

<p align="center">GEORGIA DEPARTMENT OF JUVENILE JUSTICE</p>	<p align="center">Transmittal #15-03</p>	<p align="center">Policy # 20.21</p>
<p>Applicability: <input type="checkbox"/> All <input type="checkbox"/> Administration <input checked="" type="checkbox"/> Community Services <input type="checkbox"/> Secure Facilities</p>	<p>Related Standards & References: DJJ 12.10</p>	
<p>Chapter 20: COMMUNITY CASE MANAGEMENT</p>	<p>Effective Date: 3/17/15 Scheduled Review Date: 3/17/16</p>	
<p>Subject: COMMUNITY MENTAL HEALTH SCREENING</p>	<p>Replaces: 11/1/12 Community Services Division APPROVED:</p>	
<p>Attachments: A – MAYSI-2 Notice to Parents/Guardians</p>	<p align="center">  <hr/> Avery D. Niles, Commissioner </p>	

I. POLICY:

All non-detained youth who receives services from the Department of Juvenile Justice shall receive a screening for the presence of mental health problems and suicide risk.

II. DEFINITIONS:

Community Case Manager: Juvenile Probation/Parole Specialist I, II or III (JPPS), who provides direct supervision and coordination of services for a youth; any member of an established case management team may perform case management tasks.

Emergency Referral: A referral made for community mental health services in situations where the youth presents a clear and present danger to himself/herself or others due to suicide risk or a thought disturbance.

MAYSI-2 (Massachusetts Youth Screening Instrument-Version 2): A brief self-report screening tool for use with youth to identify signs of mental/emotional disturbance.

Mental Health Screening: A process designed to identify those youth with mental health problems or suicide risk in need of further attention or evaluation.

Serious Offense: Offenses that would potentially result in lengthy confinement and/or the youth being involved in the adult legal system (e.g., murder, voluntary manslaughter, rape, aggravated sodomy, aggravated child molestation, aggravated sexual battery, armed robbery committed with a firearm, and Superior Court offenses).

III. PROCEDURES:

A. All Community Case Managers, Juvenile Program Managers (JPM), and Assessment and Classification Specialists (ACS), at a minimum, will complete the on-line training “Implementing the MAYSI-2” (available on the Department’s on-line training site).

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B. The MAYSI-2 will be completed:

1. By a Community Case Manager during the first scheduled face-to-face meeting with a non-independent court youth, transferred youth, or incoming interstate compact youth (e.g. intake meeting).
2. By the ACS prior to the screening committee meeting for non-detained committed youth (committed youth who are detained will receive the facility Mental Health Screening in accordance with DJJ 12.10 Mental Health Screening)

C. A case note, documenting the completion of the MAYSI-2 will be entered into JTS within 72 hours. The results of the MAYSI-2 will be entered into the Juvenile Tracking System (JTS) under the Community MAYSI module.

D. Completing the MAYSI-2:

1. The Community Case Manager/ACS will provide the parent/guardian with a copy of the MAYSI-2 Notice to Parent/Guardian (Attachment A) and will answer any questions.
2. The Community Case Manager/ACS will provide the youth with a paper version of the MAYSI-2 (available in the Assessment module of the Juvenile Tracking System, titled “Community MAYSI-2 – Blank Form”) and ask that he/she complete the brief screening instrument by working independently to read and answer the items (marking YES for questions that are true to him/her for the past 2-3 months and NO for questions that are not true).
3. The questions will be read to youth with reading difficulties.
4. Upon the youth’s completion, the Community Case Manager/ACS will enter the results in the Community MAYSI module of Juvenile Tracking System (JTS).
5. The completed paper version of the MAYSI-2 will be filed in the youth’s HIPAA file.
6. The Community Case Manager/ACS will review the answers entered into JTS to ensure that they match the youth’s written answers. Once it is determined that the answers are the same and an entry error has not occurred the Community Case Manager/ACS will save the results in JTS. Saving the results will produce a score which will be used to determine if a referral should be made to a community mental health provider.
7. If the youth scores in the “Caution” range on any area of the MAYSI-2, the Community Case Manager/ACS will ensure that a referral to a local mental health

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provider is made within 72 hours. The referral will be documented in JTS case notes within 72 hours.

- a) The ACS will ensure that the screening committee reviews the MAYSI-2 when determining recommendations.
 - b) The Community Case Manager will educate the parent/guardian of the importance of following the recommendation of the mental health provider.
8. If the youth scores in the “Warning” range on any area of the MAYSI-2, the Community Case Manager/ACS will immediately make an emergency referral to a local mental health provider or crisis hotline. This referral will be documented in JTS case notes within 72 hours.
- a) The provider will be informed as to why the emergency referral is being made (the questions and answers that are in the “Warning” range).
 - b) The Community Case Manager/ACS will remain with the youth until the mental health provider has recommended next steps (i.e. what action should be taken, if any).
 - c) The Community Case Manager/ACS will educate the parent/guardian of the importance of following the recommendation of the mental health provider.
9. If the youth does not score within the “Warning” or “Caution” range, the youth and parent/guardian will be advised that his/her score did not indicate a need for further assessment.
- E. All actions taken because of the MAYSI-2 results will be documented in the comments section of the JTS MAYSI module and JTS case notes within 72 hours.
- F. The MAYSI-2 will not be administered if a facility Mental Health Screening or a prior Community MAYSI-2 have been completed in the last 30 days.
- G. The Community Case Manager will complete a new MAYSI-2 in conjunction with the CRN Reassessment on all youth residing in the community / residential placement and not currently receiving mental health services.

IV. LOCAL OPERATING PROCEDURES REQUIRED: NO