

UTAH DIVISION OF JUVENILE JUSTICE AND YOUTH SERVICES POLICY AND PROCEDURES		
Policy: 03-03		Page 1 of 5
INTAKE SCREENING		
<p><b>RATIONALE:</b> The purpose of this policy is to standardize the screening process for all minors entering a division facility-based program.</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: October 1, 2023	Next Review Due: September 31, 2026

## I. DESCRIPTION

A standardized intake screening process shall be conducted upon admission of a minor to a Division facility-based program within one hour of admission, absent unusual circumstances. Screening results will be used to determine behavior, health, or mental health issues that may require an immediate response.

## II. DEFINITIONS

The following terms are defined for this policy as:

- A. **Initial Health Screen Form:** The Division's standard form is used to screen newly admitted minors for health, mental health, and suicide ideation.
- B. **Columbia Suicide Severity Rating Scale (CSSRS):** A standard tool for screening and assessment to identify minors that may be at risk for suicidal behavior.
- C. **MAYSI-2 (Massachusetts Youth Screening Instrument - Version 2):** A brief screening tool used to alert staff to a minor's potential mental/emotional distress and certain behavior problems that might require an immediate response.
- D. **PSI (PTSD Screening Inventory):** A brief screening tool used to identify youth who may be experiencing symptoms of post-traumatic stress.
- E. **Qualified Mental Health Professional (QMHP):** A licensed psychologist, psychiatrist, or therapist with experience in child or adolescent development.
- F. **Vulnerability Intake Screener (VIS):** Risk assessment 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, room designation, and overall level of risk.

### **III. POLICY**

- A. Staff shall administer the Initial Health Screen, the CSSRS Screening Tool, the PSI, and the MAYSI-2 during the intake screening process for each minor admitted to any Division residential facility.
- B. Minors shall receive 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).

### **IV. PROCEDURE**

- A. Initial Health Screening
  - 1. Staff shall administer the Initial Health Screen to each minor with a new intake/admission to a Division residential facility. The screen shall be administered within the first hour after admission and before the minor is assigned a room. Staff shall maintain line-of-sight supervision with the minor during this time.
    - a) The screening may be delayed beyond one hour in the event that the minor refuses to comply, is severely intoxicated or otherwise incapacitated, is violent or out of control, or when other unusual circumstances exist. The reason for the delay shall be documented as a CARE note.
  - 2. The Initial Health Screen 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/reassess the Initial Health Screen by interviewing the minor and entering the Initial Health Screen 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 and/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.
- B. Columbia Suicide Severity Rating Scale (CSSRS) Screening Tool
  - 1. Staff shall administer the CSSRS Screening Tool in all JJYS programs, with the exception of School-Based Outreach, within the first hour after admission/intake and before the minor is assigned a room.
    - a) The screening may be delayed beyond 1-hour in the event that the minor refuses to comply, is severely intoxicated or otherwise incapacitated, is violent or out of control, or other unusual circumstances exist. The reason for the delay shall be documented as a CARE note.

2. Staff shall interview the minor using the CSSRS Screening Tool and gather additional information for any “yes” responses. Staff shall then enter the information into the CSSRS on the PSIC website or thin client.
3. A minor who answers “yes” to any of the CSSRS questions shall:
  - a) When in a residential program, be placed on suicide precautions and shall be referred to a QMHP for further assessment in accordance with Division policy 05-03 Suicide Prevention;
  - b) When in a community-based program both the minor and the parent(s)/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 youth 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.

C. MAYSI-2 Screen

1. Staff shall administer the MAYSI-2 screen in JJYS facilities and programs, with the exception of School-Based Outreach, within the first hour after admission/intake and before the minor is assigned a room.
  - a) The screening may be delayed beyond 1 hour if the minor refuses to comply, is severely intoxicated or otherwise incapacitated or is violent or out of control or other unusual circumstances exist. The reason for the delay shall be documented as a CARE note.
2. Staff shall administer the MAYSI-2 for each minor and stay in line of sight while the minor completes the screening process. Refer to facility operation manuals for MAYSI-2 screening instructions.
3. Staff shall utilize the MAYSI Decision/Action Summary (Form 03-03B) to identify a minor who requires additional monitoring and/or referral to a QMHP.
4. Staff shall administer the MAYSI-2 second screening to minors who score **“Caution”** in all six areas and/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:
  - a) In a residential program shall be placed on suicide precautions in accordance with Division policy 05-03 Suicide Prevention;
  - b) In 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. PSI and VIS Screener

1. Staff shall administer the PSI and VIS screeners in JJYS facilities and programs, with the exception of School-Based Outreach, within the first hour after admission/intake and before the minor is assigned a room.
  - a) The screening may be delayed beyond 1-hour if the minor refuses to comply, is severely intoxicated or otherwise incapacitated or is violent or out of control, or other unusual circumstances exist. The reason for the delay shall be documented as a CARE note.
2. All PSI screens that are above the clinical cut-off score shall be shared with a QMHP.
3. The results of the PSI shall not be shared with the parents or guardians without consultation from a QMHP.

E. Intake staff shall use intake screening and assessment tools to identify minors who are LGBTQ+.

1. If a minor does NOT disclose that they are LGBTQ+ but the employee perceives that other minors in the facility may view the minor as gender non-conforming in appearance, mannerisms, or as LGBTQ+, the employee shall make note of this observation on the intake screening assessments.
2. When a minor identifies as LGBTQ+, staff shall document any safety concerns shared by the minor on the VIS.

F. Staff shall use information from the Initial Health Screen, the CSSRS Screening Tool, the MAYSI-2, PSI, and any other collateral information (probation officer/court ordered, verbalized, parent's request, Arresting/Transporting Officer Questionnaire, etc.) to determine behavior, health, or mental health issues that may need an immediate response (e.g., immediate monitoring, additional questioning, request for clinical consultation, or further detailed assessment).

G. Other possible responses to minors identified as high risk for suicidal behavior may include additional screening, referral to a nurse or medical personnel, increased monitoring, placement in a camera room, and/or referral to a QMHP or outside agency for a mental health consultation. Please refer to Division Policy 05-03 Suicide Prevention.

H. Staff shall maintain the Initial Health Screen, CSSRS Screening Tool, MAYSI-2, PSI results, collateral information, and relevant documentation, in the minor's record.

I. Staff shall make room assignments based on the information gathered during the intake process.

**V. Continuous Renewal**

This policy shall be reviewed every three (3) 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.



Brett Peterson, Director

Division of Juvenile Justice & Youth Services

10/01/2023

Signature Date