

UTAH DIVISION OF JUVENILE JUSTICE AND YOUTH SERVICES POLICY AND PROCEDURES		
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INTAKE SCREENING		
<p>RATIONALE: To ensure the immediate safety, security, and well-being of minors entering a Division program, this policy establishes a mandatory, comprehensive intake screening process. This screening is designed to quickly identify a minor’s critical health, mental health, and behavioral needs, including risks of suicide and victimization, to inform staff for timely intervention, appropriate clinical referrals, and safe housing placement.</p> <p><i>Related Policies, Applicable Standards, Statutes:</i> JJYS policy 01-13 Sexual Assault and Victimization Elimination; 05-03 Suicide Prevention</p>		
Original Effective: May 09, 2007	Revision: April 21, 2026	Next Review Due: April 21, 2029

I. DESCRIPTION

This policy outlines the mandatory, standardized intake screening process for minors admitted to a Division program. This comprehensive process, which must be completed within two hours of admission (unless unusual circumstances apply), is designed to quickly identify any critical health, mental health, or behavioral issues—including suicide risk and victimization—to ensure an immediate and appropriate response and placement.

II. DEFINITIONS

The following terms are defined for this policy as:

- A. **Columbia Suicide Severity Rating Scale (C-SSRS):** A standard tool for screening and assessment to identify minors that may be at risk for suicidal behavior.
- B. **Initial Health Screener Form:** The Division's standard form is used to screen newly admitted minors for health, mental health, and suicide ideation.
- C. **Intake Assessment (IA):** A uniform intake screening procedure within the CARE system for all minors entering a Division program.
- D. **MAYSI-2 (Massachusetts Youth Screening Instrument - Version 2):** A brief screening tool used to alert staff to a minor's potential mental or emotional distress and certain behavior problems that might require an immediate response.
- E. **Qualified Mental Health Professional (QMHP):** A licensed psychologist, psychiatrist, or therapist with experience in child or adolescent development.

- F. Traumatic Brain Injury (TBI):** An alteration in brain function, or other evidence of brain pathology, caused by an external physical force such as a bump, blow, jolt, or penetrating head injury. It results in temporary or permanent impairment of cognitive, physical, and psychosocial functions, ranging in severity from "mild" (concussions) to "severe."
- G. Vulnerability Intake Screener (VIS):** Risk assessment in the IA completed for new intakes immediately upon admission to a division facility, excluding transfers between division facilities. The results of the assessment are intended to ascertain a potential risk for victimization, risk for aggression, and room designation.

III. POLICY

- A. A standardized intake assessment shall:
 - 1. Be initiated upon a minor's initial admission to a Division facility-based program and shall be completed within two hours of admission, absent extenuating circumstances.
 - 2. Be administered by other division programs as indicated in their program manuals.
- B. If a youth has a previous IA, then staff may re-assess the previously completed IA and update new information or changes.
- C. The assessment may be deferred beyond the two-hour timeframe if the minor is non-compliant, severely intoxicated, incapacitated, violent, or presents a risk of being out of control, or when other extenuating circumstances are encountered. Any delay requires that a justification for the deferral be formally documented within a CARE note.
- D. Staff conducting the intake assessment shall notify parent(s) or guardian(s) within 24 hours of a minor's admittance or transfer to a JJYS facility. All attempts to contact the parent(s) or guardian(s) shall be documented in the Intake Assessment.
- E. Staff shall administer the Initial Health Screener, the C-SSRS, and the MAYSI-2 during the intake screening process for each minor admitted to a Division residential facility.
- F. Minors shall receive Sexual Assault and Victimization Elimination (SAVE) orientation and SAVE education regarding sexual abuse and sexual harassment when admitted to a division residential program (01-13 Sexual Assault and Victimization Elimination).
 - 1. If there is documentation that a youth has received the SAVE orientation and education within the past 30 days, staff may elect to ask the youth:
 - i. If they have any questions about the SAVE education;
 - ii. If they would like to receive the orientation and education again;
 - 2. If a youth who has received the SAVE orientation and education within the past 30 days declines receiving it again, staff shall make a note of it in the free-text box of the SAVE section of the intake assessment.

IV. INTAKE ASSESSMENT PROCEDURE

A. Initial Health Screener

1. Staff shall administer the Initial Health Screener to each minor with a new intake or admission to a Division residential facility. The screener shall be completed within the first two hours after admission and before the minor is assigned a room. Staff shall maintain line-of-sight supervision with the minor during this time.
2. The Initial Health Screener is not required to be administered:
 - a) For a minor who is currently admitted and returning to the facility following a court appearance or other off-site appointment; or
 - b) For a minor participating in a non-residential program.
3. Staff shall complete or reassess the Initial Health Screener by interviewing the minor and entering the Initial Health Screener in CARE.
4. The facility nurse shall be informed of all new admissions.
5. A minor who appears to be under the influence of alcohol or drugs to the degree that they require assistance to walk, or to the degree that they cannot respond coherently, shall not be admitted to the facility without prior medical clearance by a licensed medical provider.
6. TBI Screener: Minors who indicate a history of potential brain injury shall be referred to a medical provider.

B. Columbia Suicide Severity Rating Scale (C-SSRS)

1. Staff shall administer the C-SSRS in all JJYS programs, with the exception of School-Based Outreach, within the first two hours after admission or intake.
2. Staff shall interview the minor using the C-SSRS and gather additional information for any "yes" responses. Staff shall then enter the information into the IA.
3. A minor who answers "yes" to any of the C-SSRS questions shall:
 - a) When in a residential program, be placed on suicide precautions and shall be referred to a QMHP for further assessment (policy 05-03 Suicide Prevention);
 - b) When in a community-based program both the minor and the parent(s) or guardian(s) shall be provided suicide prevention resources and/or be referred to a QMHP. JJYS QMHPs are available for consultation to ensure adequate precautions are taken for minors in the community.
4. A QMHP shall complete a comprehensive suicide risk assessment with minors in residential programs to determine the need for continued suicide precautions (policy 05-03 Suicide Prevention).

C. MAYSI-2

1. Staff shall administer the MAYSI-2 to all minors within the first two hours of admission or intake, with the exception of School-Based Outreach. A new

screener may only be waived if both of the following criteria are documented in CARE:

- a) A MAYSI-2 was completed within the previous 30 days; and
 - b) No major traumatic events (e.g., new physical/sexual abuse, significant loss, or severe behavioral incidents) have occurred since the prior assessment.
2. When utilizing a prior assessment in lieu of a new screener, staff shall:
 - a) Review the previous results and explicitly note any "Caution" or "Warning" areas in the current Intake Assessment; and
 - b) Complete all necessary referrals to a QMHP or other services based on that documented information.
 3. Staff shall administer the MAYSI-2 for each minor and stay in line of sight while the minor completes the screening process. Refer to operation manuals for MAYSI-2 screening instructions.
 4. Staff shall administer the MAYSI-2 second screening to minors who score "Caution" in all six areas or "Warning" in any areas to gather additional information. Staff shall use this information for classification purposes and to make referrals to a QMHP as needed.
 5. Minors that score three or above in the Warning area, for suicide ideation (policy 05-03 Suicide Prevention):
 - a) A residential program shall be placed on suicide precautions;
 - b) A non-residential program shall be referred to a QMHP. JJYS QMHPs are available for consultation to ensure adequate precautions are taken for youth in the community.
- D. Victim Intake Screener (VIS)
1. Staff shall administer the VIS screeners in JJYS facilities and programs, with the exception of School-Based Outreach, within the first two hours after admission or intake.
 2. Intake staff shall use intake screening and assessment tools to identify minors who may be at higher risk for victimization based on their appearance to be lesbian, gay, bisexual, transgender, queer, or questioning (LGBTQ+), slight of build, or cognitive delay .
 - a) If a minor does not self-identify as LGBTQ+, but may be perceived as gender non-conforming by peers, the employee shall monitor for potential harassment..
 - b) When a minor identifies as LGBTQ+ or perceived as gender non-conforming, staff shall document safety concerns shared by the minor on the VIS note.
- E. Staff shall use information from the intake assessment and any other collateral information obtained from a probation officer, court order, parent, arresting and transporting officer, etc. to determine behavioral, health or mental health issues that may need an immediate response. Staff shall report concerns in these areas to their

immediate supervisor for response planning and refer to policy 05-03 Suicide Prevention for further information.

- F. Staff shall maintain the intake assessment results, collateral information, and relevant documentation, in CARE.
- G. In residential programs, staff shall make room assignments based on the information gathered during the intake process in consultation with the Collaborative Review Committee, as indicated (policy 01-13 SAVE).

V. Continuous Renewal

This policy shall be reviewed every three years to determine its effectiveness and appropriateness. This policy may be reviewed before that time to reflect substantive change.

This policy has been reviewed by the Division of Juvenile Justice Services Executive Management Team and is approved upon the signature of the director.



April Graham, Director
Division of Juvenile Justice & Youth Services

4/21/2026

Signature Date