10 STEPS FOR IMPLEMENTING MENTAL HEALTH SCREENING

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The document provides essential things to consider when juvenile justice agencies wish to put mental health screening in place in their programs or facilities. The process of implementing mental health screening is more than simply selecting a tool, getting training, and going forward. Attention needs to be given to one's purposes, staff understanding of those purposes, determination of policy related to the use of screening scores, and engaging in practices that will sustain the process across future years.

The present document describes "10 Steps" to guide administrators in developing a sound mental health screening component for their programs' intake systems.

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Chapter 3:   Implementing Mental Health Screening

As communities across the country have begun to perform systematic mental health screening in juvenile justice programs, they have found that a number of preliminary steps are necessary to set up the process and assure that it will run smoothly when screening actually begins. This chapter describes a series of steps for juvenile justice administrators and clinicians to guide them through the process of implementing mental health screening. This guide offers ten steps for implementing screening. These include:

1.   Review Needs and Options
2.   Review Resources and Demands
3.   Educate Program Staff
4.   Select the Method and Procedure
5.   Develop Decision Rules and Response Policies
6.   Build Response Resources
7.   Develop Information Sharing Policies
8.   Pilot and Train
9.   Create a Database
10.   Monitoring and Maintenance

Step 1: Review Needs and Options

The first step is to develop a clear rationale for the facility's or program's mental health screening, and to review options regarding available mental health screening methods.

1a. Identify Reasons for Mental Health Screening

Developing a clear, concise view of the program's need for mental health screening has two values. First, administrators are likely to be asked to explain their need to others fairly early in the process of implementation: for example, to those who control financial resources necessary for implementing and maintaining screening, and to staff who ultimately will be responsible for day-to-day screening operations. Second, this statement of needs will guide the selection of available screening methods. There are several tools available, and they vary in their format and content, so that some may suit a program's needs better than others.   But that selection process will require first a clear view of the program's reasons for implementing screening.

Figure 1: Reasons for Implementing Mental Health Screening

- Identifying youth who may have mental health problems requiring attention in order to avoid those problems getting worse

- Reducing the risk of self-harm by identifying youths who present an imminent risk of suicide or self-injury

- Identifying youth with potential substance use problems that require immediate attention

- Increasing safety for youth and staff of the program by identifying youth whose mental health problems present an imminent risk of harm to self or others

- Obtaining mental health information as part of a program of diversion of youth to community services that might best meet their ongoing mental health needs and public safety interests

- Identifying youth who require further assessment in order to determine whether they might have longer-range treatment needs that should be taken into consideration in disposition planning

- Documenting the level of need for mental health services in your program, by developing screening-based data on all youth admitted to the program

- Fulfilling federal, state or local regulatory obligations to identify and respond to serious mental health needs of youth in juvenile justice custody

- Avoiding legal liability associated with youths' injurious behaviors that might have been avoided if mental health screening had been in place

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Figure 1 offers many good reasons for having mental health screening in juvenile justice facilities.   Typically it is best to select two or three that seem most important for one's program. Some reasons refer to possible symptoms of mental disorders, some focus on specific problems (e.g., suicide, safety), while others focus on meeting the system's legal or regulatory obligations.

While reviewing **Figure 1**, it is important to be aware of some potential reasons that are not listed because they are not appropriate reasons for mental health screening (see Chapter 2). Screening is a process designed to separate youth into two categories - youth that present "high" or "low" risk of having mental health problems.   Most youth with mental health problems will end up in the "high" risk group that the screening tool identifies, but so will some other youth who do not actually have serious mental health problems.   As noted in Chapter 2, further evaluation (usually called "assessment" rather than "screening") is needed to determine which of the youth identified by screening as "high" risk actually have mental health problems requiring

clinical attention, and to determine the specific nature of their problems. Therefore, one should not expect screening to "diagnose" youths' mental disorders.

In addition, mental health screening results are not appropriate as the sole basis for developing delinquency dispositions or long-range treatment plans. When considering why one wants to employ mental health screening, one should not presume that screening by itself will lead to "treatment plans" for all youth whom screening identifies as "high" risk for mental health problems. Screening is only one step toward those objectives.

1b. Review Mental Health Screening Options

It is premature at this point to actually select a mental health screening tool or method. But it is important to review what is available in preparation for the next several steps in the process. There are a significant number of mental health screening tools for adolescents, although only some of them were developed specifically for youth in juvenile justice custody. Moreover, tools tend to have been developed to be more useful in some settings than in others. For example, some tools were developed with intake probation interviews in mind, while others were designed especially for admission to detention centers.

References that include descriptions of the range of available mental health screening tools for juvenile justice settings can be found in **Appendix A.** These sources provide reviews of the characteristics of specific tools that distinguish their various strengths, weakness, and degree of appropriateness for a program's objectives. **Figure 2** provides a list of the ways that mental health screening tools differ, offering various considerations for narrowing one's focus to those tools that best fit the needs of one's program.

Figure 2: Ways in Which Mental Health Screening Tools Differ

Format (e.g., paper and pencil; computer-administered/scored)
Content (e.g., single-scale versus multiple scales; scales focusing on symptoms;
      scales focusing on social problem areas)
Length (e.g., number of items;
time required for administration and scoring)
Training required (e.g., minimal in-service training; training to become certified)
Administration cost (e.g., cost of manual only; fee per case)
Evidence-base (e.g., quality and extent of research establishing reliability and
validity

Step 2: Review Resources and Demands

Having decided on the program's reasons for mental health screening and reviewed the range of options, one must turn to practical matters—determining the financial and personnel resources necessary for the task, as well as the demands and limits posed by everyday circumstances in a particular facility or program.   These matters will differ considerably across juvenile justice contexts in which screening is being considered.   For example, different demands arise in the context of the initial interview by an intake officer after a youth has been referred to the juvenile court, than in the context of screening of every youth soon after admission to a detention center.

Often the personnel in these different settings want to know different things about youth.   For example, while intake officers, as well as detention staff, may wish to screen for possible symptoms of mental health problems, intake officers typically are responsible for developing a broader picture of a youth's social problems (e.g., family, school, and peer problems) than is necessary for fulfilling the obligations of detention centers.   Beyond the content of screening, however, several other demand characteristics of the juvenile justice context should considered when selecting tools and developing screening procedures.   Below are a few of the more important demands to consider.

2a. Informant Availability

Screening methods vary regarding the types of information that are needed to complete them. Some require a review of past records on the youth, others require participation by parents or caretakers, and some rely (partly or solely) on information provided by the youth.   Some of these sources of information will be available at some screening points in juvenile justice processing but not at others. For example, youth themselves usually are the only source of information early in the detention admission process.   This will narrow the range of tools appropriate for that setting to those that rely on youths' own reports of their thoughts and feelings.

2b. Expertise of Staff

Many screening tools have been designed for use by non-mental-health professionals, although some require a mental health background (e.g., specialized social work training or a master's degree in psychology).   For those designed to be used by general juvenile justice program staff, most require some type of in-service training, but tools differ in the amount and depth of in-service training required to use them properly.   One type of in-service training, focusing on an in-depth understanding of screening procedures, may be appropriate for staff who will actually administer screening, while others in the facility can receive training that simply familiarizes them with the purpose of screening and the use of the results.

2c. Efficiency of Administration

Some juvenile justice settings will require more or less attention to the amount of time that screening requires.   Generally, screening tools range from 10 to 30 minutes in administration and scoring time.   Some tools rely on youths' answers to paper-and-pencil questions, while others require more staff involvement because they rely on youths' answers to interview questions. Some offer computer-assisted administration in which youth answer on-screen questions without much staff involvement.   Sometimes shorter administration times are acquired at the cost of other desirable features.   So the degree of efficiency required by a setting should be carefully reviewed when making screening plans.

2d. Financial Costs of Implementation

The basic costs associated with screening typically involve (a) manuals, (b) paper forms or computer software, (c) computer hardware for computer-assisted systems, and (d) data-basing costs.   Tools differ considerably in these costs, as well as the cost of staff training and staff time per administration.   Some larger detention facilities find it necessary to add one or two full-time staff positions dedicated solely to mental health screening.   Juvenile justice programs, of course, will vary in financial resources that can be devoted to screening, and decisions sometimes will require compromises.   Fortunately, this is usually possible without sacrificing basic quality, because costs of methods typically are associated with their degree of efficiency, not their reliability or validity.

Step 3: Educate Program Staff

This is a good point in the process to discuss administration's ideas and intentions with program staff who will eventually be responsible for employing mental health screening.   There are several reasons why this is appropriate early in the process, rather than waiting until all administrative decisions about screening have been made.   Staff sometimes are resistant to new procedures.   Getting them involved early in the process helps to identify (and often reduce) resistance by engaging staff in the process of developing the screening capacity.   In addition, staff often can raise questions about feasibility that administrators might not have anticipated, thus providing ample opportunity to solve those problems or adjust expectations.   One strategy used by some administrators has been to schedule a brief in-service training session to familiarize staff with mental health issues among juvenile justice youth, as well as the role of mental health screening in helping staff handle youths' needs in the course of their day-to-day work.

This is also a good time to consult with others in the organization who might have special information needed to make later decisions.   This might include the program's Information Technology Specialist who can be of assistance when deciding on the feasibility of computer-assisted screening (e.g., if internet access is required) and issues of information security.

Step 4: Select the Method and Procedure

The method for mental health screening can now be selected.   The decision typically will be based on the factors considered in the earlier steps: the program's specific reasons for wanting to implement mental health screening, the available methods, available financial resources, and questions of feasibility for the specific program or facility.   Two things need to be selected: a tool, and a procedure for administering and using it.

Selecting a tool requires attending to its proven value, as well as matching its administration demands with the program and envisioning how it will work in a practical sense.   While selecting the tool, one should envision how it will be applied on an everyday basis, and one should plan for that method of application to be standardized—that is, that it will occur in that manner for all youth.   For example, for a juvenile pretrial detention center, one must decide:

- the specific time when screening will occur (e.g., 2-4 hours after admission to a detention center)
- the specific location within the facility where the screening method will be administered
- who will administer the screening to the youth
- how the screening task will be introduced to the youth by the screener
- when and how the results will be scored, examined, and filed

Step 5: Develop Decision Rules and Response Policies

Screening tools typically provide scores or ratings, often on several symptom or problem scales, that indicate various degrees of need or likelihood of mental and emotional problems. Like a thermometer tells us temperature in degrees above or below "normal," mental health screening tools inform staff about "degrees" of a problem or symptom. But it will not tell staff when a youth's problem is "serious enough" to require a response, nor will it tell staff how to respond. Juvenile justice programs themselves must develop policies regarding how the screening tool's scores will be used by staff to determine a response to certain youths' apparent mental health needs.

This requires two considerations. First, programs must establish as a matter of policy, what scores, on what scales of the tool, will be used to signal that a youth is in need of a staff response. This is called the "decision rule." The scores that these rules identify then become the staff's automatic "decision to respond" whenever a youth's scores match the decision rule (requiring no staff judgment). Some tools provide built-in guides that are helpful in establishing decision rules. For example, the MAYSI-2 provides "cut-off scores," called "Caution" and "Warning" cut-offs, as indicators that youth are scoring "high" on the instrument's scales. Even so, the program needs to establish by policy whether to use the "Caution" cut-offs or the higher "Warning" cut-offs, and whether staff should respond to scores above the cut-offs on any single scale of the MAYSI-2 (versus more than one scale, or only on specific scales).

Administrators who make these decisions must be aware that different decision rules will dentify different proportions of youth as being in need of a response. Therefore, these decisions may require technical assistance from professionals who can describe what to expect based on various possible decision rules.

Second, administrators must establish what "program response" will occur for youth meeting the decision rule. In general, these responses might include further assessment that is more individualized and thorough than screening methods can provide, and various efforts to respond to emergency situations. Different responses may be appropriate for different types of mental health problems associated with a program's various decision rules. Some examples of potential responses to youth who meet decision-rule screening criteria include:

- Further assessment, which may involve various conditions:
    - ✓ Immediately, or at earliest available time
    - ✓ By specialized non-mental health staff, or by a mental health professional
    - ✓ With structured interview tools or psychological/psychiatric tests and methods

- Immediate staff precautions: for example,
    - ✓ Implementing a program's standard suicide prevention procedures
    - ✓ Exercising added caution to reduce likelihood of potential aggressive behaviors

- Emergency referral to inpatient or outpatient community mental health services

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Following Through: Establishing Protocols to Guide the Mental Health Screening Process. Some juvenile justice agencies or programs with established mental health screening processes have developed detailed instructions and guidelines specifying what should happen during and after the mental health screen. These protocols clarify and specify important details, ensuring that all staff involved with the mental health screening process clearly understand what to do in terms of administering, scoring, interpreting, acting on, and protecting information collected during a mental health screen. The **New Jersey Juvenile Justice Commission** developed a protocol to provide guidance to all staff involved with administration of the MAYSI-2 to youth entering any of the state's 17 juvenile detention centers. The protocol addresses administration; subscales; results and responses; storage, dissemination and confidentiality; and database issues in an easy to use format. The **Texas Juvenile Probation Commission** developed a MAYSI-2 Reference Card to provide guidance to juvenile probation officers who are responsible for administering the MAYSI-2 to youth entering juvenile probation. The Reference Card includes descriptions of each of the MAYSI-2 subscales, instructions for what to do before, during and after administration of the instrument, and post-scoring recommendations for services. Complete versions of the New Jersey and Texas protocols can be found in **Appendix C**.

Step 6: Build Response Resources

Once decision rules for responses to screening results are determined, administrators must plan for ways to accomplish those responses.   For example, staff must be prepared to implement suicide watches in a systematic way.   If clinical consultation will be a response to particular types of screening results, the program must develop the resources and relationships that are necessary to make these consultations available.   Building response resources, therefore, involves both internal preparations of staff, as well as external preparations for developing linkages and partnerships—often with community mental health service providers.

Step 7: Develop Information Sharing Policies

Mental health screening information typically is intended for use by the agency, program or office that must make a response to the youth's mental health needs.   Yet administrators must anticipate that others outside the program or office are likely to seek this information. Administrators must develop policies regarding the degree to which they will share the information with others and, if it is shared, for what limited purposes.

This is important for two reasons.   First, mental health screening information is health information that is protected by various Federal and state laws from unauthorized disclosure to others.   Second, interview or clinical information obtained from youth during legal processing cannot be used against them in the adjudication of their cases unless they are informed at the time of interviewing that their answers may have consequences for their adjudication or legal placement.   If told this, many youth would not respond forthrightly to screening questions, thus defeating the purpose of mental health screening.

Therefore, administrators must develop policies that limit the sharing of mental health screening information with others in the juvenile justice or community mental health system.   Typically the process of forming these policies will require consultation with administrators in other juvenile justice offices.   For example, a detention center administrator may reach an agreement with the probation office that detention staff may communicate broad screening results to a youth's probation officer when necessary to obtain services (e.g., "This youth might have a problem with depression, which is serious enough to require an immediate psychiatric

consultation"). Providing scores on specific scales has no value in such circumstances and is not recommended.

Information sharing policies also should take into consideration that mental health screening early in a youth's legal processing should not be used to make long-range treatment plans. Such plans require a more individualized assessment than can be provided by screening methods. Therefore, sharing the information with the court during dispositional hearings should be avoided, since screening data have little or no value for that purpose.

Step 8: Pilot and Train

Having selected methods and determined policies for mental health screening, many programs have found it useful to perform a brief "pilot" study, during which the method is implemented on a small scale within the program. This might involve one staff member doing the mental health screening procedure with all youth for a few days or weeks. The purpose is to assure that the procedures can be managed given the real, everyday demands of the setting, and to make any adjustments to procedure that those demands suggest. Once the mental health screening method has been piloted and necessary adjustments have been made, staff training is then necessary.

Training should involve all staff—not only those who will administer the screening, but also those who need to know how and why screening is being done. Typically this training will include not only the details of administration and scoring of the screening method, but also general education of staff regarding the mental health needs of youth in juvenile justice settings, and specifically how they are expected to respond to youth whose screening suggests mental health needs. Administrators usually will want to obtain training services from professionals who are familiar with the screening methods that have been selected. Suggestions for finding training resources may be obtained from the technical assistance groups identified in **Appendix A**.

Step 9:   Create a Database

One of the great benefits of systematic mental health screening is the opportunity to create a database that describes the needs of youths served by a program or agency.   This can easily be done when screening is computer-assisted, because it allows each youth's data to be archived automatically in a data base.   Paper-and-pencil forms of screening will require a data entry process, usually on a monthly basis.   As data accumulate, it can be analyzed on a monthly or semi-annual basis, providing a profile of the proportion of youth with various types of mental health problems.   Administrators can use these data as a management tool to make program adjustments and to seek resources for improving the program's response to youths' mental health needs.   Developing and maintaining a database typically requires consulting the agency's Information Technology Specialist for assistance.

Step 10: Monitoring and Maintenance

Like all functions of a juvenile justice program, screening practices need to be monitored periodically for their quality.   There is a tendency for any program function to "drift" from its initial level of quality across time.   One must also anticipate staff turnover, not only of those who are responsible for screening, but also other staff who need to know how to use screening information in working with youth in the program.   Administrators, therefore, should plan for training new screeners when necessary, as well as providing annual continuing education for staff to refresh and increase their knowledge of youths' mental health needs.