

Overview of Indiana Juvenile Mental Health Screening, Assessment and Treatment Pilot Project, and the MAYSI-2

The Mental Health Pilot Project is an initiative to identify and procure services for youth in detention with identified mental health needs. This initiative involves the routine screening of youth for immediate mental health needs as they enter detention through a systematic use of the MAYSI-2. The Mental Health Pilot Project protocols follow a medical records model, requiring county sites to adopt procedures to protect the confidentiality of mental health records as medical records – and not court records. The protocols adopted by Marion County are not intended to replace the Indiana Juvenile Detention Standards for both mental health problems and suicide ideation/risk at entry. Rather, the protocols augment federal and state standards and requirements, including those protections found in state law (Ind. Code 16-39-2) and federal law (the Health and Portability and Accountability Act of 1996 (HIPAA)).

The MAYSI-2 is a standard and uniform self-report inventory designed to screen youths entering the detention center. Its purpose is to identify potential mental health or substance abuse issues that may need prompt attention. There are six scales for girls and seven scales for boys.

There is no “total” MAYSI-2 score. The Scoring Summary indicates whether the youth’s score is above either of two critical cut-off scores: “Caution” (possible clinical significance) and “Warning” (the youth has scored exceptionally high in comparison to other youths in the juvenile justice system). Scores on each scale are compared to the State Mandatory Cut-Off (or to a more protective, alternative cut-off criteria adopted by the county). Elevated scores indicate a youth may require closer staff supervision, additional questioning of the youth (Secondary Screening), brief counseling, or referral for an assessment or other mental health services per facility policies and procedures.

The MAYSI-2 can be scored and interpreted quickly without the expertise of a mental health professional; it is not intended to make psychiatric diagnoses or treatment decisions.

Policy

All students are provided access to mental health services designed to examine, diagnose and offer necessary and emergent services. All probation and detention staff with the responsibility of student supervision are trained during pre-service training and annually thereafter in the identification and the supervision of suicide-prone or otherwise at-risk students. This policy is reviewed annually by the contracted providers of mental health services and updated as needed.

Administration Process for Screening Youth in Detention And Related Procedures

All youth admitted to the Marion County Juvenile Detention Center will be screened using the MAYSI-2. If the child is detained, the youth will be screened by Receiving/Screening/Release ("RSR") Intake staff trained to administer the MAYSI-2 screen. In addition to the MAYSI-2 screening, RSR Intake staff will use the RSR Intake/Clinic Form, attached, to document reported medical needs and medications. The MAYSI-2 screening results will be forwarded by RSR Intake staff to the on-duty Detention Shift Manager, who is responsible for noting the results on the shift exchange log, and providing the results to the Youth Counselor and the contracted Mental Health Agency. In addition, the RSR Intake staff will issue a medical alert via QUEST messaging, to keep all parties apprised, any time a child scores a caution or warning.

The MAYSI-2 screening will be completed within 4 hours from the point of entry to the RSR Intake Unit. For youth whose behavior compromises that 4 hour window, youth will be MAYSI-2 screened by trained RSR Intake staff no later than 24 hours after entry into the juvenile detention facility. The RSR Intake staff will issue an alert to Detention staff via QUEST messaging when a child is admitted without completion of a MAYSI-2 screen, so that the MAYSI-2 screen can be administered within the 24 hour period subsequent to admission. The MAYSI-2 screen will not be administered to any youth who specifically declines to be screened. The RSR Intake staff will document and report those youth who decline to be screened, using the Record of Youth Not Administered MAYSI-2 form, attached. These forms are collected by the Site Coordinator, for further reporting to the Pilot Project Director. No MAYSI-2 will be administered upon youth screened with the MAYSI-2 in the preceding fourteen (14) days.

RSR Intake staff are responsible for scanning the MAYSI-2 summary grid into QUEST, and distributing a copy of the MAYSI-2 summary grid to Detention Center Shift Managers. When MAYSI-2 screens reflect a 'caution' or 'warning' in the suicide category, RSR Intake staff will mark the youth's classification in the Facility Stay Screen as "pre-cautionary". The "pre-cautionary" status will remain active until the contracted mental health agency assesses the youth.

The MAYSI-2 is used to identify which youth may receive special attention or intervention as determined by the county as a matter of policy. The Marion County Juvenile Detention Center responds to all youth scoring a Caution or Warning on the Suicide Ideation Scale, or 2 or More Warnings on any Combination of Scales.

Required Responses for Youth with Elevated MAYSI-2 Scores

It should be noted that MAYSI-2 procedures and responses do not override State required mandates.

Any student who scores a caution or warning on the suicide ideation scale, and/or two or more warnings of any combination of scales, is placed on Precautionary Status when admitted to the Juvenile Detention Center:

1. No access to upper level
2. Room searched prior to any isolation
3. Monitored at 15 minute intervals if isolated and documented on a green isolation sheet until assessed the next business day by a person trained in risk consultation (contracted mental health agency, Detention Youth Counselor, Detention Shift Manager, Detention Administration, etc.). The contracted mental health agency is responsible for determining whether precautions should be continued or discontinued.

To be removed from Precautionary Status, the student must have a Risk Consultation supportive of discontinuing risk precautions. A secondary MAYSI-2 screening may also be completed to further evaluate the youth's initial responses. These secondary screenings are a brief, ancillary process that involve the contracted mental health agency asking exploratory questions about the sub-scale areas in which the youth scored high. This process can disconfirm or provide further evidence that the youth has the mental or emotional problem that the screen has identified. The MAYSI-2 Second Screening forms are used to provide consistency and structure to this process, and should be followed when practical.

If Precautionary Status is not discontinued, further Risk Consultations will be completed by trained detention center staff with support from the contracted mental health agency no less than 36 hours from the last consultation.

Acute needs and excessive behavior which may require mental health services shall be made known by detention staff on a Critical Incident Report, attached, to the on-site contracted mental health agency for evaluation and potential referral for services.

Upon being notified of emergent needs by the on-call and/or on-site contracted mental health agency staff, the Detention Center Superintendent shall seek to refer any student whose condition is beyond the range of services available in this facility to Community Hospital North Psych Pavilion (317-621-5700), which may more effectively meet his/her needs. This will require a Court order to proceed.

Midtown Mental Health on-site staff will perform evaluations on students when a student exhibits behavior which may be suicidal, homicidal or otherwise extremely inappropriate.

Following a student's suicide attempt, gesture or act of self-mutilation or active psychosis, a student shall be kept under observation until a mental health consultation can be completed by the contracted mental health agency. The following should take place:

1. If a suicide attempt occurs, detention center staff shall respond immediately by calling a Code Stat via 2-way radio and the facility intercom system.
2. Detention Center 1st Responder Staff will immediately respond immediately to assist.
3. Medical attention to any physical injuries will be addressed by the clinic staff on duty.
4. An Incident report will be completed by the reporting Youth Manager and/or Staff Member prior to the end of shift and entered in QUEST by the Shift Manager on duty.
5. All Administration Staff shall be notified by the Shift Manager of any attempted and/or successful suicide attempt
6. The Student who attempts suicide or an act of harm will be placed on "cautionary" status with the following criteria:
 - a. No access to upper level
 - b. Room searched prior to isolation
 - c. When isolated, clothes will be taken with the exception of underwear
 - d. No linen, except for a security blanket or smock
 - e. Light on at all times while in room
 - f. Monitored at 5 minute intervals and documented on a yellow isolation sheet until assessed the next business day by the contracted mental health agency.
 - g. The student will be moved to Unit B or C for heightened observation, including camera observation.
 - h. When off the unit the student shall be pat searched before returning.
 - i. Removal from cautionary status will be decided by the contracted mental health agency after collaboration and input from the Superintendent and/or designee. This may involve moving the student to "Precautionary Status."

If either cautionary status or precautionary status occurs, Shift on duty will update Quest Case Management immediately under the Facility Stays/Classification field for the student identified. Notice to Juvenile Detention Center Administration Staff must also be given to ensure safety and communication among divisions. At the point of removal from cautionary/precautionary status, the staff completing the Risk Consultation shall update the field.

Dissemination of Summary Results

Dissemination of MAYSI-2 summary results will occur based on obtaining consent from youth's parent/guardian, according to the Business Associate Agreements (BAA), attached, and Release of Information established with the youth's attorney, probation, prosecutor, mental health provider, the judge, and other participating service providers, and/or through a court order.

The RSR Intake staff will place the MAYSI 2 grid results on QUEST. Those summary results will be accessible to probation, the Court, the prosecutor, and youth's attorney as soon as practical. Results of the MAYSI 2 are not to be used for disposition or utilized in Preliminary Inquiries. The intent of disseminating the results is to ensure the youth receives proper services and follow-up while in detention and after release. Further assessments by the contracted mental health agency will provide support in determining case plans and recommendations for services.

Upon obtaining a summary from MAYSI 2 screening, the RSR Intake staff will disseminate the information according to the established limited disclosure guidelines to the identified parties on the signed consent, or according to the applicable BAA or court order.

Procedures to Maintain Confidentiality of Mental Health Records

The Pilot Project protocols follow a medical records model, therefore the screening records, including the results of the MAYSI-2, will be maintained confidentially in the youth's medical record. In addition, all other mental health information and records will be maintained in the youth's medical record. These records are secured in the medical area separate from the youth's medical file and only authorized personnel have access. By signing the BAA, interested parties agree to comply with the guidelines outlined within the BAA and "Protocol on Appropriate Policies and Procedures in Mental Health Screening, Assessment, and Treatment of Youths In Detention" in regard to safeguarding the records.

In addition to the MAYSI-2 summary, the following information will be made available to the contracted mental health agency:

1. Admission screening information.
2. Staff observations information.
3. Relevant information obtained from individual interviews with the student.
4. Relevant information gathered during the intake process.