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Juvenile Justice GPS (Geography, Policy, Practice & Statistics) is an online repository providing state policy makers and system stakeholders with a clear understanding of the juvenile justice landscape in the states. The site layers the most relevant national and state-level statistics with information on state laws and practice and charts juvenile justice system change. In a landscape that is highly decentralized and ever-shifting, JJGPS provides an invaluable resource for those wanting to improve the juvenile justice system.

Mental Health Screening in Juvenile Justice Services

Identifying the mental health needs of youth involved in the juvenile justice system has become somewhat of a common practice across the country, catalyzed by research illustrating the prevalence of mental health issues in this population. Research has shown that nearly 70% of youth in the juvenile justice system have a diagnosable mental disorder and more than 25% meet criteria established to diagnose a severe mental disorder.¹ To ensure that these youth receive appropriate treatment, it's imperative to identify these issues in a timely and efficient manner. To this end, many juvenile justice agencies have adopted mental health screening protocols for youth in their care.

Mental health screening consists of the administration of a standardized mental health screening tool, to a specific population, by non-clinical staff. Standardized mental health screenings can be used within a variety of settings, including detention, probation, and placement, and are often administered within hours of admission/intake. The screening process is intended to be brief, with the goal of quickly identifying youth who may need further mental health evaluation. Mental health screening instruments contain questions regarding the youth's current or recent thoughts and feelings in an effort to determine the youth's current mental state, suicidal thoughts, or risk towards others. Screening is different

from an assessment, which would occur after a youth has been screened and identified as needing additional follow-up. More information regarding the mental health screening process and its implementation can be found in [Mental Health Screening within Juvenile Justice: The Next Frontier](#).

While the practice of mental health screening for juveniles has become more common, a systematic, state – level scan of these practices had not been conducted until recently. This scan, which surveyed all 50 states and the District of Columbia to determine how mental health screening is conducted in juvenile probation, detention, and correctional systems, revealed significant variations in terms of instruments and practice. To summarize the

results, this report focuses on those standardized screening efforts that are required by state statute or agency policy in juvenile detention, probation, and state correctional settings. Table 1 displays the organization (state/local) of these services in each state, whether they require screening, and if so, which tool(s) are used.

Screening in Detention is Common

Nearly half of the states in the U.S. have formally adopted mental health screening protocols statewide for youth being admitted into detention. Twenty-four states require, via state statute or agency policy/standards, the administration of a standardized mental health screening tool during intake, or shortly after intake, in detention centers across the country. Most of these states (21)

Standardized Mental Health Screening in Juvenile Justice Services

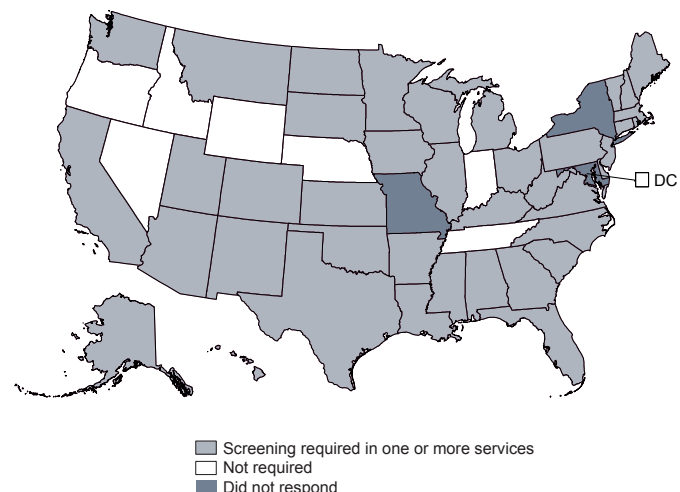


Table 1: Mental Health Screening in Juvenile Justice

State	Detention			Probation			Corrections		
	Operation	Required	Tool	Operation	Required	Tool	Operation	Required	Tool
Alabama	○			◐			●	■	MAYSI-2
Alaska	●	■	MAYSI-2	●			●		
Arizona	○	■	RBTV	○			●	■	MAYSI-2
Arkansas	○			○			●		
California	○			○			●	■	MAYSI-2
Colorado	●	■	MAYSI-2	○	■	MAYSI-2	●	■	MAYSI-2
Connecticut	●	■	MAYSI-2	●	■	MAYSI-2	●		
Delaware	●	■	MAYSI-2	●			●	■	MAYSI-2
Dist. of Columbia	○			○			○		
Florida	●	■	SRSI	●	■	SRSI	●	■	RBTV
Georgia	●	■	DJJ MH	◐	■	MAYSI-2	●	■	DJJ MH
Hawaii	●			●	■	TBD	●		
Idaho	○			○			●		
Illinois	○			○			●	■	MAYSI-2
Indiana	○			○			●		
Iowa	○			●			●	■	MAYSI-2
Kansas	○	**	**	○			●	■	MHJDAT
Kentucky	◐	■	MAYSI-2	◐			●	■	MAYSI-2
Louisiana	○			◐	■	MAYSI-2	●	■	MAYSI-2
Maine	●			●			●	■	MAYSI-2
Maryland †	●			●			●		
Massachusetts	●	■	MAYSI-2	●			●	■	MAYSI-2
Michigan	○			○			●	■	MAYSI-2
Minnesota	○	■	RBTV	○	■	RBTV	●	■	RBTV
Mississippi	○	■	MAYSI-2	◐			●		
Missouri †	○			◐			●		
Montana	○	■	RBTV	●			●	■	MAYSI-2
Nebraska	○			●			●		
Nevada	○			○			●		
New Hampshire	●	■	SDQ	●	■	SDQ	●		
New Jersey	○	■	MAYSI-2	●			●		
New Mexico	○			●			●	■	MAYSI-2
New York †	○			○			●		
North Carolina	◐	■	MAYSI-2	●			●	■	MAYSI-2
North Dakota	○			●	■	YASI Pre-screen	●		
Ohio	○			○			●	■	MAYSI-2
Oklahoma	○	■	MAYSI-2	◐			●		
Oregon	○			○			●	■	BMSA
Pennsylvania	○	■	MAYSI-2	○	■	MAYSI-2	●		
Rhode Island	●	■	MAYSI-2	●			●	■	MAYSI-2
South Carolina	◐	■	GAIN-SS	●	■	GAIN-SS	●	■	GAIN-SS
South Dakota	○	■	RBTV	●	■	RBTV	●	■	RBTV
Tennessee	○			◐			●		
Texas	○	■	MAYSI-2	○	■	MAYSI-2	●	■	MAYSI-2
Utah	●	■	MAYSI-2	●			●	■	MAYSI-2
Vermont	●	■	MAYSI-2	●			●	■	MAYSI-2
Virginia	○			◐			●	■	RBTV
Washington	○			○			●		
West Virginia	●	■	MAYSI-2	○			●	■	MAYSI-2
Wisconsin	○			○			●	■	MAYSI-2
Wyoming	○			◐			●		

Key

- - State Operated
- ◐ - Mostly-State Operated
- - Locally Operated
- ** Requires screening at Juvenile Assessment Centers prior to detention
- † Did Not Respond

Tool Abbreviations

- BMSA Brief Mental Status Assessment
- DJJ MH Georgia Department of Juvenile Justice Mental Health Screening
- GAIN-SS Global Appraisal of Individual Needs-Short Screener
- MAYSI-2 Massachusetts Youth Screening Instrument –Version 2
- MHJDAT Mental Health Juvenile Detention Admission Tool
- RBTV Required but tool varies (indicates multiple tools in use)
- SDQ Strengths and Difficulties Questionnaire
- SRSI DJJ Suicide Risk Screening Instrument
- YASI Youth Assessment & Screening Inventory
- TBD To be Determined

identify specific screening tools to be used across the state. The remaining three states (AZ, MN, and SD) differ slightly because they do not identify one specific tool, therefore resulting in different tools being used across these states.

The MAYSI-2 is the mental health screening tool most widely used in detention in those states that formally require the practice. Other tools identified as mental health screens by respondents include: the Global Appraisal of Individual Needs-Short Screener (GAIN-SS), Problem-Oriented Screening Instrument for Teenagers (POSIT), and the Strengths and Difficulties Questionnaire (SDQ). Some states, like Florida (Suicide Risk Screening Instrument) and Georgia (DJJ Mental Health Screening Tool) have developed their own mental health screening tools, while most others have adopted a proprietary tool.

Of the remaining states, some engage in mental health screening efforts in detention but the practice is not required. For example, Idaho and Indiana have mental health projects that result in the screening of youth using the MAYSI-2, but these efforts are not required. Some states encourage the administration of a mental health screening tool by providing funding and/or technical assistance, while others have no official stance on the practice.

Fewer States Require Screening in Probation

Overall, there are fewer states that require standardized mental health screenings in probation settings than detention. There are currently 13 states that require standardized mental health screening in probation. Ten states apply a consistent approach to screening statewide by identifying specific screening tools, while one additional state (HI) is in the process of selecting a screening tool. The remaining two states (MN and SD) have not identified a specific tool, resulting in multiple tools being used across the state.

Similar to detention, the MAYSI-2 is the most widely used mental health screening tool in states that have formally adopted the practice in probation. Some states use other tools such as the GAIN-SS, SDQ, and the Youth Assessment & Screening Inventory (YASI) Pre-screen.

Mental health screening occurs in probation settings in other states, but it is not required statewide. For example, Tennessee has a pilot mental health project in ten counties where youth are screened at probation intake using the screening version of the Child and Adolescent Needs and Strengths (CANS) tool. Other states do not require screening in probation settings because they can review the results of mental health screens administered previously in detention. Others encourage the practice but do not require it, resulting in county-by-county variations. A few states have no official stance on the practice.

Most Screenings Occur in Corrections

Across the country, juvenile corrections agencies in 30 states require mental health screening be conducted upon intake. All but four of these jurisdictions (FL, MN, SD, and VA) have adopted a consistent approach to screening statewide by identifying specific tools to be used in juvenile correctional settings. These four states have not specified one tool of choice, resulting in different tools being used within each of these states. Twenty-one of the 29 states use the MAYSI-2 as their screen-

ing instrument. Additional screening tools used in correctional settings include: the Brief Mental Status Assessment (BMSA), GAIN-SS, and the Mental Health Juvenile Detention Assessment Tool (MH-JDAT). Consistent with their approach in detention settings, Georgia uses a locally developed and validated mental health screening tool in corrections.

While many states do not require mental health screening in juvenile corrections, some encourage the practice by providing training, funding, and/or other resources to support screening, while others have clinical staff available to provide full mental health assessments or clinical evaluations upon intake.

Tools Vary in Research and Design

Of the states that require screening, most reported using a mental health screening tool to identify youth who need further assessment. According to *Screening and Assessment in Juvenile Justice Systems: Identifying Mental Health Needs and Risk of Reoffending*, examples of research based mental health screening tools include the MAYSI-2, Suicidal Ideation Questionnaire, and the GAIN-SS, all of which were found in use across the country. Each of these tools have some level of evidence to support their use in juvenile justice settings. As highlighted in Table 1, the MAYSI-2 is the most common tool in use across all three service settings. However, some states use methods distinctly different from screening tools to identify mental health needs and, therefore, are not

Resources Available for Mental Health Screening Practices

The [National Center for Mental Health and Juvenile Justice](#) (NCMHJJ) was founded in 2001 to promote awareness of the behavioral health needs of justice involved youth and to help develop improved policies and programs for these youth based on the best available research and practice. The NCMHJJ produced *Mental Health Screening within Juvenile Justice: The Next Frontier*, a guidebook that describes issues surrounding the mental health screening of juvenile offenders such as screening procedures, policies, and implementation.

The NCMHJJ recently launched the [Mental Health and Juvenile Justice Collaborative for Change](#) which provides information, training and technical assistance on mental health and juvenile justice to promote the replication and expansion of resources developed through Models for Change and the Mental Health Juvenile Justice Action Network. The Collaborative for Change website includes detailed resources on key topics including [mental health screening within juvenile justice settings](#).

included in Table 1. Comprehensive assessment tools, aimed at identifying mental or behavioral health needs, were being used in a few states; while several other states reported using mental health components from a risk needs assessment administered in probation to identify mental health issues. Many correctional agencies use full clinical evaluations as part of the intake process as they often have more time and resources. These methods have varying degrees of evidence to support their use in identifying mental health needs of justice involved youth.

Patterns Emerge

NCJJ researchers compared those states and service settings that require mental health screening to those that do not, to identify themes or patterns in screening practices. Similar to a previous scan on risk assessment in juvenile probation,² researchers considered the impact that the organization of services (state/local) might have on screening practices. Each state organizes services for delinquent youth (detention and probation) at different levels. Some are organized from a single state agency while others are organized by local governments. State juvenile corrections agencies, by definition, are all organized at the state level. When comparing the structure of services in states that require screening with those that do not, it appears that the structure of services influences screening.

Table 2 illustrates the percentage of states that require mental health screenings in state-operated and locally operated services (detention, probation, and corrections). A quick analysis

demonstrates that state-operated services require screening more often than those that are locally operated. This may seem fairly intuitive, because state-operated services often provide a structure for adopting and implementing practices, such as screening, consistently across jurisdictions.

Examining the three service areas more closely, separate from their level of organization, revealed an additional pattern. Table 2 demonstrates that probation is the least likely to require screening, regardless of its structure (state/local). There are at least two plausible explanations for this pattern.

First, mental health screening has greater utility in detention and correction settings. Detention and correction settings both have physical custody of youth, which bring numerous responsibilities to keep youth safe. Mental health screening tools are designed to identify an immediate risk of harming oneself or others, which is crucial information for those in charge of custody populations. Probation systems, which supervise youth in the community, may use the results differently.

Second, screening tools are also easier to administer in custody settings because these youth are more accessible and the follow through on recommendations is much easier. Mental health screenings are particularly useful in detention settings as intake staff need to gather important information about youth in a short window of time.

Conclusion

This analysis shows that a large portion of the country has adopted formal mental health screening practices statewide in juvenile justice. Thirty-nine states now require the use of a mental health screening tool in one or more juvenile justice service areas. Elevating screening practices from their beginnings in local jurisdictions to statewide implementation is a clear measure of progress, resulting in more youth being screened. Additional research on how states apply screening results, and if they vary across service settings, could further the discussion on screening and how youth are benefitting from the practice. For more detailed information on how mental health screenings and other evidence based practices are adopted across the country, visit www.jjgps.org/juvenile-justice-services.

Methodology

NCJJ surveyed all 50 states and the District of Columbia to determine if mental health screening tools have been adopted statewide in traditional juvenile detention, probation, and/or correction settings. Respondents were asked if mental health screening tools were encouraged or required and if required, by what means (statute/agency policy). To be included in any category, states must require the practice in any of the three settings and use a standardized screening tool to identify mental health issues and/or suicidal ideations. Research was conducted to verify the tools included were considered screening tools. Tools vary in regards to their research base for effectiveness and NCJJ did not attempt to determine the effectiveness of any tool. Assessment tools and processes such as full clinical evaluations are not included in Table 1.

The National Center for Juvenile Justice is a non-profit organization that conducts research on a broad range of juvenile justice topics and provides technical assistance to the field. NCJJ is the research division of the National Council of Juvenile and Family Court Judges.

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Table 2: Screening Requirements in State/Locally Operated Services

	Detention	Probation	Corrections
State Operated	18	31	50
Required	15 (83%)	9(29%)	30 (60%)
Not required	3 (17%)	22 (71%)	20 (40%)
Locally Operated	33	20	1
Required	9 (27%)	4 (20%)	0 (0%)
Not required	24 (73%)	16 (80%)	1(1%)

State operated and mostly-state operated services are combined into one state operated category in Table 2.

¹ National Center for Mental Health and Juvenile Justice. *Mental Health Screening within Juvenile Justice: The Next Frontier*. Available for download at <http://www.modelsforchange.net/publications/198>.

² Wachter, Andrew. (2014). *Statewide Risk Assessment in Juvenile Probation. JJGPS StateScan*. Pittsburgh, PA: National Center for Juvenile Justice. Available for download at <http://www.ncjj.org/publication/Statewide-Risk-Assessment-in-Juvenile-Probation.aspx>.