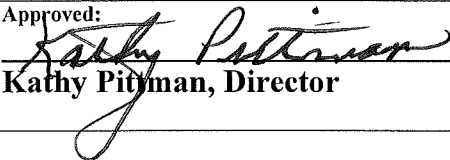


**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES  
DIVISION OF YOUTH SERVICES  
JUVENILE INSTITUTIONS**

Subject: <b>Youth Screening and Assessment</b>	Policy Number: <b>3</b>
Number of Pages: <b>5</b>	Section: <b>XIII</b>
<p style="text-align: center;">Attachments</p> <ul style="list-style-type: none"> <li>A. Initial Screening Protocol</li> <li>B. Intake Psychological Checklist</li> <li>C. Mental Status Checklist for Adolescents</li> <li>D. Pre-evaluation Screening Form</li> <li>E. Programming Needs Assessment</li> <li>F. Request for QMHP Consultation/QMHP Consultation Report</li> </ul>	<p style="text-align: center;">Related Standards &amp; References</p>
Effective Date:  <b>December 28, 2006</b> Revised: April 1, 2010	Approved:  Kathy Pittman, Director

**I. POLICY**

It is the policy of the Mississippi Department of Human Services, Division of Youth Services (DYS) that every youth entering a DYS Training School shall undergo a formal Screening and Assessment. The screening and assessment shall be used to develop a Service Plan designed to address the care and rehabilitative needs of youth admitted to a Training School.

**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 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. Furthermore, it is a holistic and comprehensive document that addresses the recreational, educational, vocational, medical, mental health, and transitional needs of a youth. The Comprehensive Service Plan includes any specific Treatment Plans developed for clinical needs.

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- E. **Treatment Plan** – A detailed written plan addressing identified clinical needs prepared by a QMHP which details specific measurable objectives, evidenced based treatment interventions, behavioral management plans, persons responsible for delivering services and reasonable time frames for accomplishing these tasks. Treatment Plans are incorporated into the individual’s Comprehensive 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 with psychotic features, schizophrenia, severe post-traumatic stress disorder or schizoaffective disorder.
- H. **Qualified Mental Health Professional (QMHP)** – Mental health care provider licensed and sufficiently trained to provide the services he or she undertakes to provide.

### 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 a DYS Training School shall have an initial screening completed by mental health staff, within 3 working 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. If the Youth Assessment & Screening Instrument (YASI) or Massachusetts Youth Screening Instrument (MAYSI) screening instruments have been administered within the last 60 days by community staff, the instruments shall not be re-administered unless the prior results appear unreliable or inaccurate. The protocol is as follows:

1. **Initial Screening** – All youth shall be screened by a QMHP within four (4) hours of Admission to the facility using the Initial Screening Protocol (Attachment A). Youth shall remain under continuous, line of sight supervision until the Initial Screening Protocol has been completed and signed. In addition to the Initial Screening Protocol, qualified intake staff members complete the following screens.
  - a. Intake Psychological Checklist (Attachment B)
  - b. Mental Status Checklist for Adolescents (Attachment C)
  - c. Pre-evaluation Screening Form (Attachment D)

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

- a. The YASI shall be administered within 3 working days of admission.
- b. Intake staff shall pose standard questions to youth following the YASI tool format.

**3. Massachusetts Youth Screening Instrument 2 (MAYSI) –** The MAYSI shall be administered prior to the completion of Intake and Orientation. (see Admission, Intake, and Orientation policy XIII.1)

- a. Youth shall complete the MAYSI with the assistance of staff working in the housing unit where the youth is housed until they completed the intake process.
- b. The completed MAYSI shall be returned to the Intake Unit.
- c. Intake Staff shall process the data using the MAYSI software and document the results in the youth’s Master File.

**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 staff working in the housing unit where the youth is housed until they completed the intake process.
- b. The completed HIT shall be returned to the Intake Unit.
- c. Intake Staff shall assess and document the results of the questionnaire in the youth’s Master File.

**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, which address the identified risk/need. Assessment instruments shall be administered within seven (7) working days of admission. The Programming Needs Assessment (Attachment E) will be completed within ten (10) working 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.

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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.
  4. **Mental Health (Suicide)** – For youth scoring medium or high risk for mental health with suicide issues, the *Beck Hopelessness Scale* and *Structured Suicide Interview* shall be administered to further assess the substance abuse problem.
  5. **Mental Health (Sexual Aggression)** - For youth scoring medium or high risk for mental health with sexual deviance issues, the *Sexual Adjustment Inventory – Juvenile (SAI-J)* shall be administered to further assess this risk/need area.
  6. **Mental Health (Psychiatric)** – For 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 years shall be referred to the psychiatrist. While all students are screened in the clinic during the intake process, appointments with psychiatrists can be scheduled at any time mental disorders are identified, typically within 72 hours. The Psychiatrist shall determine the treatment and medication recommendations per policy XI.32.
  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 QMHP's as deemed clinically necessary. This may include intelligence assessment, objective assessment of personality or projective testing.
- B. **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. The YASI re-assessment shall be completed by an appropriately trained staff member. If needed, additional mental health testing shall be completed by a qualified professional from the Intake-Evaluation-Referral department. If needed, additional educational testing shall be completed by the education staff/specialists assigned to the facility.
- C. **Referral** – Youth with serious mental illness shall be promptly transferred to an appropriate setting that meets their needs. Mental health commitment procedures will

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be used to arrange the transfer (DYS Policy XIII.19). Students presenting other mental disorders or behavioral/emotional problems may be referred to a qualified mental health professional (QMHP) for consultation. An appointment will be scheduled within 72 hours of the referral. (Attachment F: Request for QMHP Consultation; QMHP Consultation Report)

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 qualified mental health professional for assessment, treatment, and any other appropriate action, such as transfer to another, more appropriate setting.
2. Assessment – Youth whose mental health 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.
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.

**D. Documentation** – The youth Screening and Assessment process shall be documented and records shall be maintained in both the youth’s master file and medical file.

1. Instruments and Forms - The instruments and forms used in the assessment process shall be maintained in a secure file in the Intake department.
2. Intake Psychological Checklist – Upon completion of the Screening and Assessment process mental health staff shall complete the Intake Psychological Checklist (Attachment B).
3. Assessment Report - When the interviews and the testing have been completed, the qualified mental health professional responsible for the screening and assessment shall prepare a Programming Needs Assessment (Attachment E). 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 when the service plan is developed. The Programming Needs Assessment shall be completed within ten (10) working days of youth’s admission in order to provide data for the construction of the Comprehensive Service Plan, which must be completed within fourteen (14) working days.