MAYSI-2 Administration and Referral Protocol Template Instructions

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These instructions provide juvenile justice sites a step-by-step process to develop their own administration and recommended services protocols for the Massachusetts Youth Screening Instrument: Version 2 (MAYSI-2). The instructions are accompanied by a TEMPLATE Word Document, which when completed will be the administration and referral protocol manual for the site.

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Colorado Department of Public Safety, Division of Criminal Justice

Colorado Department of Public Safety, Office of Adult and Juvenile Assistance

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Key Resources Used to Develop the MAYSI-2 Administration and Referral Protocol Process & Templates

Grisso, T. & Barnum, R. (2006). Massachusetts Youth Screening Instrument Version 2: User's manual and technical report. Sarasota, FL: Professional Resource Press.

Skowyra, K.R., & Cocozza, J.J. (n.d.) *Mental health screening within juvenile justice: The next frontier.* Delmar, NY: National Center for Mental Health and Juvenile Justice. http://www.ncmhjj.com/pdfs/MH_Screening.pdf.   Other state example documents were instrumental in laying out the approach and format presented in the Instructions:

- Appendix C: Texas Juvenile Probation Commission, MAYSI-2 Reference Card and the MAYSI-2 Protocol summary.

CONTENTS

STEP 1: GETTING UP TO SPEED

In this step, you will learn:

- ✓ General background about the MAYSI-2
- ✓ Caution and warning scores generated by MAYSI-2
- ✓ The benefits of developing site-specific administration and referral protocols
- ✓ Resources to guide your site in the development of referral protocols

A BRIEF HISTORY OF THE MAYSI-2

The MAYSI-2 was developed by Thomas Grisso, Ph.D. and Richard Barnum, M.D., at the University of Massachusetts Medical School during the 1990s with assistance from the William T. Grant Foundation, and was made available in 2000 after sufficient research had been done to establish initial reliability and validity.

The MAYSI-2 is a mental health screening instrument composed of 52 questions designed to assist juvenile justice facilities in early identification of youths 12 to 17 years old who may have special mental health needs. It is typically used in four juvenile justice settings:

- Intake probation departments
- Emergency and pretrial detention centers
- Assessment or reception centers
- Rehabilitation programs and secure facilities

Administration takes about 10 to 15 minutes and scoring requires approximately 3 minutes. The MAYSI-2 is available in both English and Spanish as a paper and pencil instrument as well as in software form. The MAYSI-2 software is called MAYSIWARE. Both the paper and pencil version and the MAYSIWARE are available for purchase from Professional Resource Press. For more information and to order either version, go to http://www.maysiware.com/MAYSI2.htm.

After you receive the manual, forms, and software (if ordering MAYSIWARE™), you will need to register your site(s) with the National Youth Screening Assistance Project (NYSAP). Registration information comes with the manual and is automatically prompted by the software. It is recommended that sites first register for the paper-and-pencil version, and then for sites that want

to computerize the administration of the screening tool, to buy and register separately the MAYSIWARE™.

CAUTION AND WARNING CUT-OFF SCORES IN THE MAYSI-2

The MAYSI-2 consists of seven scales for boys and six scales for girls, each composed of multiple Yes/No questions. The MAYSI-2 has two "cut-off" scores for six of the seven scales.[1] Through extensive research CAUTION scores were set for the six scales. A CAUTION score indicates that *the youth has scored at a level that can be said to have "possible clinical significance."[2]* The WARNING score was set to identify approximately the top 10% of youth with the very highest scores. Both the CAUTION and WARNING scores serve to guide a site's response to a youth, and it is these scores that your referral protocols will address.

The MAYSI-2 User's Manual and Technical Report[3] (herein referred to as the "MAYSI-2 Manual") provides excellent background about how the CAUTION and WARNING scores were set and how the scores can help guide the next steps to be taken with the youth. It is important to understand what these scores represent in order to make decisions about your site's referral protocols. Please re-read Chapter 4 "Responding to High MAYSI-2 Scores" (pages 21-27) of the MAYSI-2 Manual in preparation for the discussions you will have in the development of the referral protocols.

BENEFITS OF SITE-SPECIFIC ADMINISTRATION & REFERRAL PROTOCOLS

The MAYSI-2 mental health screening instrument for juvenile justice sites is an important tool which can help identify youths with potential mental health disorders. To effectively utilize the screening instrument, sites need to administer the tool correctly and have agreed-upon follow-up procedures or what we call "Referral Protocols." There are no universal referral protocols to follow because sites differ in their mission and purpose, the youths they serve, and the internal and external resources available to address mental health needs.   However, the MAYSI-2 is most effective for the youths and for the site when it can **consistently guide** how to respond to youth with a potential mental health disorder; and this is best done through explicit written referral protocols that are tagged to the scores of the MAYSI-2 scales.

A document for how to administer and respond to the MAYSI-2 benefits sites in several ways. These include:

- Demonstrates a site's good faith intention to address the mental health needs of their youth.
- Provides guidance on how to administer the screening instrument so that youth is clear about its purpose & use.

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[1] Traumatic Experiences scale is not directly tied to particular type of mental health disturbance but rather provides information about the types of trauma a youth may have experienced during their life.

[2] Grisso, T. & Barnum, R. (2006). Massachusetts Youth Screening Instrument Version 2: User's manual and technical report. Sarasota, FL: Professional Resource Press, page 21.

[3] Grisso, T. & Barnum, R. (2006). Massachusetts Youth Screening Instrument Version 2: User's manual and technical report. Sarasota, FL: Professional Resource Press.

- Articulates how information from the MAYSI-2 can be shared and with whom; thereby setting parameters around who can see the youth's health information tied to existing state law and departmental regulations.
- Provides consistent and agreed upon direction on the follow up steps to be taken for youths who have high or very high MAYSI-2 scores; thereby "closing the loop" between screening and follow up services.

In addition, the development of the protocols is an opportunity to bring together a wide range of stakeholders and creates an opening to leverage resources that may not have always been directly available or connected. Step 2 below goes into more detail on who should be involved in the planning process.

RESOURCES TO HELP YOU DEVELOP REFERRAL PROTOCOLS

These instructions along with the accompanying template forms are intended to guide juvenile justice sites through the **process** of developing site-specific mental health referral protocols. The instructions, however, do not provide in-depth content about the MAYSI-2 instrument, nor does it replace other resources designed to inform the development of MAYSI-2 referral protocols. Because this information is readily available elsewhere, these instructions will point you to the resources, including specific pages that are highly relevant to protocol development tasks.

Reports

A comprehensive list of MAYSI-2 references covering (1) MAYSI-2 manuals, (2) Peer-reviewed research, (3) Non-peer reviewed publications including state government reports, media documents, etc., and (4) General mental health screening publications that include MAYSI-2, can be found on the MAYSI-2 website at http://www.maysiware.com/MAYSI2Research.htm.

The four reports below are especially important resources to use when developing your site's protocols. Before you begin the process, these documents should be collected and reviewed by key planning team members.

Grisso, T. & Barnum, R. (2006). Massachusetts Youth Screening Instrument Version 2: User's manual and technical report. Sarasota, FL: Professional Resource Press.

> This is the technical manual that comes with the MAYSI-2. It is essentially two manuals. The first part is the Users' Manual. It covers the history of the MAYSI-2, why mental health screening is needed in juvenile justice settings, content of the scales, how to administer the paper and pencil version, direction on responding to the cut-off scores. The second half is the Technical Report. It covers the research basis of the MAYSI-2, how the scales were identified, psychometric properties of the scales, validity of the scales, data from the original Massachusetts Study, and data from the National Norms Study. All sites administering the MAYSI-2 are required to have the manual and, at a minimum, the person overseeing the administration of the MAYSI-2 at your site and directing the development of the MAYSI-2 referral protocols should read it completely. If your site does not have a copy of the manual, please contact the National Youth Screening & Assessment Project at nysap@umassmed.edu.

Grisso, T., & Underwood, L.A. (2004). Screening and assessing mental health and substance use disorders among youth in the juvenile justice system: A resource guide for practitioners. Washington, DC: Office of Juvenile Justice and Delinquency Prevention. www.ncjrs.gov/pdffiles1/ojjdp/204956.pdf

> "This Resource Guide provides clinicians and other professionals working with youth in the juvenile justice system with a range of best practice information that will assist in better identifying youth with mental health disorders, thus ultimately improving their treatment. The Guide reviews and synthesizes information about the most effective instruments for screening and assessing youth for mental health and substance use disorders at various points in the juvenile justice system. The Guide also provides examples of a variety of models and approaches that have been developed to use available instruments" (pp. 1-2).

Skowyra, K.R., & Cocozza, J.J. (n.d.) *Mental health screening within juvenile justice: The next frontier.* Delmar, NY: National Center for Mental Health and Juvenile Justice. http://www.ncmhjj.com/pdfs/MH_Screening.pdf

> This very readable report provides a succinct summary of key issues related to mental health screening in the juvenile justice system. Included are three chapters along with three appendices of protocol examples from Pennsylvania, Texas and New Jersey. Chapter 3 "Implementing Mental Health Screening" by Dr. Thomas Grisso is an especially important resource to review before your site begins developing its own referral protocols.

Rosado, L.M. & Shah, R.S. (2007). Protecting youth from self-incrimination when undergoing screening, assessment and treatment within the juvenile justice system. Philadelphia, PA: Juvenile Law Center. http://jlc.org/File/publications/protectingyouth.pdf

> This document provides guidance for developing a Memorandum of Understanding (MOU) among agencies for sharing and using MAYSI-2 information. Appendix C provides a summary of state law provisions that prohibit and permit use of information obtained from youths in the juvenile justice system during a screening. Colorado law is reviewed on pages C14-C15. Note: The law is always changing so additional legal research may be needed.

Technical assistance centers

Technical assistance for use of the MAYSI-2 nationwide since 2000 has been provided by the John D. and Catherine T. MacArthur Foundation's support of the National Youth Screening Assistance Project (NYSAP) at University of Massachusetts Medical School.

> National Center for Mental Health and Juvenile Justice
> www.ncmhjj.com
> 518-439-7415
> Policy Research Associates
> Delmar, NY
>
> National Youth Screening Assistance Project
> www.umassmed.edu/nysap
> 508-856-8564
> University of Massachusetts Medical School
> Worcester, MA

STEP 2: PLANNING YOUR PROCESS

In this step you will learn:

- ✓ Who should be involved in developing your site's referral protocols

- ✓ The information you will need to gather in order to develop the protocols

WHO SHOULD PARTICIPATE IN THE PROCESS?

The development of the MAYSI-2 referral protocols is best done through a collaborative process that includes **all administrators/directors of each site** that will implement the MAYSI-2 within a juvenile justice jurisdiction and **representatives from the mental health system** that work with the jurisdiction.

A juvenile justice system that decides to implement the MAYSI-2 should also engage all stakeholders who are in contact or providing services for youth in the juvenile justice system in developing the "Mission/Purpose" statement for implementing the MAYSI-2. Depending on the jurisdiction, these groups may include some combination of the following:

- Juvenile Probation

- Children & Youth

- Behavioral Health Administrative Offices

- Behavioral Health Providers Managed Care Organization

- District Attorney

- Public Defender

- Victim Advocate

- Education system

- Family Advocates

Appendix A reproduces in a worksheet form the types of organizations that you will want to consider inviting to participate in the development of your site's referral protocols.

Partnerships, whether these are with other juvenile justice sites in your county with whom you'll share information or the mental health system that will provide services to some of your youth, should enter into a formal Memorandum of Understanding (MOU) with your site. Guidance and an example of a MOU can be found in Rosado, L.M. & Shah, R.S. (2007). Protecting youth from self-incrimination when undergoing screening, assessment and treatment within the juvenile justice system.   Philadelphia,   PA: Juvenile   Law Center. http://jlc.org/File/publications/protectingyouth.pdf

INFORMATION NEEDED TO DEVELOP YOUR REFERRAL PROTOCOLS

1. Federal regulations, state statutes/case law, and departmental rules for information sharing of health records and juvenile records. Likely your departmental rules will take into account federal regulations and state law; however, you should be sure this is the case before relying solely on your jurisdiction's procedures.

2. Identification of all other juvenile justice sites within your jurisdiction that are administering the MAYSI-2. Also need to know when it is administered.

3. Information about your jurisdiction's public mental health services, including the services provided and populations served. This will help you determine the conditions under which your site would refer a juvenile for further evaluation.

4. The name and location of the nearest hospital or other treatment facility that will accept an immediate transport of a youth deemed to be at risk of harming him/herself.

5. Information about other community services relevant to the MAYSI-2 screen, such as alcohol and substance abuse programs.

6. List of all screening instruments your site will be using in addition to the MAYSI-2.

Appendix B reproduces the six points above in a worksheet form. Use the worksheet to help you organize information that will be useful for developing your site's MAYSI-2 Referral Protocols.

Appendix C has a worksheet to identify other screening instruments or interview protocols that capture additional information specific to the MAYSI-2 scales.

PROTOCOL GUIDELINES AROUND REPEAT ADMINISTRATION OF THE MAYSI-2

During the implementation of the MAYSI-2 project in Colorado there has been some discussion regarding incorporating guidelines on repeat administration of the MAYSI-2 to youth in a short time frame in each site's Administration and Referral Protocol. Juvenile justice sites that participate in the project have expressed concerns regarding the impact of repeat MAYSI-2 administrations on the fidelity of the tool. Sites shared that it was possible for a youth to receive a MAYSI-2 screen up to several times in one day as a result of a lack of information sharing between juvenile assessment centers, probation departments and detention facilities. Understandably, a youth exposed to the same 52 question screen several times in one day will not approach the screen the same way each time it is administered. Dr. Grisso, the developer of the MAYSI-2, has also noted that "Repetitive administrations of the MAYSI-2 can occur when youth are transferred from one facility to another and are re-administered the MAYSI-2. Youth answers can change when they receive it repeatedly in a short period of time."

To determine if standardized guidelines around repeat administration of the MAYSI-2 (in short time periods to the same youth) were needed for Colorado juvenile justice sites who use the MAYSI-2, research was conducted utilizing MAYSI-2 test score data analysis, a national literature review and qualitative analysis of interviews conducted with juvenile justice representative from states that had implemented the MAYSI-2 either statewide or across counties

The analyses demonstrate that if any statewide standardized guidelines were established for MAYSI-2 re-administration they should be broad and informed by a variety of contextual factors - tempered by the reality that without good information sharing practices it may be hard to avoid same day administrations between probation, detention and early entry. Potential guidelines could include that youth who return to a juvenile justice site within a few days of their last visit should participate in a brief discussion with staff to determine if any extenuating circumstances have happened – noting that a youth's recidivism in itself may be a sign of an extenuating circumstance. Regardless, based on the quantitative data analysis conducted, there should be limited concerns

about re-administering a MAYSI-2 to a youth who received one within a few weeks or even a few days of the last one.

Effective information sharing is the only way to ensure that a youth does not receive a MAYSI-2 multiple times within the same day. In light of the fact that there is only one electronic portal for MAYSI-2 score information sharing in Colorado (between the Jefferson County Juvenile Assessment Center and 1st Judicial District Juvenile Probation) and that developing the type of juvenile justice information sharing database that other states have implemented may be a longer term endeavor for Colorado, other ways of sharing MAYSI-2 test scores across sites and particularly between probation and detention should be explored. One example would be developing something as mechanistic as sending over a youth's MAYSI-2 test scores with the youth when a youth is transferred from a JAC to detention. Another approach, utilized by the 8th Judicial District Juvenile Probation Department, is to develop a legally vetted collaborative youth information sharing memorandum between all agencies that may serve the same justice involved youth. The 8th Judicial District's collaborative management approach ensures screening and assessment results are shared with organizations a youth may be transferred or referred to (creating a paper trail that will limit repeat administration of the MAYSI-2 in short time periods). This collaborative management approach, which incorporates a strong information sharing component, may be a good model for other juvenile justice entities to emulate.

In light of these findings, if your site chooses to establish guidelines in your protocol around repeat administration please keep the following considerations in mind. The MAYSI-2 screen results are considered valid for a two week period. While establishing a protocol that ensures that a youth receives a MAYSI-2 no more than twice per month might make sense, the quantitative data demonstrated that the effect of youth underreporting on the MAYSI-2 did not last beyond same day administration and that, in fact, repeat administration beyond same day administration showed higher cut off scores. In addition, several researchers, who have examined the issue of multiple MAYSI-2 administrations, note that for detained youth screening for mental health and substance use issues should be ongoing, as youth confront a multitude of stressors in detention facilities (Goldstrom, Jaiquan, Henderson, Male, and Manderscheid (2000)).

STEP 3: DEVELOPING YOUR REFERRAL PROTOCOL MANUAL

In this step you will:

- ✓ Learn the purpose of each section in your manual

- ✓ Have questions to help you determine the content for site-specific sections

- ✓ Have example language for sections

OVERVIEW OF PROCESS

The *MAYSI-2 Referral Protocol Manual* consists of multiple sections. Some sections, such as a description of the MAYSI-2 scales, will be the same for all sites and will be referred to as STATIC sections. The static sections, derived from other documents, the MAYSI-2 technical manual available at your site, and various supporting websites, are incorporated into your site's referral protocol so that staff can efficiently find all the information they need in one document to administer, score, and respond to the MAYSI-2. The STATIC sections will be identified by the scroll icon:

Other sections will be specific to your site's mission and resources. These sections will VARY site by site and will be identified with the question mark icon:

Following is a description of each section for your manual along with guiding questions to help you determine how your site will respond to MAYSI-2 scores.

MANUAL SECTIONS

Preamble: Mental Health Screening and Assessment

The preamble provides a concise description of the rationale for doing mental health screening in the judicial system and describes the difference between a screening instrument, such as the MAYSI-2, and a full blown mental health assessment. The entire preamble except for the first subsection on **Information Sharing** was written by Leigh Meredith at the *National Evaluation and TA Center for Education of Children Who are Neglected, Delinquent or At-Risk*, www.neglected-delinquent.org, taken from her document *Mental Health Screening and Assessment*.[4]

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[4] www.neglected-delinquent.org/nd/events/2004feb/presentations/LMeredith.doc

Information Sharing

Some sites may want to state up front that the benefits of implementing the MAYSI-2 can only be fully realized when the information is used to coordinate services for a youth.

Example 1: Possible language for "Information Sharing" preamble

> Information sharing should occur through an active exchange of information to benefit assessments, case planning, and service delivery. Sharing the results from the MAYSI-2 should be done to facilitate appropriate and improved coordination of services for the youth.

Rationale for Mental Health Screening of Youths in the Judicial System

Static text to be used in this section

> "The early identification and treatment of mental illness is one of the most critical factors influencing the rehabilitation of many juvenile offenders," says Joyce Burrell, Senior Juvenile Justice Advisor for the Technical Assistance Partnership for Child and Family Mental Health. While a lack of science-based research on mental illness in the juvenile justice population leads to widely varying estimates, most studies agree that at least 1 in 5 youths involved with the juvenile justice system is likely to have an emotional disturbance serious enough to substantially interfere with their daily functioning. The juvenile justice system is often a "system of last resort" for youths who are not receiving mental health services elsewhere.
>
> Mental health screening and assessment provides practitioners, from frontline staff to education, transition, and mental health professionals, with a "common language" that can help target needs, provide benchmarks through reassessments, and accountability for decision-making. This also facilitates inter-departmental collaboration between mental health, substance use disorders,[5] and juvenile justice systems by reducing paperwork and providing uniform, synthesized information.

Mental Health Screening and Mental Health Assessment

Static text to be used in this section

> **Mental Health Screening Instruments** are designed as "front door" measures to identify the presence of a mental health problems or substance use disorders, and target those youth for immediate attention and further assessment. Screening tools are designed to be brief, and administered

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[5] The US Department of Health and Human Services, Substance Abuse & Mental Health Services Administration Center for Mental Health Services (SAMHSA) recommends the terminology *substance use disorders* rather than *substance abuse* to more accurately denote the condition as a co-occurring mental health problem requiring medical intervention.

immediately or early in the juvenile justice process by computers or staff. Screening instruments do not diagnose mental illnesses or compensate for further assessment or professional evaluation. They are most successful when used consistently at points of entry as the youth progresses through the juvenile justice system.

Mental Health Assessment Instruments are more comprehensive and diagnostic, and often linked to treatment and transition planning. They are usually administered after early identification of mental health issues through screening tools such as MAYSI-2. They may take several hours to examine the scope of mental health and/or substance use disorders, as well as other factors involved such as behavioral and academic history and family relationships. They are most successful when supplemented by collateral sources of information such as family members, teachers, and probation counselors. Mental Health Assessments are the appropriate follow up procedure for youths who score "high" on mental health screening tools.

Description of the Massachusetts Youth Screening Instrument: Version 2 (MAYSI-2)

This section summarizes the content of the MAYSI-2 screening instrument. There are seven scales in the MAYSI-2, each made up of multiple questions. All staff implementing the MAYSI-2 need to understand what each scale is measuring in order to effectively engage the youth in follow up questions, if needed.

The first paragraph describing the MAYSI-2 was adopted from Leigh Meredith's description in *Mental Health Screening and Assessment,*[6] and the description of the MAYSI-2 scales comes from the MAYSI-2 website.[7]

Static text to be used in the introduction to this section

The Massachusetts Youth Screening Instrument (MAYSI-2) is a screening instrument developed for detecting mental health needs in youth aged 12-17. Designed as a low-cost, easily administered tool, it screens for multiple issues and can be administered in 10-15 minutes. It is divided into seven scales composed of 52 questions that are designed to detect alcohol/drug use, angry-irritable behavior, depression-anxiety, somatic complaints, suicide ideation, thought disturbance, and traumatic experience. Youths answer YES or NO concerning whether each item has been true for them "within the past few months." MAYSI-2 requires a 5th-grade reading level, and is designed to be self-administered either in paper or over a computer. The MAYSI-2 is available in both English and Spanish as well as in software form. The MAYSI-2 software is called MAYSIWARE. MAYSI-2 is becoming a standard feature in many juvenile justice facilities, and is in currently in use in 48 states and in 6 countries.

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[6] www.neglected-delinquent.org/nd/events/2004feb/presentations/LMeredith.doc

[7] http://www.maysiware.com/MAYSI2Info.htm

MAYSI-2 SCALES

ALCOHOL/DRUG USE

The AD scale is intended to identify youths who are using alcohol or drugs to a significant degree, and who are therefore at risk of substance dependence and/or abuse. The scale has eight items. Five of the items are concerned with various negative consequences of substance use disorders, and the remaining three address characteristics of substance use that are thought to represent factors for abuse.

ANGRY-IRRITABLE

The AI scale is intended to assess explicit feelings of preoccupying anger and vengefulness, as well as a general tendency toward irritability, frustration, and tension related to anger. The scale has 9 items. Four explicitly concern angry mood and thoughts, three others are concerned with irritability and risk of impulsive reactions, and the last two items pertain to behavioral expression of anger.

DEPRESSED-ANXIOUS

The DA scale is intended to elicit symptoms of mixed depression and anxiety. The scale has nine items. Five items inquire about manifestations of anxiety and inner turmoil, and four items are concerned with depressed mood.

SOMATIC COMPLAINTS

The SC scale includes six items that ask about various bodily aches and pains that may affect the youth, along with specific bodily expressions of anxiety. An elevated score on this scale could occur for a variety of reasons. For example, somatic complaints tend to co-occur with depression and anxiety, and sometimes they can be associated with trauma history and with thought disorder as well. On the other hand, aches, pains, and other somatic complaints may be symptoms of physical illness, and such complaints should not be overlooked as symptoms in their own right.

SUICIDE IDEATION

The SI scale has five items. Three of them specifically address thoughts and intentions about self-harm and two involve depressive symptoms that may present an increased risk for suicide. One of the items is shared with the DA scale.

THOUGHT DISTURBANCE (BOYS ONLY)

The TD scale is intended to indicate the possibility of serious mental disorder involving problems with reality orientation. The scale has five items, four of which refer explicitly to altered perceptions in reality that are frequently associated with psychotic disorders. The remaining item refers to a condition of derealization ("things don't seem real") that is a more general abnormality of perception and consciousness. It is sometimes an early indication of a psychotic state, but it may simply arise in anxiety or dissociative states as well. In the study with which the MAYSI-2 was developed, the various ways that we used to

identify which items came together as scales did not identify a "thought disturbance" scale for girls using MAYSI-2 items. Thus the TD scale should not be applied to girls.

TRAUMATIC EXPERIENCES

The TE scale is intended to identify whether a youth has had greater exposure to traumatic events compared to other youths. Unlike other MAYSI-2 items, the TE items ask for responses regarding events or feelings over the youth's entire lifetime rather than just the "past few months." There are separate TE scales for boys and girls.

MAYSI-2 Administration Protocols

The following section includes seven subsections that will comprise your site's referral protocol. This section is based on Ogle County, IL's Models for Change: Protocol for Administering the MAYSI-2 (09/03/2009).

I.   Mission/Purpose

This is a succinct statement that reflects the site's commitment to administering the MAYSI-2. The statement, while typically short and to the point, should be crafted through a collaborative process with all stakeholders (see suggestions in SECTION 2: PLANNING YOUR PROCESS)

Example 2: Possible language for "Mission/Purpose" statement

By adopting the use of the MAYSI-2 it is the intent that all youth, ages 12-17, receiving services through _____ [name of judicial site] will be administered the MAYSI-2.

II.   Points of Contact

Each judicial district will have multiple juvenile justice sites, including assessment centers, detention facilities, probation departments, rehabilitation programs, etc. Each site within a district that administers the MAYSI-2 should be identified under this subsection along with a short description of when the MAYSI-2 is administered to the youth if the site typically administers the MAYSI-2 at a specific point in time, e.g., within an hour of arriving. It is recommended that the administration occur as early in the intake process as possible.

You should also consider if a site would re-administer the MAYSI-2, and if so, under what conditions, e.g., after a youth experiences a traumatic event, or during pre-sentence investigation, etc. Generally, it is recommended that a youth should not be administered a MAYSI-2 if they have completed one within the past three to four weeks unless there is evidence that a significant event occurred that may have affected their emotional or mental health.[8]

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[8] Alan Tezak, Project Consultant, PA MH/JJ System Coordination. Hershey, PA. January 7, 2011, correspondence.

1. What are all the juvenile justice sites in our judicial district?

2. For each site, ask:

    a. Will the site be administering the MAYSI-2?

        i. If yes, does the site have a typical time it administers the MAYSI-2?

        ii. If yes, does the site have typical conditions under which it would administer or re-administer the MAYSI-2?

Example 3: "Points of Contact" subsection example

> There will be four types of initial contacts for administering the MAYSI-2 in _____ [name of judicial county/district]. These are:
> 1. Youth entering the system through _____ **[name of first site of contact or your site]**. These youth will be administered the MAYSI-2 at the <u>initial intake</u> [or <u>within x hours</u>, etc].
> 2. Youth receiving services through _____ [name of initiative or center that provides services to youth in juvenile justice system].
> 3. Youth who re-enter the system through _____ [name of Center or site].
> 4. Youth on formal probation through _____ [name of county/district] Juvenile Probation. The MAYSI-2 may be re-administered at any time during the course of the youth's probation, including pre-sentence investigation, under certain circumstances. In most cases, this would take place (1) after a traumatic event in the youth's life or (2) when the youth reports an emotional disturbance.

III. Initial Contact

A key goal of the MAYSI-2 is to identify youth in the juvenile justice system that may be in need of further mental health assessment and/or services in order to help reduce recidivism. Therefore it is important that screeners convey the purpose of the survey as a tool to help youth in need of additional services and that youth answer survey questions honestly in order to more accurately identify areas of need. Information about explaining the purpose of the survey, confidentiality and completing the survey are described below. Appendix A has additional information about introducing the survey to youth. This section has both variable and static components.

Each site/district will need to implement their own jurisdictional & department rules to how the results will be used and who in the judicial system has access to the results. Beware that certain disclosure warnings and requirements may diminish the accuracy and quality of response from the youth. To the extent possible under state law, jurisdictions are encouraged to limit the use of the MAYSI-2 results in any evidentiary proceedings.

Questions to ask your team:

1. Does your judicial district have a policy on whether or not the Court has access to the MAYSI-2 results? If so, what is the policy?

2. Does your judicial district or state have a policy about mandatory reporting that would require the administrator of the MAYSI-2 to report a youth's intentions to harm themselves or others? If so, what is the policy?

Example 4: "Initial Contact" subsection language on sharing results with the courts, social services, or other governmental entities

> **Screener shall inform youth of the following:**
> 1. By law, the results of the MASYI-2 will not be shared with the Court, unless screening is ordered by the Court. The purpose of the MAYSI-2 is solely to determine and meet the needs of the youth.
> 2. Limits on confidentiality are explained in the event that the youth indicates an intention to harm themselves or others. State the following:
>   > "What you reveal when answering these questions is confidential. Nothing you reveal can be used against you in any juvenile or criminal court hearing. However, there is one exception to this. If you disclose that you are the victim of child abuse or neglect or if you disclose that you have committed an offense involving child abuse or neglect, that information must be reported to law enforcement and/or _____ [County/City] Department of Human Services."

There are also standard instructions all youth receive before taking the MAYSI-2. These instruct the youth about the timeframe they should consider when answering the MAYSI-2 questions.

Static text that describes the MAYSI-2 scales

> 3. Instructions on how to complete the survey are explained. State the following:
>   > "These are some questions about things that sometimes happen to people. For each question, please answer "yes" or "no" to whether that question has been **true for you in the past three months or since [name holiday 3 months ago]** unless otherwise indicated. Please answer these questions as well as you can."
> 4. Youth should choose the best answer for each question based on your experiences in the past few months rather than leaving questions blank.

IV.   Administering the MAYSI-2

The MAYSI-2 can be administered in two formats: Paper & pencil or via computer through the software MAYSIWARE.[9]   If your site uses only one method, then insert the relevant text. If your site uses both methods, include all the following text. This section includes both variable and static language.

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[9] See the software manual for additional information. Maney, S.M. (2006). *MAYSIWARE™ User's Guide*. Sarasota, FL: Professional Resource Press.

Computer-Administered through MAYSIWARE: The following information provides instructions on administering and scoring the MAYSI-2 using the computer-based MAYSIWARE at your site. It is important that all staff implementing the MAYSI-2 understand the procedures outlined below and follow them consistently for all MAYSI-2 administrations. It is also recommended that all staff implementing the MAYSI-2 conduct a practice administration and scoring of the survey prior to their first administration with youth.

The text is the same for everyone except for the steps 1 and 2 under "Taking the Survey"

Questions to ask your team:

1. How many computers will be used to administer the MAYSI-2 and where are these located?

2. Who is allowed to administer the MAYSI-2 to a youth?

Example 5: "Administering the MAYSI-2" via computer, example of subsection language on steps 1 & 2

Computer-Administered through MAYSIWARE

Taking the survey

1. At _____ [name of your site], there will be ___ [number] dedicated computer[s] that has/have the MAYSI-2 software program. The computer[s] will be located in an area or room that is free of distractions.
2. Computer access to the MAYSI-2 at _____ [name of your site] will be provided to a selected number of _____ [e.g., in-take staff, all supervisors as well as to the director]. Each person will use their individual passwords and user names to login.

Static text that describes how to administer the MAYSI-2 via computer

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3. Youth will be provided with verbal instructions (see "Initial Contact" on previous page or see MAYSI-2 Protocol Summary for talking points).
4. Screener opens MAYSIWARE and enters personal username and password.
5. Screener opens "Start MAYSI-2."
6. Screener enters demographic data from youth's intake sheet. Use first name and last name only. Each youth will have a personal ID# that the screener will enter.
7. Youth begins MAYSI-2 (headphones provided). The youth should select the language (English or Spanish) that is best for him/herself. Screener should define with youth that questions apply to the last 3 months. Screener waits outside the room or nearby if computer is located in open area in case questions arise.

Static text that describes how to score the MAYSI-2 via computer

> **Scoring the survey**
>
> 8. After the youth completes the MAYSI-2, the screener will enter user name and password again and then check "review report" to access screening results.
>
> 9. Personalized 2nd screening forms for that youth are created when a youth scores at or above CAUTION on the Suicide Ideation scale and at or above WARNING on all other scales. When these scores are reached, the computer will automatically generate secondary screening questions. The Screener will go into Cases and then click on the youth's name in the top box and the appropriate MAYSI screening in the bottom box. The screener will then click on Add/Edit 2nd screening and screener can enter answers directly into the software. The Screener should attempt to type answers using the youth's language or words. There will be a comment section for the screener to offer interpretations.

Step 10 under "Scoring the Survey" is particular to a site.

Question to ask your team:

3. If your site decides to ask second screening questions at the caution level rather than warning level of any scale other than *Suicide Ideation*, you'll add step #10 to the administration protocol. The choice of scales will be determined by your team in the following subsection **V. Post Screening**.

Example 6: "Administering the MAYSI-2" via computer, example of subsection language on step 10 under "Scoring the survey"

> 10. Manual secondary screening forms are available in the full MAYSI-2 manual. These should be used for youth that score **at or above the CAUTION on the _____** [name one or more scales your site has decided on, e.g., **"Alcohol/Drug Use" (AD) scale**]. Because the computer will only generate secondary screening questions for WARNING (except for Suicide Ideation), the screener will need to reference the paper and pencil version forms.

Administered via Paper & Pencil: The following information provides instructions on administering and scoring the paper & pencil version of the MAYSI-2 at your site. It is important that all staff implementing the MAYSI-2 understand the procedures outlined below and follow them consistently for all MAYSI-2 administrations. It is also recommended that all staff implementing the MAYSI-2 conduct a practice administration and scoring of the survey prior to their first administration with youth.

The text is the same for everyone under "Taking the Survey"

Static text that describes how to administer the paper & pencil version of the MAYSI-2

> **Taking the survey**

1. The youth should be placed in a room or area without distractions.
2. Staff hands the youth the MAYSI-2 Questionnaire appropriate for their gender and provides instructions (see "Initial Contact" on previous page or see *MAYSI-2 Protocol Summary* for talking points).
3. Staff ensures youth can read the items with minimum help by asking the youth to read the first few items aloud.
   a. If youth cannot do it, staff member lets youth know s/he will help by reading the items from their own copy.
   b. Staff reads each item, including the item number so youth places answer by the correct item. Staff should not watch how the youth answers each item in order to ease the level of potential discomfort.
4. When survey is completed, check to confirm all questions have been answered. If not, encourage youth to complete missing items.
   a. If youth is having trouble deciding whether item is true or not for him/her, prompt youth to answer "yes" if it has "probably been true" or if it is "a little true."

Static text that describes how to score the paper & pencil version of the MAYSI-2

Scoring the survey

5. Use the *MAYSI-2 Scoring Key* to hand score the Questionnaire.
   a. Align the arrow on the left side of the *Scoring Key* with the arrow on the right side of page 1 of the Questionnaire.
      i. Circle the numbers on the *Scoring Key* that the youth marked "Yes" and place an X on each item on the *Scoring Key* for which the youth did not provide an answer.
      ii. Two scales are gender-specific:
         1. *Thought Disturbance* scale is for BOYS ONLY.
         2. *Traumatic Experiences* scale has a separate *Scoring Key* for boys and girls.
   b. Repeat above procedure with page 2 of the MAYSI-2 Questionnaire, aligning the right side of the *Scoring Key* with the arrow on page 2 of the Questionnaire.
6. Use the *MAYSI-2 Scoring Profile* to record the information from the Scoring Key.
   a. First identify the scales, if any, for which the number of X's indicate an invalid score:
      i. For scales with 8-9 items, <u>more than two</u> unanswered items invalidates the scale.
      ii. For scale with 5-6 items, <u>more than one</u> unanswered item invalidates the scale.
   b. Transfer from the Scoring Key to the Score Profile the number of items circled for a given scale (if it is valid, see "a" above).

> i. Remember, two scales are gender-specific:
>   1. *Thought Disturbance* scale is for BOYS ONLY so only boys will have a score for TD.
>   2. *Traumatic Experiences* scale has separate Scoring Keys for boys and girls. Be sure you used the appropriate key before entering the score.
> 7. **Under no circumstances should the staff change any of the youth's answers on the MAYSI-2.** If second screening questions reveal the youth misunderstood a question, this information can be written in response to the second screening question and thereby "correct" or clarify the initial answer.

Step 4 under "Scoring the Survey" is particular to a site.

Question to ask your team:

1. If your site decides to ask second screening questions at the caution level rather than warning level of any scale other than *Suicide Ideation*, you'll add step #4 to the administration protocol. The choice of scales will be determined by your team in the following subsection **V. Post Screening**.

Example 7: "Administering the MAYSI-2" via paper & pencil, example of subsection language on step 4 under "Scoring the survey"

> 1. Follow up second screening questions are available in the full MAYSI-2 manual. Second screening questions are to be administered when a youth scores at or above <u>CAUTION on the Suicide Ideation</u> scale, at or above CAUTION on the Alcohol/Drug Use scale and at or above <u>WARNING on all other scales</u>. The Screener should attempt to write down the answers using the youth's language or words as much as possible.

MAYSI-2 Referral Protocols

I.   Post Screening

This is the section that lays out the specific referral protocols. It is in this section that you will need to consider how the MAYSI-2 fits with your site's other screening tools and interviewing procedures, and consider your agency's **R**esponsibilities, **R**esponses, and **R**esources. The "Three **R's**" are described by in the *MAYSI-2 User's Manual and Technical Report* by Grisso & Barnum (2006) and should be reviewed by your team prior to beginning discussions about how your site will respond to a youth's MAYSI-2 score. A short excerpt (pp. 25-26) is provided below to help reference the following questions; however, please go to the manual and read the three pages (pp. 25-27) before proceeding with this section.

> ***What are an Agency's <u>Responsibilities</u>?*** *By <u>responsibilities</u> we mean the juvenile justice system's obligation to respond to the mental health needs of youths in its custody….*

__What are the Potential Responses?__ By responses we mean the types of intervention that conceivably might be employed when youths are identified as having possible mental health needs….

__What Resources does the System Provide for Responding?__ By resources, we mean the financial and administrative support that is required to make the necessary responses or interventions…

Second Screening Questions: The MAYSIWARE automatically generates *second screening* questions if the youth scores at or above the **Caution** level on the *Suicide Ideation* scale and at or above the **Warning** level on all other scales (except the *Traumatic Experiences* scale, where there are no additional questions).

Some sites find the second screening questions to be very helpful in better understanding a youth's emotional and psychological state even if their score does not reach the warning level. For example, some sites have chosen to ask second screening questions at the caution level of the *Alcohol/Drug Use* scale. Some sites have chosen to ask second screening questions at the caution level of all scales. Others choose to use the default settings of the MAYSIWARE.

It is important to understand that second screening questions do not provide a systematic way to rate the youth's responses. Rather, it provides staff with additional, clarifying information to help make an informed decision about whether additional intervention or assessment should be recommended.

Like all protocol responses, your site's choice of when to invoke the MAYSI-2 screening questions depends on several factors, including other information that is routinely collected from the youth.

Questions to ask your team:

1. Are there MAYSI-2 scales that your staff wants to delve into deeper with their youth? If so, which ones?
    - Alcohol/Drug Use
    - Angry-Irritable
    - Depressed-Anxious
    - Somatic Complaints
2. Does your site have other screening instruments or interview protocols that capture additional information relevant to the MAYSI-2 scales? If so, which scales and what instruments/interviews are used?   Are the other instruments/interviews implemented before or after the MAYSI-2? Complete the chart below, which is also reproduced in Appendix C.

MAYSI-2 Scale	Other Methods for Capturing Scale Issues?	Implemented before or after the MAYSI-2?
Alcohol/Drug Use		
Angry-Irritable		
Depressed-Anxious		

MAYSI-2 Scale	Other Methods for Capturing Scale Issues?	Implemented before or after the MAYSI-2?
Somatic Complaints		
Suicide Ideation		

3. Does your staff feel the second screening questions help them better understand the youth's mental state?

4. Does your staff feel the second screening questions help the youth open up about their emotional and psychological needs?

If your site decides to use second screening questions that do not conform with the MAYSIWARE default settings (Caution for *Suicide Ideation* & Warning for all other scales), the screener has the option in MAYSIWARE to print hardcopies of second screen questions. These can then be used to ask follow up questions and hand record the youth's answers.

Responding to the scales: The MAYSI-2 cut-off scores for each scale – **Caution** and **Warning** – are typically tied to a site's response of what to do next. The responses range from low cost additional monitoring to resource-intensive professional mental health assessments. Grisso and Barnum (2006:26-28) discuss response options and their trade-offs, which you should review before proceeding with this section. Below are four possible response options Grisso and Barnum have recommended, listed in order of least to most resource intensive:

- Monitor the Youth. The staff should exercise greater vigilance and attention to the youth in order to conduct relevant behavioral observations.

- Interviewing and Collateral Contacts. Staff should engage in focused discussions with the youth, or with the youth's family and/or past service providers. The focus should explore the reasons for the juvenile's responses on relevant items of the MAYSI-2, as well as outside information that contradicts or is consistent with what the youth reported on the instrument.

- Clinical Consultation. Staff should seek expertise from clinical professionals/mental health professionals who can intervene to provide brief evaluation or emergency care.

- Evaluation Referral. Staff should arrange for a more comprehensive psychiatric or psychological evaluation to determine the nature and source of the youth's self-reported distress or disturbance.

Referral protocols can be linked to responding to individual scales as well as multiple scales. For example, a youth may hit a caution score on only one scale in which case the site's protocol response could be to Monitor the Youth. However, for a youth that has multiple

cautions (i.e., more than one scale), the site probably would want to have a more intensive response. The presence of comorbidity at the lower caution cut-off score can indicate that the youth may have serious mental health needs and should be responded to accordingly.

A youth who scores a warning on even just one scale should be considered in need of a more intensive response. Multiple warnings are, of course, of great concern as are a combination of caution(s) and warning(s).

Once a site has determined how to respond to these various combinations of caution and warning scores, the administrator can set up the MAYSIWARE through its "Tools" options to flag these **Critical Cases**. The default critical case setting is *two or more Cautions or one or more Warnings on any scale, or a Caution on the Suicide Ideation scale.* Below is a screen shot of the options available in the software that can be changed based on your site's decisions on how to respond to the MAYSI-2 scores. Refer to your site's MAYSIWARE manual for more information.

Critical Cases Setup

Cases will be identified as critical if the youth receives:

- ○ 1 or more cautions on any scales
- ● 2 or more cautions on any scales
- ○ 3 or more cautions on any scales
- ○ 4 or more cautions on any scales
- ○ 5 or more cautions on any scales
- ○ 6 cautions on any scales

○ and ● or

- ● 1 or more warnings on any scales
- ○ 2 or more warnings on any scales
- ○ 3 or more warnings on any scales
- ○ 4 or more warnings on any scales
- ○ 5 or more warnings on any scales
- ○ 6 warnings on any scales

Cases will **also** be identified as critical if the youth receives:

- ☑ Caution on Suicide Ideation Scale
- ☐ Caution on Thought Disturbance Scale
- ☐ Caution on Depressed-Anxious Scale
- ☐ Caution on Angry-Irritable Scale
- ☐ Caution on Alcohol/Drug Use Scale
- ☐ Caution on Somatic Complaints Scale
- ☐ Score of 1 on the Traumatic Experience Scale
- ☐ Score of 3 on the Traumatic Experience Scale
- ☐ Score of 5 on the Traumatic Experience Scale

- ☐ Warning on Suicide Ideation Scale
- ☐ Warning on Thought Disturbance Scale
- ☐ Warning on Depressed-Anxious Scale
- ☐ Warning on Angry-Irritable Scale
- ☐ Warning on Alcohol/Drug Use Scale
- ☐ Warning on Somatic Complaints Scale
- ☐ Score of 2 on the Traumatic Experience Scale
- ☐ Score of 4 on the Traumatic Experience Scale

Cancel   Save

Crafting the referral protocols. The referral protocol should begin with your site's response to the *Suicide Ideation* (SI) scale as this is typically the most pressing immediate concern – a youth's potential for self-harm. The referral protocol steps laid out in the response to the SI scale also serve as potential responses for the other scales. This will become clearer as you proceed through this section.

There is really only one response to a youth who presents a physical risk to him/herself, which may show up as a Caution score or a Warning score and confirmed through second screening questions. Below is the language to include in your referral protocol.

Static text for referral protocol response to youth at risk of suicide

> **1. If youth scores at or above the "Caution" level on the "Suicide Ideation" scale**
>   a. Ask second screening questions of the youth.
>   b. If determined that youth is in imminent danger to him/herself, call police and transport to _____ [name and location of nearest hospital or emergency treatment facility]

A site has options for responding to a youth who has an elevated (Caution) score on the *Suicide Ideation* scale but is NOT in imminent danger of harming him/herself. Note: Answers to the questions below will help your site develop referral protocol responses to the all the MAYSI-2 scales.

Questions to ask your team:

1. Does your site have a trained mental health professional on staff or on the premises? When a site has easy access to a trained MH professional, it is possible to have all youths who present elevated scores to be referred for a <u>Clinical Consultation</u>. For sites without this MH resource, the choice for a <u>Clinical Consultation</u> likely requires more coordination with the public mental health system or the youth's private health insurance or family physician.

2. What mental health and behavioral health services are available in your community for youth that do not have health insurance?

Beyond a threat of suicide, the response to the MAYSI-2 scores is always determined holistically. That is, the MAYSI-2 screen is a tool which provides one avenue of understanding the emotional and psychological state of a youth. Staff at your site will also have other information available about the youth, whether that is through additional screening tools, interviewing the youth, or information from adults (family/teachers/etc.) knowledgeable about the youth. It is the combination of information that ultimately determines the response. For this reason, the MAYSI-2 response protocols for a site are always considered **Recommended Responses**.

Below are examples of the Recommended Responses.

Example 8: Recommended referral protocol language for Post Screening section on *Suicide Ideation* (note: optional language begins with bullet "c.")

> 1. If youth scores at or above the "Caution" level on the "Suicide Ideation" scale
>   a. Ask second screening questions of the youth.
>   b. If determined that youth is in imminent danger to him/herself, call police and transport to _____ [name and location of nearest hospital or emergency treatment facility]
>   c. If determined youth is not in imminent danger to him/herself:

i. Complete a Safety Plan with the youth and his/her family/legal guardian/foster parent

ii. Advise staff that Youth needs to be Monitored

iii. Conduct Collateral Interviews with family members and/or past service providers.

AND, depending on the information collected, may need to do one or more of the following:

1. Follow procedures in *Section VI. Information Sharing*

2. Determine if youth is currently receiving mental health care. Contact and confirm with provider that services are current and inform provider that youth is at _____ [your site] and a mental health screen has been conducted.

3. Seek a Clinical Consultation from a mental health professional from _____ [your mental health agency provider either on or off site]

4. Arrange a comprehensive Mental Health Evaluation from community-based service provider from _____ [your mental health agency provider] or from a private provider.

   a. Determine if youth has health insurance (public or private)

   b. If private insurance, either

      i. Call the insurance company to help the family navigate the insurance & physician referral system

      OR

      ii. Call the family care physician to get a referral for a mental health evaluation or mental health services.

Example 9: Recommended referral protocol language for Post Screening section on *Alcohol/Drug Use* scale

2. **"Caution" on the "Alcohol/Drug Use"(AD) scale**

   a. Ask MAYSI-2 AD scale second screening questions of the youth. These questions are available in the full MAYSI-2 manual appendix.

   b. Complete the substance abuse questions on the _____ [title of your site's other AD screening tool].

   c. If assessments determine youth has a substance use disorders problem, referral for services will be based on level of need and other corresponding issues, which may include prevention, intervention, or treatment services.

Example 10: Recommended referral protocol language for Post Screening section on *Traumatic Experiences* scale

> 3. **The Traumatic Experiences** section will not create a 2nd screening questions, so screener needs to pay close attention to MAYSI -2 summary score sheet and if youth scores a 4 or 5, they should be referred for a further assessment.

> 4. "Warning" on any other scale
>   a. Ask MAYSI-2 second screening questions of youth.
>   b. Set service response plan according to section *MAYSI-2 Post-Scoring Recommended Services* (see page 12 below)

II.   *Information Sharing*

Before beginning this section, your site should review Rosado & Shah's 2007 report, *Protecting Youth from Self-Incrimination when Undergoing Screening, Assessment, and Treatment within the Juvenile Justice System*, which will guide you through this discussion.[10] In addition, the state and federal regulations you identified on your Worksheet in Appendix B will be used to develop this section.

Example 12: Example of language for a Site's information sharing standards

> 1. Sharing the results of the MAYSI-2 with other providers, including mental health providers, is subject to regulations. Results can be shared based on any of these protocols:
>   a. Safe City's departmental procedures for sharing health records;
>   b. The rules set forth in state statute and departmental regulations; or
>   c. A release of information that is deemed legally representative by Safe City.
> 2. Sharing the results of the MAYSI-2 with family members/legal guardians is subject to (1) the rules set forth in state statute and (2) Safe City's departmental procedures for sharing health records. The results can be shared under one of two ways:
>   a. The results of the MAYSI-2 are not specifically referenced but rather incorporated into the full assessment conducted at Safe City.
>
>   OR
>   b. A Release of Information Authorization as meets departmental procedures is completed and signed by the youth stating s/he agrees to have the MAYSI-2 results released.

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[10] Rosado, L.M. & Shah, R.S. (2007). Protecting youth from self-incrimination when undergoing screening, assessment and treatment within the juvenile justice system. Philadelphia, PA: Juvenile Law Center. http://jlc.org/File/publications/protectingyouth.pdf

MAYSI-2 Administration & Referral Protocol Summary

This section of the manual summarizes in a table format the referral protocols developed in the above sections. Once filled in, the table will typically be one or two pages in length and serves as a quick reference sheet for staff to keep at their desk. A laminated copy ensures durability and helps keep it from becoming lost in a shuffle of paper.

The first table below is reproduced in the TEMPLATE. It has both static and site-specific language. The static sections are completed here and in the TEMPLATE. The red font areas and blank sections are where your site's details are typed into TEMPLATE's table.

Before Administering the Instrument	During Administration	After Administration
Introduce the Test by saying: "These are some questions about things that sometimes happen to people. For each question, please answer "yes" or "no" to whether that question has been **true for you in the past three months or since [name of holiday 3 months ago]**. Please answer these questions as well as you can. Give the legal warning by saying: "….." Give the confidentiality warnings by saying: "….."	• Monitor and supervise the room/area where the youth is completing the instrument. • Answer questions by the youth as necessary and ensure that you are available for any assistance needed to successfully complete the questionnaire. • When using the MAYSIWARE (computerized version of MAYSI-2), please ensure that you have completed the section "TO BE COMPLETED BY STAFF ONLY" prior to administration.	• Run the analysis of the answers. • Print off the report. • Conduct appropriate follow-up actions and procedures • Enter action taken in "Results" field. (Indicate which of the post-scoring services described below were done.) If youth's MAYSI score does not indicate a potential mental health problem, enter "No Action Required." • Protect confidentiality of results by following the *Information Sharing Protocol*.
MAYSI-2 POST-SCORING RECOMMENDED SERVICES		
SECONDARY SCREENING **(by Juvenile Justice Staff)**	**PRIMARY SERVICES** **(by Mental Health Professionals)**	
A.	E.	
B.	F.	

C.	G.
D.	H.

Recommended Actions by Juvenile Justice Staff				
Suicide Ideation Scale Only				
CAUTION				
WARNING				
Any Combination of Scales (Except Suicide Ideation Scale)				
CAUTION	**WARNING**			
WARNING	**WARNING**	+		
CAUTION	**CAUTION**	**CAUTION**		
CAUTION	**CAUTION**	**WARNING**		
CAUTION	**CAUTION**	**CAUTION**	**CAUTION**	

This second table is an EXAMPLE of a completed table to give you a visual idea of how it will look when you've constructed your site's protocols.

EXAMPLE of a Protocol Summary Table:

INSTRUCTIONS FOR IN-TAKE STAFF		
Before Administering the Instrument	**During Administration**	**After Administration**
<u>Introduce the Screening by saying</u>: "These are some questions about things that sometimes happen to people. For each question, please answer "yes" or "no" to whether that	**COMPUTER-Administered**: • Ensure that you have completed the section "TO BE COMPLETED BY STAFF ONLY" prior to administration. **PAPER/PENCIL Administered:**	**COMPUTER-Administered**: • Run the analysis of the answers. • Print off the report. **PAPER/PENCIL Administered:**

question has been **true for you in the past few months or since [name of holiday 2-3 months ago]**. Please answer these questions as well as you can." Give the legal warning by saying: "Any statement you make or any answer you give to the questions on this screening tool cannot be used against you in any other hearing in juvenile or criminal court. Do you understand? Do you have any questions? Give the confidentiality warnings by saying: "What you reveal when answering these questions is confidential. Nothing you reveal can be used against you in any juvenile or criminal court hearing. However, there is one exception to this. If you disclose that you are the victim of child abuse or neglect or if you disclose that you have committed an offense involving child abuse or neglect, that information must be reported to law enforcement and/or Denver Department of Human Services."	• Provide paper survey to youth. • Ensure youth is able to read questions. If not, ask the questions from your own survey but have youth fill out answers on his/her survey. **ALL:** • Monitor and supervise the room/area where the youth is completing the instrument. • Answer questions by the youth as necessary and ensure that you are available for any assistance needed to successfully complete the questionnaire.	• Score answers using scoring key. **ALL:** • Conduct appropriate follow-up actions and procedures (see page 2 of these instructions). • Enter action taken in "Results" field. (Indicate which of the post-scoring services described on page 2 of these instructions.) If youth's MAYSI score does not indicate a potential mental health problem, enter "No Action Required." • Protect confidentiality of results by following the *Information Sharing Protocol*.

Take the following action in response to MAYSI-2 scores in these combinations:

MAYSI-2 POST-SCORING RECOMMENDED SERVICES	
Secondary Screening **(by Juvenile Justice Staff)**	**Primary Services** **(by Mental Health Professionals)**
A. <u>Monitor the Youth</u>. The staff should exercise greater vigilance and attention to the youth in order to conduct relevant behavioral observations. **Complete Second Screening Questions for a youth who scores at or above the <u>CAUTION score for Suicide Ideation scale and/or the</u> <u>Alcohol/Drug Abuse scale,</u> and the <u>WARNING score for all other scales</u>**.	E. <u>Clinical Consultation</u>. Staff should seek expertise from clinical professionals/mental health professionals who can intervene to provide brief evaluation or emergency care.

B. <u>Interviewing and Collateral Contacts</u>. Staff should engage in focused discussions with the youth, or with the youth's family and/or past service providers. The focus should explore the reasons for the juvenile's responses on relevant items of the MAYSI-2, as well as outside information that contradicts or is consistent with what the youth reported on the instrument. **Complete Second Screening Questions for a youth who scores at or above the <u>CAUTION score for Suicide Ideation scale and/or the Alcohol/Drug Abuse scale,</u> and the <u>WARNING score for all other scales</u>.**	F. <u>Evaluation Referral</u>. Staff should arrange for a more comprehensive psychiatric or psychological evaluation to determine the nature and source of the youth's self-reported distress or disturbance.
	
	1. Determine if youth has health insurance (public or private)
	
	2. If private insurance, either
	
	  a. Call the insurance company to help the family navigate the insurance & physician referral system
	
	  OR
	
	  b. Call the family care physician to get a referral for a mental health evaluation or mental health services.

C. <u>Complete a Safety Plan</u>. Working with the youth and his/her family/legal guardian/foster parent, a plan to ensure the youth will not harm him/herself will be written up.	
D. <u>Follow Release of Information Procedures</u>. If mental health services are needed, staff will follow appropriate *Information Sharing* procedures.	G. <u>Contact and confirm Mental Health Services</u>. Staff reviews case file and confirms with his/her mental health provider that youth is currently receiving mental health services. Provider is informed of current situation.
	H. <u>Transport to Secure Facility:</u> If youth is in imminent danger of harming him/herself, police will be called to transport youth to Denver Health.

Recommended Actions by Juvenile Justice Staff

Suicide Ideation Scale Only

CAUTION	A & B & C with the option of Either (E or F) **and** (G or H) **with** D
WARNING	D + Either (E or F) **and** H

Any Combination of Scales (Except Suicide Ideation Scale)

CAUTION	**WARNING**		Either (A or B or Both) + D and G
WARNING	**WARNING**	+	Both (A & B) + D and Either (E or F or G)
CAUTION	**CAUTION**	**CAUTION**	Either (A or B or Both) + D and G

CAUTION	**CAUTION**	**WARNING**		Both (A & B) + D **and** Either (E or F or G)
CAUTION	**CAUTION**	**CAUTION**	**CAUTION**	Either (A or B or Both) + D **and** Either (E or F or G)

The manual contains two Appendices, both are static sections.

Appendix A: General Guidelines for MAYSI-2 Youth Protocol

Appendix A in the manual TEMPLATE is a static section and will not be reproduced here. This section provides more extensive guidance on how to talk to a youth about the MAYSI-2. The language for this section comes from *Pennsylvania's Guidelines for Introducing the MAYSI-2 to Youth*.[11]

Optional Appendices

Your site may have additional materials that are useful to reference in the Protocol Manual. For example, if your site has any of the following documents, these would be good to have in your Appendices:

- MOU with other judicial sites in your county and/or mental health providers.

- Release of Information form

- List of mental health and community services relevant to the response protocol.

Remember to "cross-reference" your appendices in the text of your manual so that the reader knows where to find relevant information. For example, if your site has a Release of Information form for youth and/or family members to sign and it is included as an Appendix in your MAYSI-2 Administration and Referral Protocol Manual, be sure to reference the Appendix in the appropriate parts of your manual, such as in the *Information Sharing* section.

This completes the instructions for developing your site's administration and referral protocols. Appendices at the end of this manual include worksheets and quality assurance measures to help your site prepare for the development of your protocols.

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[11] See Skowyra, K.R., & Cocozza, J.J. (n.d.) *Mental health screening within juvenile justice: The next frontier.* **Appendix B: Pennsylvania Guidelines for Introducing the MAYSI-2 to Youth**, pp.22-23. Delmar, NY: National Center for Mental Health and Juvenile Justice.   Accessed from http://www.ncmhjj.com/pdfs/MH_Screening.pdf

STEP 4: PROTOCOL TRAINING

After your *MAYSI-2 Administration and Referral Protocol Manual* is drafted, vetted, and finalized, it is time to conduct staff training. As with all programs, success is dependent upon consistent implementation through appropriate procedures.

All staff that will be administering the MAYSI-2 to youth must be trained. Following are the components to cover in your staff training:

1. Educational information about the prevalence of mental health disorders among youth who come into contact with the juvenile justice system.
2. Background information about the use and difference between mental health screening tools and mental health assessment instruments.
3. Information about the MAYSI-2 including: Research basis, description of the scales, development and purpose of cut-off scores.
4. General information about the purpose and application of protocols.
5. Presentation on and handouts of your site's *MAYSI-2 Administration and Referral Protocols.*
6. Interactive demonstration on how to use MAYSIWARE.

As a licensed MAYSI-2 site, you have access to the National Youth Screening Assistance Project's *Mental Health Screening with the MAYSI-2* PowerPoint presentation that covers points 1-4. Your protocol manual serves as the handout for training on point 5. Finally, you can walk your staff through a demonstration of the MAYSIWARE, including how the staff will use second screening questions based upon your referral protocols. NYSAP has developed a set of Quality Assurance measures to guide sites in their implementation of the MAYSI-2. These measures are reproduced in Appendix D.

STEP 5: MAYSI-2 DATA COLLECTION PLAN

One of the great benefits of MAYSIWARE™ is the ease by which sites can collect and analyze aggregate case data. Reviewing the data on a regular basis will help track the types of potential mental health disorders your youth display, which can provide evidence for needed services and data for grant applications. One person should be appointed to do the data download and a scheduled time should be set. For example, the director or supervisor or IT person of the site may be the appointed person and the downloads could be set to occur on the first day of each month. See the MAYSIWARE™ software manual for details on how to download the data into an Excel file format or saved as a SPSS (.sav) file, which can be directly opened by the statistical software SPSS.[12]

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[12] Maney, S.M. (2006). MAYSIWARE™ User's Guide. Sarasota, FL: Professional Resource Press.

APPENDIX A: WORKSHEET TO IDENTIFY PARTNERS

Instructions: Use this worksheet to help you identify organizations/people that should be involved in the development of your site's MAYSI-2 Referral Protocols. The development of the MAYSI-2 referral protocols is best done through a collaborative process that includes:

Stakeholder Groups	Name/Organization/Agency
Administrators/Directors of each site implementing the MAYSI-2 in your jurisdiction	
Representatives from the mental health system	
Others?	

A juvenile justice system that decides to implement the MAYSI-2 should also engage all stakeholders who are in contact or providing services for youth in the juvenile justice system in developing the "Mission/Purpose" statement for implementing the MAYSI-2. Depending on the jurisdiction, these groups may include some combination of the following:

Participate (Y/N)	Stakeholder Groups	Name/Organization/Agency
	Juvenile Probation	
	Children & Youth	
	Behavioral Health Administrative Offices	
	Behavioral Health Providers Managed Care Organization	
	District Attorney	
	Public Defender	
	Victim Advocate	
	Education system	
	Family Advocates	

APPENDIX B: WORKSHEET TO COLLECT PLANNING INFORMATION

Instructions: Use this worksheet to help you organize information that will be useful for developing your site's MAYSI-2 Referral Protocols.

1. List/identify: Federal regulations, state statutes/case law, and departmental rules for information sharing of health records and juvenile records. Likely your departmental rules will take into account federal regulations and state law; however, you should be sure this is the case before relying solely on your jurisdiction's procedures.

Law/Rules	Title/Statute#/Regulation#
Federal Regulations	
State Statutes/Case Law	
Jurisdictional Rules	
Site/Agency Rules	

2. Which juvenile justice sites within your jurisdiction are administering the MAYSI-2? When do they administer it (e.g., within the first hour of contact with the youth)?

Sites using the MAYSI-2	When administered?

3. Information about your jurisdiction's public mental health services, including the services provided and populations served. This will help you determine the conditions under which your site would refer a juvenile for further evaluation.

Name of Public MH Agencies	Services Provided to Youth

4. The name and location of the nearest hospital or other treatment facility that will accept an immediate transport of a youth deemed to be at risk of harming him/herself.

Name of Emergency Services	Location

5. Information about other community services **relevant to the MAYSI-2 screen**, such as alcohol and substance abuse programs.

Name of Community Service/Agency	Services Provided to Youth

6. List of all screening instruments your site will be using in addition to the MAYSI-2.

Name of Screening Instrument	Purpose

APPENDIX C: WORKSHEET OF OTHER METHODS USED TO IDENTIFY MENTAL AND BEHAVIORAL HEALTH ISSUES

MAYSI-2 Scale	Other Methods for Capturing Scale Issues?	Implemented before or after the MAYSI-2?
Alcohol/Drug Use		
Angry-Irritable		
Depressed-Anxious		
Somatic Complaints		
Suicide Ideation		

APPENDIX D: QUALITY ASSURANCE FOR THE MAYSI-2[13]

ADMINISTRATION OF THE TOOL

1. Staff who administer the MAYSI-2 should have completed training in administering the tool – either original training by NYSAP and/or re-training by staff who have been trained using NYSAP materials (PowerPoint module).

2. These staff should also be trained on how to introduce the tool to youth in a consistent manner.

3. If MAYSIWARE™ software is used, administrators should also be trained in how to set up the MAYSI-2 component of the program in preparation for screening and how to generate individual reports. [If the paper-and-pencil version of the MAYSI-2 is used, administrators should be trained in how to score the tool.]   Booster training should be provided periodically, preferably on an annual basis.

MEETING THE SCREENING OBJECTIVES IN THE SITE'S IMPLEMENTATION PROTOCOL

1. Check periodically to make sure that the site is screening the target group of youth stated in their protocol's objectives (e.g., the MAYSI-2 will be administered to *all* adjudicated youth who either have not been administered the MAYSI or whose MAYSI results are greater than 30 days old). This can be done by using MAYSI data to determine the number of youth who were actually screened during the period of interest (numerator) and dividing this value by the total number of youth who were eligible for screening during that period (denominator). Sites should be able to obtain information on the latter from their case tracking system. The vast majority of eligible youth should have been screened if there is good fidelity to the site's screening protocol.

2. Periodically check a sample of youth to see whether they are receiving the mental health screen on the same date that they are admitted to the facility. This can be done by checking to see if there is a difference between ADMISSION (date of admission or intake) and MAYSIADMIN (date the MASYI-2 was administered) in the MAYSIWARE™. This difference is computed automatically by the software as the variable named TIME.

3. Periodically check to see that the youth who met the site's cutoff criteria actually received the appropriate "responses" by staff according to the facility's policies.

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[13] National Youth Screening and Assessment Project (May 2010). Quality assurance for the MAYSI-2. Worcester, MA: National Youth Screening and Assessment Project, University of Massachusetts Medical School.