

# Mental Health Screening with Youth in the Justice System

*Enabling Legislation 260B.007, subd. 6*

## *Eligibility*

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The statutory requirements for the juvenile justice screening population include children ages 10-18:

- \* Children who have allegedly committed a delinquent act and who have had an initial detention hearing, with the court ordering the child continued in detention and with parental consent
- \* The court shall order a screen for children with a judicial finding of delinquency
- \* The court shall order a screen for children found to have committed a juvenile petty offense for a third or subsequent time

## *Data Collection*

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**Mental health screening data elements collected in 2008 include:**

- \* Total eligible for screening
- \* Total number of youth screened
- \* Number of youth referred for assessment

**Youth exempted from screening:**

- \* Under care of a mental health professional
- \* Already screened within past 180 days
- \* Diagnostic assessment (DA) done in past 180 days
- \* Parent/guardian refused
- \* Unable to locate child
- \* Case closed within 30 days

**Mental health screening data elements to be collected in 2009 include:**

- \* Total number of eligible youth who met the screen threshold for further assessment and were referred for a DA; referral can be made to the parents, ideally in writing, or can be in the form of a court order
- \* Total number of eligible youth who met the screen threshold for further assessment and were not referred for a DA
- \* Number of youth exempted from screening along with reasons for exemptions remain the same as in 2008

**Optional: For those counties who have the ability, collect two additional non-required data elements:**

1) Of the youth referred for a DA, the number of youth who received a DA; and 2) of youth referred for a DA, the number of youth who did not receive a DA.

## *Definitions*

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**Mental health screening** is a brief process designed to identify children and adolescents who are at increased risk of having disorders that warrant immediate attention, intervention, or comprehensive review. Identifying the need for further assessment is the primary purpose for screening. Mental health screening instruments are never used to diagnose a child, but instead to inform parents and those working with families about matters needing further assessment.

**The mental health Diagnostic Assessment**

is a comprehensive examination of the psychosocial needs and problems identified during the mental health screening. A mental health professional is needed to conduct the assessment and develop a comprehensive report.

**Mental health screening instruments** approved by the Minnesota Department of Human Services (DHS) include the Massachusetts Youth Screening Instrument, Second Version (MAYSI-2), and the Problem-Oriented Screening Instrument for Teenagers (POSIT). The MAYSI-2 can be ordered at [www.umassmed.edu/nysap/index.aspx](http://www.umassmed.edu/nysap/index.aspx) for a one-time fee. The POSIT can be obtained at no cost at <http://edocs.dhs.state.mn.us/lfserver/ass3992247203> or by contacting the DHS at 651/431-2329.

A **judicial finding of delinquent** refers to any youth with a finding by the court that the child committed the delinquent offense either with adjudication or a continuance without adjudication. According to Juvenile Rule of Court 14, Continuance for Dismissal, there cannot be a finding that the child committed the act if the court grants a continuance for dismissal.

**Third or subsequent petty offenses** are those petty offenses referred to the court. Petty offenses not referred to the court or diverted are not considered.

**Total eligible for screening** includes all youth required to be screened per M.S. 260B.007 – the three eligible groups listed above.

### **Referred for Diagnostic Assessment**

is defined as those youth who are screened, met the screen threshold for further assessment, and where a referral has been made either by communicating the need for a DA to parents or by ordering the DA through the court. The referral to parents can be verbal or written, but counties are encouraged to provide written notification.

### ***Post-Screening Coordination***

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Recommended best practices to improve the early identification and treatment of justice-involved youth:

1) A standard court order at the **Finding of Delinquency Hearing** with language that orders the screen and subsequent DA, if needed. The judge could check a box if he/she does not want to order the screen.

- 2) A navigator function within each county to reach out to parents by:
- \* Providing information about parental rights
  - \* Providing information about the value of the screen
  - \* Providing information about how to access a DA if it's needed
  - \* Helping families to access funding for the DA and needed follow-up services
  - \* Tracking outcomes for individual youth – of those youth eligible for the screen: who were screened, who received further assessment, who received needed services, and who committed further offenses
- 3) A multidisciplinary team who plans for those youth who have high mental health needs and are at medium to high risk to reoffend – combine the YLSI score with the results of the screen or DA.
- \* Currently a team meets in each county for placement planning per M.S. 260B
  - \* Teams consist of professionals/practitioners from corrections, mental health, social services, and schools
  - \* This team could be expanded to include not only those youth at risk for out-of-home placement, but also those with high mental health needs who have medium/high risk to reoffend
  - \* The benefits of using a multidisciplinary team for case planning are twofold: 1) to get a variety of experts looking at the needs of the youth and the family from their various areas of expertise; and 2) with several disciplines at the table, discussion can occur and agreements can be made about the various funding streams available to cover the cost of the services and determine what agency assumes responsibility for payment

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