

**MDHS/DYS Oakley Youth Development Center  
Initial Screening Protocol – XIII.3.A**

Youth's Name: \_\_\_\_\_

Date: \_\_\_\_\_

*Sources of Information: (Check all that apply)*

- Youth     Community Counselor     School Records     Prior Commitment Record  
 Court Records     Prior MH Records     Other     Minimal Historical Information

*Review of Safety Alert Status records determined the youth was on Safety Status during a previous commitment to DYS:  Yes  No*

**Section I: Mental Health History**

1. Why are you here?
2. How do you feel about being here?
3. Within the past year, have you experienced any of the following:
  - a. Death of a friend, acquaintance or family member?  Yes  No
  - b. Divorce or separation of parents?  Yes  No
  - c. Major loss or worsening of relationships with friends or family?  Yes  No
  - d. Serious illness of yourself, family member or a close friend?  Yes  No
  - e. Any other upsetting, stressful or difficult event?  Yes  No
4. Has anyone close to you ever committed suicide?  Yes  No
5. Have you ever received counseling for emotional, psychological, behavioral or family problems?  
Currently?  Yes  No      Previously?  Yes  No
6. Have you ever been in the hospital for emotional, psychological, behavioral or family problems?
7. Have you ever been prescribed medications for emotional, psychological, or family problems?  
Currently?  Yes  No      Previous?  Yes  No
8. Have you used alcohol or taken other drugs in the past 48 hours?  Yes  No  
*If yes: What? How much?*
9. In the past few days, have you felt like hurting someone else?  Yes  No  
*If yes, Who? Circumstances? What did you think about doing?*

**Section II: Risk Factors**

10. In the past few days, have you felt that life is not worth living?  Yes  No
11. Do you feel that your life will never get better?  Yes  No
12. Have you ever done anything on purpose to hurt yourself?  Yes  No  
*If yes, What? When? Circumstances?*
13. In the past few days, have you felt like hurting yourself?  Yes  No
14. Are you thinking about hurting or killing yourself now?  Yes  No  
*If yes, repeat question 13 or 14. What have you have you thought of doing to hurt yourself?*

**Section III: Intake Staff Observation:**

1. Fresh wounds or injurie that appear to be self-inflicted?  Yes  No
2. *Extreme* emotional responses (e.g., crying, hostility, sadness, fear)?  Yes  No
3. Other unusual behaviors (e.g., inappropriate laughter, bizarre speech, Appears to be hearing voices)?  Yes  No
4. Demonstrates signs of a serious emotional disturbance?  Yes  No

**Section IV: Disposition:** *(If yes to any item in Section II, initiate Precautionary Status)*

Routine Observation

Precautionary Status

Rationale for Precautionary Status:

QMHP's Name: \_\_\_\_\_ Date/Time \_\_\_\_\_

Signature: \_\_\_\_\_