

**Part: IV - Facility Services**

**Section: C - Health Care**

**Policy: Access to Care, Treatment, Mental Health, Exams, First-Aid**

G. MAYSI-2 Purpose and Focus:

The purpose of the Indiana Juvenile Mental Health Screening, Assessment and Treatment Pilot Project is to ensure that youth are screened and appropriate mental health services are initiated in secure detention facilities. The type of information elicited in the screening process, which typically will occur in the detention center by detention center staff, is medical in character, bearing directly on the mental health status of the youth and the potential need for mental health treatment. This same information, which is elicited by a series of questions asked during the screening process, has the potential to compromise a youth's due process rights against self-incrimination if the information is shared or disclosed for purposes other than for the purpose of the Pilot Project., *i.e.*, providing mental health services to youth who need them in detention.

1. Patient – focused assuring the youths in secure Detention obtains any necessary mental health treatment.
2. Limited Disclosure: Disclosure is limited to the minimum extent necessary to accomplish the intended purpose of use or disclosure.
3. Collaboration: involves multiple parties including but not limited to youth, his or her parent(s) or guardian, youth's attorney, detention facility, probation, prosecutor, and judge.

**Part: IV - Facility Services**

**Section: C - Health Care**

**Policy: Access to Care, Treatment, Mental Health, Exams, First-Aid**

H. Screening Environment

1. The ideal screening environment is a quiet, private place with no distractions. MAYSI- 2 screening should not take place in a day room or hallway where staff and youth are moving about. Ideally the staff administering the screen and the youth being screened should be the only persons present in the room. The room should be free of distractions such as noise from ringing telephones. While screening the youth, there should be as much privacy as possible. The more comfortable youth are in the screening environment, the more likely they are to disclose information. Since the computer reads the questions aloud to the youth, headphones should be used, if possible, so that only the youth can hear the questions. Staff can also create privacy by simply seating himself/herself at a position where the computer monitor can not be viewed.

**Part: IV - Facility Services**

**Section: C - Health Care**

**Policy: Access to Care, Treatment, Mental Health, Exams, First-Aid**

**I. Screening Process**

1. Administering the MASYI – 2:
  - Shall be completed by site coordinator or trained designee.
  - Shall be completed within one hour of arrival, but no longer than 24 hours, unless juvenile is intoxicated or otherwise impaired.
  - If the MASYI – 2 can not be administered a “MASYI – 2 screening attempt form will be submitted to site coordinator.
  - Staff administering the MASYI -2 will be trained to provide the information in an appropriate language.
2. The Clark County Juvenile Detention Center will designate appropriately trained individuals to administer the MAYSI -2.
3. All youth entering detention will be screened unless youth has been screened by the center within the last two weeks.
4. All or part of the MASYI – 2 will not be administered to any youth who specifically declines to be screened.
5. The MASYI -2 will not replace other suicide screening upon admission, currently being administered by the Clark County Juvenile Detention Center. These policies and procedures do not replace any State or Federal laws that are otherwise mandated.

**Part: IV - Facility Services**

**Section: C - Health Care**

**Policy: Access to Care, Treatment, Mental Health, Exams, First-Aid**

J. Disclosure

1. The Site Coordinator will be responsible for maintaining the records of the MASYI – 2.
2. All records will be maintained confidentially in the youth's medical file and will be disclosed only to the degree necessary to obtain appropriate treatment. following State Advisory Protocol and all applicable State and Federal Laws.
3. Records shall be maintained for a minimum of 7 years, confidentially in the youths medical file.
4. If there are no warnings or cautions that trigger a need for assessment files will be processed as stated above.
5. When a mental health assessment for the youth is indicated the detention center will notify the youths parents to obtain necessary consent.
6. In an emergency situation: if the youth scores at either the caution or warning levels on the suicide ideation scale of the MASYI -2 the detention center will immediately take any emergency action necessary to protect the youth.

**Part: IV - Facility Services**

**Section: C - Health Care**

**Policy: Access to Care, Treatment, Mental Health, Exams, First-Aid**

**K. Confidentiality**

1. Confidentiality of Records. The mental health records of a youth in detention will be maintained confidentially and may not be shared except for limited disclosures explicitly permitted in accordance with I.C. 16-39-2 and HIPAA. The sharing of information will be limited to the minimum necessary for purposes of disclosure consistent with federal law requirements under 45 C.F.R. 164.502(b); 165.514(d).
2. The youth's parents or guardians shall have access to the entire mental health record. With parental or guardian consent, a youth in detention shall have access to his/her entire mental health record. The youth's attorney, with the consent of the youth and his/her parent/guardian, should have access to the entire mental health record. The detention center director and staff shall have limited access as appropriate for treatment, care and supervision. The mental health care provider(s) shall have full access.
3. Probation officers shall have access to summaries as needed to assist in procuring services for youth pre-adjudication, as part of a diversion program or for the purpose of disposition. The prosecutor shall have access to summaries as needed for procuring services for youth pre-adjudication, as part of a diversion program or for the purpose of disposition. The judge shall have access to summaries as needed for procuring services for youth pre-adjudication, as part of a diversion program or for the purpose of disposition.
4. The screening records shall be held confidentially as medical files. Electronic and hard copies shall be maintained in a secured area with limited authorized access. Disclosure of screening results, without identification of the youth(s), for data collection

**Clark County, Indiana**

activities of the Pilot Project may be done without obtaining consent from the youth's parent/guardian.

**Part: IV - Facility Services**

**Section: C - Health Care**

**Policy: Access to Care, Treatment, Mental Health, Exams, First-Aid**

**L. Referral Process**

1. The Clark County Juvenile Detention Center will adopt the state minimum requirements for referral to a mental health agency. The State mandatory cut-off has been established as follows: All youth scoring a Caution or Warning on the Suicide Ideation Scale, or 2 or more Warnings on any Combination of Scales.
2. The Clark County Juvenile Detention Center will use the previously stated referral process when making a mental health referral.

**M. Responding to the MASYI - 2**

1. As previously stated the Clark County Juvenile Detention Center will adopt the state minimum requirements for referral to a mental health agency. The State mandatory cut-off has been established as follows: All youth scoring a Caution or Warning on the Suicide Ideation Scale, or 2 or more Warnings on any Combination of Scales.
2. A combination of responses to elevated scores may be appropriate in an individual situation.
  - Monitoring
  - Interviewing and collateral contacts
  - Clinical consultation
  - Evaluation referral
  - Secondary screening
  - Therapeutic or security intervention

**Part: IV - Facility Services**

**Section: C - Health Care**

**Policy: Access to Care, Treatment, Mental Health, Exams, First-Aid**

N. Secondary Screening

1. Should there be any indication that a juvenile is underreporting or the trained staff member feels it would be beneficial to the process a second screening will be completed.

O. Data Collection

1. Detention Centers are to screen *all* youth entering into their facilities. Understanding that the authors of the MAYSI-2 indicate that this screening tool has not been validated for those youth under the age of twelve, all data will be separated, those under the age of twelve and those between the ages of twelve to seventeen, for reporting purposes. Detention Centers are to include the data for those youths under the age of twelve in their monthly submissions to the Pilot Project Director.
2. All youth entering the intake area of the Clark County Juvenile Detention Center may be screened. For the purpose of this pilot project, only the data on those youths admitted to the Detention Center is to be submitted to the Pilot Project Director.
3. Data that is submitted to the Pilot Project Director on a monthly basis is to include on all screened youth. It should be mailed to the Pilot Project Director no later than the tenth of each month.