

<p style="text-align: center;">Juvenile Intake and Assessment System Standards</p> <p style="text-align: center;">Kansas Department of Corrections- Division of Juvenile Services State of Kansas</p>	<p>CHAPTER:</p> <p>OPERATIONS</p>	<p>STANDARD NO.</p> <p>JIAS-04-104</p>
	<p>SUBJECT:</p> <p>MAYSI-2 SCREENING INSTRUMENT</p>	<p>PAGE: 1 of 3</p>
<p>REFERENCES: K.S.A. 75-7023, AG Opinion 2001-053, Massachusetts Youth Screening Instrument, Version 2, User’s Manual & Technical Report, Mental Health Screening with the MAYSI-2 Training</p>		<p>DATE ADOPTED: 11-1-2009 DATE AMENDED: 4-1-2023 DATE REVIEWED: 2-27-2023</p>

STANDARD: Written policy, procedure and practice shall require Juvenile Intake and Assessment System (JIAS) use the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) as part of the screening and referral process.

All JIAS staff shall complete the MAYSI-2 training. Prior to administering the screening, all staff shall be proficient in scoring the MAYSI-2 and providing Secondary Screenings on appropriate youth.

The MAYSI-2 shall be administered and scored during each intake on youth who are:

- From ages twelve (12) through seventeen (17);
- Child in Need of Care cases;
- Status or Juvenile Offenders;
- Notice/Agreement to Appear; and
- Walk-in intakes.

The MAYSI-2 shall NOT be administered on youth when:

- They have had a MAYSI-2 administered within the past 3 weeks or more than two times within a month;
- They are temporarily impaired (under the influence of drugs and/or alcohol);
- They are impaired and it is not temporary in nature (cognitive functioning, etc.); or
- The youth refuses to participate in the screening.

JIAS staff shall encourage youth to participate in the MAYSI-2 screening and inform all youth that although taking the MAYSI-2 is voluntary, the results are used to inform programs and resources that would be beneficial to the youth.

Interpreting Results: JIAS shall use the results of the MAYSI-2 to determine if additional services are necessary.

- A. For youth who score at or above the Caution cut-off on Suicide Ideation, the JIAS staff shall administer a MAYSI-2 Suicide Ideation Secondary Screening to the youth.

NOTE: The standards and procedures set forth herein are intended to establish operational guidelines for the intake and assessment program operating through the board of county commissioners and their employees/contractors and youth participating in the intake and assessment process. They are not intended to establish state created liberty interests for the intake and assessment program or the board of county commissioners, or their employees/contractors, or youth, or an independent duty owed by the Kansas Department of Corrections- Division of Juvenile Services to intake and assessment programs operating through the board of county commissioners or their employees/contractors, supervised juveniles or third parties. This standard and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

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STANDARD (cont.):

If JIAS staff believe an intervention is needed based upon the results of the MAYSI-2 Suicide Ideation Secondary Screening, follow local policy and procedure for attaining an emergency mental health screen. The following precautions shall be taken by JIAS staff in this situation:

- Maintain a safe environment (remove all sharp objects, etc.);
 - Keep the youth in the line of sight of an adult at all times, observation may be in person or by way of closed-circuit television monitor; and
 - Exchange information appropriately to the responsible adult taking physical custody of the youth upon the release from JIAS.
- B. For all youth who score at or above the Caution cut-off on any subscale, recommend or refer the youth for further mental health assessment.
- C. MAYSI-2 screening scores and results should not be communicated to judges, lawyers, or anyone outside of the JIAS system unless it is essential in recommending or referring the youth for a further mental health assessment. Parties outside the JIAS system can be told that the MAYSI-2 results suggest the need for a consultation or an emergency mental health screen.

All MAYSI-2’s shall be entered into the ORBIS web-based MAYSI-2 system. If the MAYSI-2 is completed in the pencil and paper version by the youth, the results need to be entered into the ORBIS system by JIAS staff within three (3) business days.

DISCUSSION: Secondary screenings are available for all subscales, with the exception of traumatic experiences, and are recommended because youth sometimes get high scores for reasons that do not necessarily require immediate response or an intervention that is not typically used with youth scoring high on a given scale. Secondary Screenings can be used to assist in determining urgency and gathering additional information for recommendation or referral to mental health agencies for further assessment and services.

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The MAYSI-2 should be administered as soon as possible as a part of the intake process. However, if a youth is extremely upset, allow them some time to calm down before administering the MAYSI-2 in order to obtain more accurate responses.

When a Law Enforcement Officer (LEO) brings a youth to JIAS, if the LEO is going to leave the youth alone with JIAS Staff the JIAS Staff should ask the LEO to check the youth to remove items that could be used to cause harm or injury to the JIAS Staff or youth (sharp objects, etc.)

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