

Screening and Evaluation

Division of Child and Family Services (DCFS)
Juvenile Justice Services (JJS)
Statewide Policy

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APPROVED BY:	Dr. Domonique Rice, Deputy Administrator – DCFS
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APPROVED BY:	Dr. Cindy Pitlock, Administrator – DCFS 
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REFERENCES:	Victims of Trafficking and Violence Prevention Act; National Youth Screening & Assessment Project of the University of Massachusetts Medical School; GAIN Global Appraisal of Individual Needs Coordinating Center NRS 62B.625, NRS 62E.507, NRS 62E.525, NRS 432B.121, NRS 432B.220, NRS 432C.110; NRS 433.494; Performance-based Standards (DCFS/JJS 100.14); Prison Rape Elimination Act (DCFS/JJS 300.09); Suicide Prevention and Response (DCFS/JJS 400.01); Mental Health Treatment Plan (DCFS/JJS 400.06); Substance Use Services (DCFS/JJS 400.08); Youth Level of Service/Case Management Inventory (DCFS/JJS 500.17); Case Plan (DCFS/JJS 500.20)
ATTACHMENTS	Attachment A: Nevada Rapid Indicator Tool (NRIT) Attachment B: GAIN-SS Administration and Scoring Manual Attachment C: GAIN-SS Interviewer Instruction Sheet Attachment D: GAIN-SS version 3.0.1 Attachment E: Scoring the GAIN-SS Attachment F: Girls Health Screen User Manual Attachment G: Excel Data Chart-Girls Health Screen Attachment H: Children's Uniform Mental Health Assessment (CUMHA)

I. SUMMARY

The Division of Child and Family Services (DCFS) shall administer screening tools to all youth committed to a state facility to determine the presence of treatment needs.

II. PURPOSE

To assess strengths, risks, and needs of youth in order to provide appropriate services.

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III. DEFINITIONS

As used in this document, the following definitions shall apply:

- A. Case Plan: A document created through a collaborative, structured and strength-based process identifying goals, objectives/activities, and target dates needed to mitigate risk factors (NRS 62E.507, .525).
- B. Certified Screener: A facility staff member who has training to conduct screenings or assessments.
- C. Child Welfare Agency: The state or county agency responsible for providing child welfare services. Nevada's three child welfare agencies include Clark County Department of Family Services serving Clark County, Washoe County Human Services Agency serving Washoe County, and the DCFS Rural Region serving the state's 15 rural and frontier counties.
- D. Children's Uniform Mental Health Assessment (CUMHA): A bio-psychosocial assessment tool used to evaluate a youth's mental health status, symptoms, and needs. This tool is conducted by a Mental Health Counselor who solicits and explores, with the youth and family, information about strengths and needs as these pertain to the major physical, psychological, and social issues of the youth and family. The CUMHA provides a format for obtaining a comprehensive assessment of a youth's and family's history and current functioning. This assessment, combined with the clinical judgment of the Mental Health Counselor, leads to a DSM diagnosis and establishes the basis for the treatment planning process, including treatment goals and services needed to help the youth and family resolve or ameliorate symptoms and improve functioning.
- E. Girls Health Screen: A validated screening tool developed for use in juvenile correctional facilities with female youth, to identify urgent and non-urgent medical and mental health needs, including sexual abuse and trauma.
- F. Global Appraisal of Individual Needs-Short Screener (GAIN-SS): An evidence-based, 16 question survey developed by Chesnut Health Systems which identifies needs for further assessment in the areas of mental health, substance abuse, and anger management in adolescents and adults.
- G. Mandatory Reporter: DCFS staff are mandated reporters and must report to the appropriate child welfare agency or law enforcement agency when they know of or suspect child abuse or neglect. The report must be made within 24 hours of the suspected or witnessed abuse or neglect (NRS 432B.220).
- H. Massachusetts Youth Screening Instrument Version 2 (MAYSI-2): A brief screening tool used with youth in juvenile justice settings to identify signs of mental/emotional disturbance or distress. This tool is divided into seven scales which are geared to detect alcohol/drug use, angry-irritable behavior, depression-anxiety, somatic complaints, suicide ideation, thought disturbance, and traumatic experience. The MAYSI-2 is a validated mental health screening tool approved for statewide use by the Juvenile Justice Oversight Commission (JJOC) pursuant to NRS 62B.625.

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- I. Mental Health Treatment Plan: A detailed plan to address mental health needs pursuant to NRS 433.494. The plan shall be created by a qualified mental health professional in myAvatar, with the youth and family, whenever possible (DCFS/JJS 400.06).
- J. Mental Health Counselor (MHC): A DCFS staff authorized to deliver mental health services.
- K. Nevada Rapid Indicator Tool (NRIT): An assessment tool utilized to determine if a youth is a confirmed commercial sexual exploitation of a child (CSEC) victim or at risk of sexual exploitation.
- L. Reasonable Cause to Believe: When all the surrounding facts and circumstances which are known or which reasonably should be known to the person at the time, a reasonable person would believe, under those facts and circumstances, an act, transaction, event, situation, or condition exists, is occurring or has occurred (NRS 432B.121).
- M. Sex Trafficking: The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act. The commercial sexual exploitation of a child (CSEC), also referred to as child sex trafficking, is defined by federal law as a form of child sexual abuse, and involves the recruitment, harboring, transporting, provision or obtaining of a person under 18 years of age for a commercial sex act (e.g., when something of value is given to or received by any person). Force, fraud, or coercion are not necessary for child sex trafficking. CSEC includes child prostitution, child pornography, trafficking of children for sexual purposes, child sex tourism, and forced marriage (Victims of Trafficking and Violence Protection Act).

IV. INITIAL REQUIREMENTS

- A. The Youth Parole Bureau (YPB) Unit Manager, Clinical Supervisor, or designee shall ensure any screenings and evaluations completed by the local probation department are included in the youth's commitment paperwork.
- B. The Clinical Supervisor and/or a YPB Unit Manager shall review the incoming screening tools and any additional mental health evaluations or assessments to assess if the information identified will be used in the facility placement decision.
- C. Facility and parole staff shall refer to the following policies for risk and needs assessment requirements and substance abuse assessment: Youth Level of Service/Case Management Inventory (DCFS/JJS 500.17 YLS/CMI) and Substance Use Services (DCFS/JJS 400.08).

V. ADMISSION SCREENING AND ASSESSMENT

A. PAROLE

- 1. Prior to admission to a facility, all youth shall be assessed using the Comprehensive Uniform Mental Health Assessment (CUMHA).
 - a. Youth transferred between state facilities shall have an updated CUMHA.
- 2. The Youth Parole MHC shall complete the Nevada Rapid Indicator Tool (NRIT) upon commitment to DCFS, and after any episode in which the youth is on AWOL status. Refer to Section VII of this policy.

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3. A Youth Parole certified assessor shall complete the GAIN-SS for youth on parole as required, refer to Section VI of this policy.

B. FACILITY

1. The admission of new youth to a facility shall be coordinated with the sending jurisdiction.
 - a. Facility intake staff shall receive the youth from the transportation staff and ask transportation staff about any concerning behavior during the transport, including indications the youth may want to harm themselves.
2. Admitting staff shall document any information shared by transport staff in a manner identified by the facility so the information is provided to the certified screener or MHC.
3. As part of the required mental health and risk of suicide screening protocol required by DCFS per Performance-based Standards (DCFS/JJS 100.14), within one hour of admission to a DCFS facility, a certified screener shall administer the:
 - a. MAYSI-2 to assess the youth's current mental health needs, and
 - b. Columbia Protocol triage suicide risk screening (see Suicide Prevention and Response (DCFS/JJS 400.01).

Note: If a MAYSI-2 has been conducted within the previous four weeks while in a county juvenile detention facility, staff may utilize the results of the previous MAYSI-2, or they may conduct a new MAYSI-2.
4. Within 72 hours of admission, a facility MHC shall complete the PREA Risk Assessment in accordance with Prison Rape Elimination Act (DCFS/JJS 300.09).

VI. ADMINISTRATION OF THE CHILDREN'S UNIFORM MENTAL HEALTH ASSESSMENT

- A. The Children's Uniform Mental Health Assessment (CUMHA) (Attachment H) shall be completed for all youth committed to DCFS for supervision, treatment, and confinement.
- B. Within three days of case assignment, the Youth Parole Mental Health Counselor (MHC) shall complete the CUMHA, per Youth Level of Service/Case Management Inventory (DCFS/JJS 500.17).
- C. The CUMHA shall be completed using information obtained from a combination of the following:
 1. In-person youth and family interviews
 2. Remote/virtual youth and family interviews
 3. A review of documents and assessments

NOTE: Telephone interviews may be used if in-person or remote/virtual interviews are not possible.

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- D. Documents and assessments used for the completion of the CUMHA may include any combination of the following, as available:
 - 1. Court and County records
 - 2. Detention records
 - 3. Educational records
 - 4. Youth Level of Service/Case Management Inventory (YLS/CMI)
 - 5. Nevada Rapid Indicator Tool (NRIT)
 - 6. Psychiatric records (e.g., assessments, testing, placements)
 - 7. Psychological records (e.g., evaluations, treatments)
 - 8. Hospitalization records
 - 9. Physical examinations
 - 10. Facility records (for updates)
- E. Upon the transfer of a youth between state facilities, a Youth Parole MHC shall update the most current CUMHA, as needed.
- F. Youth Parole staff shall provide a copy of the CUMHA to the youth's potential placements and upload the CUMHA, including any updated versions, to the DCFS web-based case management system as a New Assessment > Type > CUMHA within five working days of completion.

VII. ADMINISTRATION OF THE GAIN-SS AND FOLLOW UP

- A. Before administering the assessment, read the GAIN-SS Global Appraisal of Individual Needs-Short Screener (GAIN-SS): Administration and Scoring Manual Version 3 (Attachment B).
- B. When administering the assessment, complete the GAIN Short Screener 3.0 Interviewer Instruction Sheet with the youth (Attachment C).
- C. Complete the GAIN-SS with the youth (Attachment D).
- D. Score the assessment using the Scoring the GAIN Short Screener (Attachment E).
- E. Share the results of the GAIN-SS with the youth and family, as appropriate.
- F. If indicated based on results of the GAIN-SS, make referrals to appropriate community-based providers to the youth and family.
 - 1. To increase the likelihood a referral will be acted on, refer community-based providers who accept the family's insurance situation (e.g., refer providers who take the family's insurance or refer nonprofit providers who utilize a sliding-fee scale for those uninsured).
- G. After referrals have been made, follow up with the youth and family to see if they were able to contact providers and start services.

VIII. ADMINISTRATION OF THE MAYSI-2

- A. The MAYSI-2 is a proprietary tool with several requirements for use.

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- B. The MAYSI-2 shall be administered to all youth within one hour of admission to a state facility, and every six months thereafter, by a certified screener, who has been trained in the administration of the tool, using the paper version of the tool, or entered directly into the web-based case management system as a New Assessment > MAYSI-2 (Boys or Girls).
- C. The MAYSI-2 may be administered to any youth who leaves a state facility for greater than 24 hours, but the MAYSI-2 becomes less reliable the more times it is used. Best practice is to not administer the tool more than two times within a four-week period.
 - 1. The re-assessment, if administered, shall be conducted within four hours of the youth's return to a facility by a certified screener.
 - 2. If this assessment is not administered, a facility staff member shall indicate the reason for not administering the tool in the web-based case management system as a New Clinical Activity > Information Only.
 - 3. The MAYSI-2 shall be administered six months after the date of any re-assessment, unless another exception applies.
- D. The tool shall be administered in a private setting, so youth feel safe and able to answer questions truthfully.
- E. Youth shall receive a standard set of instructions for why they are participating in the screening tool to include:
 - 1. The tool is used to identify any special needs the youth may have.
 - 2. The results of the tool shall ensure the youth's safety in the facility.
 - 3. The results shall not be shared with the youth's parents or the court and will only be used to ensure continued safety during entire stay at the facility.
 - 4. The questions shall be answered for what is true for the youth during the past few months utilizing yes or no responses to the set of questions.
- F. If a youth is learning impaired or has a disability, the administering staff shall read and, if needed, explain each question to the youth.
 - 1. To determine if a youth has difficulty reading or comprehending the questions, staff may have the youth read the first question aloud and have them explain the meaning of the question to the staff.
 - 2. If the youth has difficulty reading or comprehending the questions, a staff member may read and explain each question from a separate paper copy and allow the youth to enter yes or no on the computer or circle yes or no on their own paper copy or screen.
- G. To complete the MAYSI-2 using the paper version, staff shall:
 - 1. Provide the youth the paper version of the assessment.
 - 2. Select MAYSI-2 Boys for males or MAYSI-2 Girl for females.
 - a. Transgender youth shall be assessed based on their gender identity.

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3. Once a youth completes the paper assessment, the staff shall:
 - a. Access the youth's record in the web-based case management system.
 - b. Add a New Assessment > MAYSI-2 (Boys or Girls).
 - c. Input the answers to each question based on the youth's responses and select Save after all responses have been entered.

NOTE: All questions must be answered, or the system will not allow the assessment to be saved and scored.

4. Once completed, the results will appear.
- H. The certified screener may allow youth to enter answers directly into the web-based case management system. Staff shall:
1. Access the youth's record in the web-based case management system.
 2. Add a New Assessment>MAYSI-2 (Boys or Girls).
 - a. Transgender youth shall be assessed based on their gender identity.
 3. Check the box "Create Client View" and select Save.
 4. The system provides a link and an access code.
 - a. Select the link, input the youth's date of birth and access code and the questions shall appear.
 - b. The youth may be allowed to answer the questions directly, or staff may assist the youth in real time.
 - c. All questions must be answered.
 5. Once completed, the results will appear.
- I. The tool shall indicate a critical case requiring staff or clinical response to an identified "caution" or "warning" for any of the six areas measured (1-6) or if a certain number of the five Traumatic Experience items are endorsed (based on facility standard operating procedures), which include:
1. Alcohol/Drug Use
 2. Angry/Irritable
 3. Depressed/Anxious
 4. Somatic Complaints
 5. Suicide Ideation
 6. Thought Disturbance
- J. Any youth who scores as *Warning* in any of the six areas shall be provided a MAYSI-2 second level screening in the area(s) identified by the score.
1. The second screening shall be administered immediately (per The National Youth Screening & Assessment Project of the University of Massachusetts Medical School).

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- K. The following second level assessments can be found in the Assessment Screen of the web-based case management system, but may be completed on paper if necessary:
1. MAYSI-2 Second Level Screening Alcohol/Drug Use
 2. MAYSI-2 Second Level Screening Angry/Irritable
 3. MAYSI-2 Second Level Screening Depressed/Anxious
 4. MAYSI-2 Second Level Screening Somatic Complaints
 5. MAYSI-2 Second Level Screening Suicide Ideation
 6. MAYSI-2 Second Level Screening Thought Disturbance
- L. Any youth who scores as *Caution* in any of the six areas may be provided a MAYSI-2 second level screening, by a Certified Screener, in the area(s) identified based on facility procedures.
1. The second screening shall be administered immediately (per The National Youth Screening & Assessment Project of the University of Massachusetts Medical School).
- M. Facility staff shall not use the results of the MAYSI-2 for court proceedings.
- N. On a case-by-case basis, the Superintendent or their designee may notify a youth's parent or guardian if a MAYSI-2 assessment has raised concerns about some aspect of the youth's mental health.
1. If the facility Superintendent or their designee chooses to inform the parent or guardian, this shall be done without divulging the youth's overall score or their answers to specific questions.
 2. The notification of the parent or guardian shall be documented in the youth's web-based case management system record as a New Activity > Facility Call – Outgoing.
- O. Results of the MAYSI-2 shall be taken into consideration in the development of the youth's Case Plan (DCFS/JJS 500.20).
- P. Once out on parole, a certified screener within the Youth Parole Bureau shall conduct a MAYSI-2 every six months based on the date of the last MAYSI-2 conducted in a facility, using the protocol listed in this section. The results shall not be used in court proceedings but may be summarized for the court as required for service recommendations.

IX. ADMINISTRATION OF THE NEVADA RAPID INDICATOR TOOL (NRIT)

- A. All youth committed to DCFS shall be screened using the Nevada Rapid Indicator Tool (NRIT) (Attachment A) by a parole MHC to assess if a youth:
1. Is a confirmed victim of commercial sexual exploitation
 2. Is at high risk of commercial exploitation
 3. Has no commercial sexual exploitation indicators at this time

NOTE: A youth currently in the custody of a child welfare agency does not require a NRIT, as one will be completed by the child welfare agency.

- B. All youth who return to parole following AWOL status shall be reassessed with the NRIT by a parole MHC.

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- C. The NRIT will be completed by a facility MHC for all youth who return to a state facility following a successful escape during which time they were out of visual contact by facility staff for any period of time.
- D. Designated facility staff and Parole MHCs shall be required to watch a training on the NRIT provided by the DCFS Child Welfare Family Programs Office.
- E. The NRIT is not meant to be used as a questionnaire, rather it requires the person administering the tool to use their cumulative knowledge of the youth to complete.
 - 1. The purpose of the NRIT is to provide assessment and prevention for sex trafficking. The NRIT does not rely on self-disclosure of sex trafficking by a minor as youth rarely self-identify as a victim or disclose abuse. Rather, it includes indicators to consider in determining whether there is reasonable cause to believe the youth is a victim, or at risk of being a victim, of commercial sexual exploitation.
- F. All completed NRITs shall be uploaded into the web-based case management system under Clinical Forms.
- G. If the NRIT indicates the youth is at “high risk for commercial exploitation,” the MHC shall make a determination if the “high risk” factors indicate the youth may possibly be a victim of sexual exploitation based on the reasonable cause to believe.
 - 1. Gang affiliation and multiple runaways may be indicated on the NRIT but may not be a result of sexual exploitation. If a youth has one or both indicated, with one other “high risk” designation, a referral shall be made to the local child welfare agency and a copy of the NRIT shall be provided.
- H. If the NRIT indicates the child is a confirmed victim of sexual exploitation, DCFS staff are required to make a referral to the local child welfare agency as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe the youth is a commercially sexually exploited child (NRS 432B.220; NRS 432C.110).
 - 1. If a referral is made, a copy of the NRIT shall be provided to the local child welfare agency.
- I. The MHC shall indicate a referral to the local child welfare agency was made as a New Clinical Activity in the web-based case management system.
- J. The Parole MHC shall assign an Individual Flag in the web-based case management system as follows:
 - 1. NRIT identifies a confirmed or verified victim – CSEC Verified
 - 2. NRIT identifies an at-risk victim – CSEC At Risk
- K. Results of the NRIT shall be taken into consideration in the development of the youth’s Case Plan (DCFS/JJS 500.20).

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X. ADMINISTRATION OF THE GIRLS HEALTH SCREEN-CALIENTE YOUTH CENTER

- A. All female youth admitted to Caliente Youth Center shall be provided the Girls Health Screen, to be completed within seven hours of admission.
- B. The Girls Health Screen shall be administered on paper or via an iPad application.
- C. Staff shall use the Girls Health Screen User Manual (Attachment F) to assist in the administration of the screening tool.
- D. If the Girls Health Screen is provided on paper:
 - 1. The youth shall be provided a paper copy of the Girls Health Screen and a pencil.
 - 2. While youth complete the Girls Health Screen, staff shall be nearby to answer any youth questions.
 - 3. Staff shall score the Girls Health Screen, as soon as possible, using colored markers or pencils according to the Girls Health Screen color scoring chart.
 - 4. If the Girls Health Screen reveals any urgent needs (flagged as orange, red, or blue in color), staff shall immediately provide the Girls Health Screen to the medical and mental health staff on duty or on-call.
 - a. Staff shall make color copies to provide a copy to each discipline.
 - 5. Girls Health Screens with no urgent needs shall be provided, as soon as possible, to the medical and mental health staff on-duty.
 - a. Staff shall make color copies to provide a copy to each discipline.
- E. If the Girls Health Screen is provided via iPad:
 - 1. Staff shall provide youth with the iPad and explain its operation and ask the youth to answer all questions.
 - 2. While youth completes the Girls Health Screen, staff shall be nearby to answer any youth questions.
 - 3. Once completed, staff shall collect the iPad from the youth, log out of the youth's screen, and select "Submit", which will allow the application to automatically score the screening.
 - 4. Staff shall review the Girls Health Screen for any urgent needs (flagged as orange, red, or blue in color).
 - 5. If urgent needs are revealed, staff shall immediately provide the Girls Health Screen to the medical and mental health staff on duty or on-call.
 - a. Staff shall make color copies to provide a copy to each discipline.

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6. Girls Health Screens with no urgent needs shall be provided, as soon as possible, to the medical and mental health staff on-duty.
 - a. Staff shall make color copies to provide a copy to each discipline.
- F. Medical staff shall use the Girls Health Screen results to:
 1. Immediately respond to any medical-based urgent needs identified and if needed, coordinate emergency care.
 2. Help guide the physical examination done at intake.
 3. Develop a tailored medical treatment plan to treat the individual health needs of each female youth.
 4. Coordinate care with other treatment providers.
- G. Mental health staff shall use the Girls Health Screen results to:
 1. Immediately respond to any mental health-based urgent needs identified and, if needed, coordinate emergency care.
 2. Help guide other assessments done at intake.
 3. Develop a tailored mental health treatment plan to treat the individual mental health needs of each female youth.
 4. Coordinate care with other treatment providers.
- H. Staff shall complete a reassessment of the Girls Health Screen within eight weeks after each female youth's admission.
 1. Medical and mental health staff shall compare the reassessment to the initial assessment to identify treatment needs which have not been adequately addressed, to assess the effectiveness of interventions, and to evaluate or adjust the youth's treatment plan.
- I. Medical and mental health staff shall share the information from the Girls Health Screens with the Child and Family Team (CFT) to inform re-entry planning and community-based needs at least 30 days before discharge.
- J. Facility staff shall upload a copy of the initial Girls Health Screen and all reassessments into the web-based case management system as a New Assessment – Girls Health Screen.
 1. Paper copies shall be filed in the youth's medical record and mental health file.
- K. Facility staff shall maintain an Excel spreadsheet (Attachment G) which includes the results of all initial and reassessments of the Girls Health Screen. This data will be used to:
 1. Identify the prevalence and types of rape, sexual assault, other traumatic experiences, and medical needs identified by female youth.
 2. Improve the understanding and response to trauma suffered by female youth.
 3. Evaluate the effectiveness of medical and mental health follow up received by female youth.

XI. DATA REQUIREMENTS

- A. Facilities may be asked to provide the following data at any given time:

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1. Average MAYSI-2 score for all new admissions per month.
 2. Total number of MAYSI-2 assessments completed within one hour of admission per month.
 3. Number of youths referred to the local child welfare agency as a confirmed victim of sex trafficking or at risk of sex trafficking.
- B. The Youth Parole Bureau may be asked to provide the following data at any given time:
1. Number of youths referred to the local child welfare agency as a confirmed victim of sex trafficking or at risk of sex trafficking.

XII. STANDARD OPERATING PROCEDURES

- A. The Youth Parole Bureau shall develop Standard Operating Procedures consistent with this policy to include, but not limited to:
1. Administration of the GAIN-SS.
 2. Administration of the CUMHA.
 3. Administration of the NRIT.
 4. Web-based case management system documentation.
- B. Each facility shall develop Standard Operating Procedures consistent with this policy to include, but not limited to:
1. Administration of the MAYSI-2.
 2. A step-by-step process for how certified screeners will respond to each of the six measured areas on the MAYSI-2 based on *Caution* or *Warning* to include time frames and staff duties.
 - a. Procedures for how to address *Caution* and *Warning* areas on the MAYSI-2.
 - b. Services available to address each of the six areas for youth identified through the second level screenings requiring intervention.
 3. Administration of the NRIT.
 4. How the facility will use the information gained from the MAYSI-2 and the CUMHA to drive case planning and programming.
 5. Obtaining information from transport staff upon arrival of a youth regarding youth's behavior during the transport and observations during transport which indicate the youth may want to harm themselves, and where to document this information.
 6. Process for ensuring data requirements are met, including web-based case management system documentation.
 7. Any additional screening tools utilized by the facility.

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8. In addition, Caliente Youth Center shall include administration of the Girls Health Screen, to include:
 - a. The number of hours the intake screening will be given by after admission.
 - b. The staff responsible for administering the Girls Health Screen.
 - c. The timeframe within the reassessment of the Girls Health Screen will be completed.
 - d. The amount of time the results will be interpreted within by medical and mental health staff, for both urgent and non-urgent needs.
 - e. The staff responsible for uploading the Girls Health Screen into the web-based case management system.
 - f. The staff responsible for maintaining the Girls Health Screen Excel spreadsheet.

- C. This policy shall be reviewed annually.