

Uniform Mental Health Screening for Juvenile Offenders

Report to the Committee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders (SJR 97/HJR 142, 2002)

October 18, 2002

Written public comments may be submitted to Nancy Roberts by November 8, 2002, at the following address: Division of Legislative Services, General Assembly Building, 910 Capitol Street, Richmond, Virginia, 23219 (e-mail nroberts@leg.state.va.us or fax 804-371-0169). Comments will be compiled by staff and presented to the Committee at its meeting on November 25. If you have questions, please call Nancy Roberts at (804) 786-3591.



COMMONWEALTH of VIRGINIA

Department of Juvenile Justice

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30 September 2002

Nancy Roberts
Division of Legislative Services
General Assembly of Virginia
Richmond, VA 23

Dear Ms. Roberts,

Nancy

Enclosed please find the report of the Virginia Department of Juvenile Justice concerning mental health screening in juvenile detention centers and court service units as required by SJR 97 / HJR 142 (2002). This report is to be submitted to the Joint Study Committee on Treatment Options for Offenders who have Mental Illness or Substance Abuse Disorders. I look forward to making a presentation on this report to the Committee on October 18, 2002. You will find the presentation materials also enclosed in this package. These materials can be reproduced for the members.

Thank you for your ongoing leadership with this important project. Please let me know you need additional information concerning this report.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Reiner".

Scott Reiner
Court Services Specialist

Cc: Amy Atkinson, Commission on Youth
Deron Phipps, DJJ Legislative Liaison

Report to the Joint Subcommittee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders in Accordance with Senate Joint Resolution 97/House Joint Resolution 142 (2002)

Executive Summary

The Department of Juvenile Justice has completed its work in response to SJR 97 / HJR 142 (2002) concerning development of a uniform mental health screening instrument and interview process for juvenile detention and court service units. A work group representing the affected programs selected the MAYSI-2 as the uniform screening tool and developed a set of questions for the interview process. Implementation plans for juvenile detention homes have been developed and the implications of adoption of this process in conjunction with pre-dispositional investigations by the court service units are detailed.

Introduction

The Joint Subcommittee Studying Treatment Options for Offenders with Mental Illness or Substance Abuse Disorders was convened in response to Senate Joint Resolution 440 (2001). The Subcommittee, operating under the leadership of the Joint Commission on Behavioral Health Care, in conjunction with the Virginia State Crime Commission and the Virginia Commission on Youth, was broadly charged with examining the nature and extent of mental health and substance abuse disorders among adult and juvenile offenders, the response to such offenders by all involved agencies and entities, funding related to the identification and treatment, and to make recommendations for improving the Commonwealth's response to these offenders.

As a result of the work of the Joint Subcommittee, the 2002 General Assembly enacted SJR 97 and HJR 142. These resolutions directed various Executive Branch agencies to undertake specific activities to address and respond to the issues identified in the Subcommittee's Final Report (Senate Document 25, 2002). Included was the following:

“The Department of Juvenile Justice is requested to design and implement a uniform mental health screening instrument and interview process for juvenile offenders admitted to secure detention facilities and to make recommendations concerning the feasibility of implementing a uniform screening and interview process for pre-dispositional investigations. The Department's recommendations shall include the fiscal and related impacts of implementing the uniform mental health screening instrument and interview process among probation officers conducting pre-dispositional investigations pursuant to §16.1-273 of the Code of Virginia. The Department of Juvenile Justice shall report its findings and recommendations to the Committee Studying Treatment

Options for Offenders with Mental Illness or Substance Abuse Disorders by September 30, 2002.”

To meet these requirements, the Department of Juvenile Justice convened a work group including representation from several juvenile detention centers, court service units, and personnel from the DJJ Central Office. The list of work group members and their organizational affiliations is included as Appendix A. The work group reviewed the requirements and over the course of several meetings, achieved agreement in response to those requirements. These activities are described below.

Findings and Recommendations

Uniform Mental Health Screening Instrument and Interview Process

Following preliminary research and informal discussion with individuals with expertise in the area of mental health screening instruments for juvenile offenders, the work group agreed that the preferred course of action would be to select an already existent screening instrument rather than attempt to construct or design a new instrument. Reasons supporting this option were that design of an instrument requires extensive research, often taking several years to arrive at a finished product that can be demonstrated to be reliable and valid for use with a specific population. Once this decision was reached, the work group reviewed materials concerning currently available mental health screening tools for juvenile offenders. One such instrument, the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2), was clearly identified as the most appropriate for consideration. (See Appendix B for the MAYSI-2 Instrument and Scoring Forms).

The MAYSI-2 (Grisso and Barnum, 2000), is a revised version of the original MAYSI instrument published in 1998. The MAYSI-2 is “a brief screening tool for use in juvenile justice contacts with youths to identify signs of mental/emotional disturbance or distress” (MAYSI-2 User’s Manual and Technical Report, Grisso & Barnum, 2000, page 2). The MAYSI-2 is a 52 item, “yes”/“no” format self-report instrument that produces a profile consisting of seven scales: Alcohol/Drug Use; Angry-Irritable; Depressed/Anxious; Somatic Complaints; Suicide Ideation; Thought Disturbance (for males only); and Traumatic Experiences. A strength of the instrument is that it measures the juvenile’s current/recent level of disturbance or distress, rather than focusing on historical mental health concerns.

Cut-off scores are provided for each scale (with the exception of Traumatic Experiences). These scores are at two levels. “Caution” cut-offs are established to accurately identify the majority of juveniles who had “clinically significant” problems in that particular domain. “Warning” cut-off scores were established to identify the 10% of juveniles who made the highest score on that scale in

various studies of the instrument. As described in the MAYSI-2 Manual, the use of the cut-off scores to determine how to respond to the mental health needs of juveniles must be determined by each program, taking into account agency policy, potential responses (e.g., monitoring, additional screening, clinical consultation, therapeutic or security intervention, referral for evaluation), and available resources.

The potential value and appropriateness of the MAYSI-2 for adoption in Virginia's juvenile justice settings is based on several considerations:

- It is the only mental health screening tool designed and validated specifically for juvenile offender populations. Its development was guided by the needs of juvenile justice settings and there is a growing body of research on the instrument.
- It is brief to administer and score (15 – 20 minutes total) and is available at no cost.
- It is designed to be administered with brief training by a variety of juvenile justice personnel (e.g., probation officers, detention home intake staff) who do not necessarily possess advanced clinical mental health education or experience.
- It provides an initial screening allowing for determination of which youth require more extensive and comprehensive evaluation.
- It provides standard and uniform information that can be utilized for program planning and policy development.

The MAYSI-2 was pilot tested by three juvenile detention homes and three court service units. A total of 150 MAYSI-2 screenings were conducted. Feedback was generally positive, indicating that staff could administer and score the instrument with minimal training. The pilot sites reported that use of the instrument was easily integrated into routine intake and assessment processes and that the information provided was useful in identifying those juveniles with significant mental health concerns. These impressions were found in both detention home settings and as a part of court service unit pre-dispositional investigations. Based on this pilot test, the work group decided to recommend adoption of the MAYSI-2 for use as part of the intake process in Virginia's juvenile detention facilities and for consideration for use in DJJ court service units.

While the MAYSI-2 was seen as the appropriate tool, the work group recognized that it was not a sufficient instrument to meet the immediate needs of juvenile detention facilities to evaluate the presence of risk for suicide and other "acute" mental health problems immediately upon admission. For the purpose of admission screening to determine emergent suicide risk, an additional focused interview protocol was considered for use at the point of admission. The work group agreed that this protocol (see Appendix B) would serve as the minimum requirement for mental health screening upon admission or could be integrated into a larger intake admission process. The MAYSI-2 could also be

administered at this time or within 48 hours of admission, depending on individual facility preferences.

Recommendations for Implementation of the MAYSI-2 and Standardized Interview Format in Juvenile Detention:

Based on the consensus of the work group, the inclusion of the standard mental health interview protocol questions in the intake process and the administration of the MAYSI-2 within 48 hours of admission will be recommended to the Board of Juvenile Justice and the DJJ Certification Unit as demonstrating compliance with regulatory requirements under 6VAC35-140-430, regarding mental health screening at the time of admission to secure detention. The inclusion of these compliance indicators under the regulations concerning juvenile residential facilities will be sufficient to monitor implementation, alleviating the need for statutory action.

The budgetary implications of adoption of this process are expected to primarily result from a potential increase in the number of follow-up evaluations triggered by the MAYSI-2 findings. While, it is unclear how many additional assessments would be generated by the implementation of the uniform screening tool (MAYSI-2), this impact is likely to be mitigated by several factors. Detention homes are already required to conduct mental health assessment at admission and to secure follow-up assessments for those juveniles determined to be in need of such evaluation. An appropriation of \$138,340 already exists to reimburse detention homes for some costs of obtaining psychological assessments. A number of detention homes have mental health personnel on staff or regularly assigned by the local Community Services Board. In such instances, the resources for follow-up assessments are already in place. There will be costs involved in the additional staff time to administer, score and record the results of the MAYSI-2. However, detention home representatives on the work group felt that such activity would not result in the need for additional staff resources. The use of standard interview questions would not result in any additional resource needs as detention homes are already required to conduct some form of mental health screening upon a juvenile's admission.

The process of implementing the MAYSI-2 and the Mental Health Interview Protocol will begin in juvenile detention homes on or about October 1, 2002. Each detention home may need to modify their existing procedures to integrate the uniform mental health screening instrument and interview protocol and to delineate how to respond to the information generated. Some minimal staff training will also be required. The work group also concluded that MAYSI-2 results should be recorded in the DJJ Juvenile Tracking System (JTS), the automated data system that includes a variety of information about juvenile involvement with the court system, including detention.

Feasibility of Implementation of the MAYSI-2 in Court Service Units:

In addition to the implementation of a uniform mental health screening instrument and interview protocol for juvenile detention facilities, the resolutions asked DJJ to address the feasibility of implementation of such practices in court service units (CSU) as probation officers complete pre-dispositional investigations. The work group included CSU representation and the MAYSI-2 was piloted in three CSUs. Work group participants agreed that the use of a uniform mental health screening instrument was desirable and that the pilot test experience suggested that the MAYSI-2 yielded useful information. In order to determine potential impacts of requiring the use of the MAYSI-2, the work group identified the various resources that would likely be necessary to accomplish this task.

The potential fiscal impact of requiring the MAYSI-2 to be included as a component of pre-dispositional investigations was estimated as follows:

Administration and Scoring of the MAYSI-2

- During fiscal years 2001 and 2002, an average of approximately 6,250 investigations per year (FY 2001 = 6,519 and FY 2002 (preliminary data) = 5,977).
- Administration and scoring of the MAYSI-2 is estimated at 20 minutes.

This would result in 2,083 hours of staff time to administer and score the MAYSI-2 at an estimated cost of \$100,000 (estimates based on FTE of 1.55 probation staff at \$50,000 inclusive of salary and fringe benefits).

Subtotal = \$77,500

Responding to MAYSI-2 Findings Indicating a Need for More Comprehensive Mental Health Assessment

The work group recognized that administration of the MAYSI-2 to a large number of juvenile offenders would result in the identification of significant numbers of juveniles who the instrument would indicate to be in need of comprehensive mental health assessment. Using a conservative approach, an estimated 20% of those screened using the MAYSI-2 would reach "Warning" cut-off scores on one or more scales, resulting in the need for further assessment by a qualified mental health professional. The impact of this was estimated as follows:

- Twenty percent of 6,250 investigations = 1,250 juveniles requiring further assessment.
- An estimated eight hours of probation officer time was considered necessary to file paperwork for a court hearing to have a judge order the evaluation, attend the court hearing, make and coordinate the referral for

the evaluation, monitor the juvenile's compliance with the order and integrate recommendations from the evaluation into the report of the pre-dispositional investigation. This would result in 10,000 hours of staff time at a cost of \$372,500 (estimate based on FTE for 7.45 probation staff at \$50,000 inclusive of salary and fringe benefits).

- The cost of psychological evaluations was estimated at \$562,500 based on an average cost of \$450 per evaluation for 1,250 juveniles. Although some of these costs would likely be offset by private insurance coverage and/or Medicaid, it is impossible to estimate how much that would reduce the projected cost of these evaluations.

Subtotal = \$935,500

The total estimated fiscal impact of requiring the administration of the MAYSI-2 in conjunction with pre-dispositional investigations is \$1,012,500. DJJ court service units do not currently have sufficient resources to accommodate this requirement without allocation of additional staff. Should this initiative move forward, more precise workload implications and details as to how additional resources would be allocated will be necessary.

Should DJJ be appropriately funded to implement this activity, it could be accomplished either through statute, regulation or agency action. Precedent for a statutory approach can be found in the specification of substance abuse screening and assessment as a component of the pre-dispositional investigation process in §16.1-273, enacted in 1998 and revised in 1999 and 2000. Regulatory approaches would require amendments to the Standards for Non-Residential Programs (6VAC-35-150) to have this activity included as a mandatory component of a pre-dispositional investigation. Similarly, DJJ could simply direct, through its procedures governing the activities of Court Service Units, that this activity be completed. The latter approach would not however, apply to the three locally-operated court service units.

Additional Potential Impacts

In addition to those workload and fiscal impacts described, the work group also expressed concerns that the implementation of such a requirement might lead to unintended consequences. In particular, there was concern that juveniles might be subject to extended stays in detention while awaiting completion of psychological evaluations. Such impacts would need to be carefully monitored.

Recommended Follow-up Activities

1. Monitor the implementation of the uniform mental health screening instrument and interview protocol in juvenile detention homes.

This will be accomplished through the activities of the DJJ Certification Unit, the DJJ Detention Specialist and the analysis of the automated MAYSI-2 data base. Periodic discussions with juvenile detention home administrators will assist in determining benefits and challenges related to this initiative.

2. Defer a decision on implementation as a component of the court service unit pre-dispositional investigation process until adequate resources are identified and secured.

Given current CSU staffing levels and appropriations available to fund psychological evaluations, DJJ would be unable to implement this initiative at the present time.

3. Develop enhanced system resources to provide intervention and treatment for juveniles identified as in need of mental health services as a result of the uniform mental health screening and interview process.

The routine screening of juveniles with the MAYSI-2 is likely to lead to an increase in the number of juvenile offenders identified as in need of services. Other activities related to SJR97/HJR 142 are focused on system improvements to improve availability of and access to care. This will be especially critical given the implementation of the new screening process.

Appendix A

HJ 142 / SJ 97 Mental Health Screening Instrument Work Group

Representing DJJ

Elaine Butkiewicz
Supervisor, 18th District Court Service Unit

Ruth Anne Cutright
Community Programs Evaluation Supervisor, DJJ Central Office

David Jones
Regional Operations Manager, DJJ Region 3

Barbara Marques
Supervisor, 14th District Court Service Unit

Marilyn Miller
Detention Specialist, DJJ Central Office

Claudette Overton
Deputy Director, 4th District Court Service Unit

Scott Reiner
Court Services Specialist, DJJ Central Office

Ricky Teague
Psychologist, 29th District Court Service Unit

Dennis Waite, Ph.D.
Chief Psychologist, DJJ Central Office

Edward Wieckowski
Sex Offender Program Manager, DJJ Central Office

Representing Juvenile Detention Homes

Suzanne Augustine, Mental Health Specialist
Highlands Juvenile Detention Home

Wendy Feldman, Mental Health Specialist
James River Juvenile Detention Home

JoAnne Smith
Superintendent, Merrimac Center
President, Virginia Council on Juvenile Detention