impact on behavior and thinking.
- D. **Referral** –Youths presenting mental health disorders or behavioral/emotional problems may be referred to a Qualified Mental Health Professional (QMHP) for consultation. An appointment will be scheduled within seven (7) business days of referral. (*See DYS Policy XIII.11 Counseling, Programs and Progress Notes, Attachment D - Request for QMHP Consultation*).
1. **Screening** – If the mental health screen identifies an issue that places the youth’s safety at immediate risk, the youth shall be immediately referred to a QMHP for assessment, treatment, and any other appropriate action, such as transfer to another, more appropriate setting.

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2. **Assessment** – Youth whose mental health screens indicate the possible need for mental health services shall receive timely, comprehensive and appropriate assessments by a QMHP. Assessments shall be updated as new diagnostic and treatment information becomes available.
3. **Evaluation** – Youth shall be referred to a Qualified Mental Health Professional and/or psychiatrist for a timely mental health evaluation when screenings and/or assessments deem necessary.

**E. Documentation** – The results of the youth screening and assessment process shall be documented and shall be maintained in both the youth’s master file (*DYS Policy V.1 Youth Master File*) and medical file.

1. **Assessment Instruments** – Upon completion of assessment instruments and forms, these will be will be maintained in a secured location in the Intake area.
2. **Initial Screening Protocol (*Attachment A*)** - Upon completion of the screening process, the form shall be maintained as part of both the youth’s master and medical file.
3. **Intake Psychological Checklist (*Attachment B*)** – Upon completion of the screening and assessment process mental health staff shall complete the Intake Psychological Checklist. This form will be maintained as part of the youth’s master file and the medical file.
4. **Programming Needs Assessment (*Attachment C*)** - When the interviews and the testing have been completed, the qualified intake staff member responsible for the screening and assessment shall prepare a Programming Needs Assessment (PNA). The PNA will be completed within fourteen (14) business days of the completion of the assessment process. The report shall outline what was done during the screening and assessment process, summarize the results of the structured interviews and the tests that were administered, and identify the areas of highest risk/need that should be addressed as Service Plan updates are developed (*DYS Policy XIII.5 Service Plan*).