

# MAYSI-2 Administration & Referral Protocol Manual

10th Judicial District Probation, State of Colorado

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Prepared by the Spark Policy Institute



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POLICY INSTITUTE

igniting public policy and community change

# MAYSI-2 ADMINISTRATION AND REFERRAL PROTOCOL MANUAL

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## PREAMBLE: MENTAL HEALTH SCREENING WITHIN JUVENILE JUSTICE<sup>1</sup>

By Kathleen R. Skowyra and Joseph J. Cocozza, Ph.D. and Valerie Williams, M.A., M.S.

National Center for Mental Health and Juvenile Justice

[http://www.ncmhjj.com/pdfs/MH\\_Screening.pdf](http://www.ncmhjj.com/pdfs/MH_Screening.pdf)

### INFORMATION SHARING

Information sharing should occur through an active exchange of information to benefit assessments, case planning, and service delivery. Sharing the results from the MAYSI-2 should be done to facilitate appropriate and improved coordination of services for youth.

### RATIONALE FOR MENTAL HEALTH SCREENING OF YOUTHS IN THE JUDICIAL SYSTEM

“Recent research has established that a large proportion of youth involved with the juvenile justice system in this country have significant mental health problems. Findings from a number of mental health prevalence studies conducted within the last five years among youth in a variety of juvenile justice settings – community-based, detention, corrections – are remarkably consistent. Approximately 65 percent to 70 percent of youth in the juvenile justice system have a diagnosable mental health disorder. Severe mental disorders are close to 27 percent, indicating that more than one quarter of all youth in the juvenile justice system are in significant need of mental health treatment.

One of the most important first steps to respond to the mental health treatment needs of youth in the juvenile justice system is to systematically identify the mental health needs of youth as they become involved with the juvenile justice system. Mental health screening is now routinely performed within many juvenile justice agencies and programs throughout the country. This is important progress in the overall effort to better identify and respond to youth with mental health treatment needs.”

### MENTAL HEALTH SCREENING AND MENTAL HEALTH ASSESSMENT

“**Mental Health Screening** is a relatively brief process carried out by non-clinical staff using a standardized mental health screening tool. Some tools offer structured questions that youth answer about their current or recent thoughts, feelings, or behaviors. Others ask staff to make ratings based on past records or caretakers’ reports of youths’ behavior. In any case, mental health screening is a triage process that is employed with every youth during an initial probation intake interview, within a few hours after intake in pretrial detention or upon entrance into juvenile justice placement.

The purpose of mental health screening is to identify youth who’s mental or emotional conditions suggest that they might have a mental disorder, might have suicide potential, or might present a risk of harm to others in the immediate future. The term “screened in” is used to refer to youth who are identified by the screening method as needing further attention.

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<sup>1</sup> Selected passages come from Skowyra, K.R., & Cocozza, J.J. (n.d.) *Mental health screening within juvenile justice: The next frontier*. Chapter 1: Introduction, and Chapter 2: Procedures and Policies. Delmar, NY: National Center for Mental Health and Juvenile Justice. [http://www.ncmhjj.com/pdfs/MH\\_Screening.pdf](http://www.ncmhjj.com/pdfs/MH_Screening.pdf)

When youth are “screened in” for possible mental and emotional problems, it does not necessarily mean that they have mental disorders or that they are suicidal or likely to harm others. It indicates the need for a follow-up response by staff. Often this involves obtaining further evaluation.

***Mental Health Assessment*** is a follow-up for youth whose screening scores suggest that they might have mental and emotional problems. Assessments are performed by clinicians, and the offer more comprehensive, individualized evaluation of youth providing descriptions and recommendations that will be useful for longer-range treatment and dispositional planning. The assessment process may include psychological testing, clinical interviewing, and obtaining past records from other agencies for review by the clinical assessor.”

## DESCRIPTION OF THE MASSACHUSETTS YOUTH SCREENING INSTRUMENT: VERSION 2

The Massachusetts Youth Screening Instrument (MAYSI-2) is a screening instrument developed for detecting mental health needs in youth aged 12-17. Designed as a low-cost, easily administered tool, it screens for multiple issues and can be administered in 10-15 minutes. It is divided into seven scales composed of 52 questions that are designed to detect alcohol/drug use, angry-irritable behavior, depression-anxiety, somatic complaints, suicide ideation, thought disturbance, and traumatic experience. Youths answer YES or NO concerning whether each item has been true for them "within the past few months." MAYSI-2 requires a 5<sup>th</sup>-grade reading level, and is designed to be self-administered either in paper or over a computer. The MAYSI-2 is available in both English and Spanish as well as in software form. The MAYSI-2 software is called MAYSIWARE. MAYSI-2 is becoming a standard feature in many juvenile justice facilities, and is currently in use in 48 states and in 6 countries.

### MAYSI-2 SCALES<sup>2</sup>

#### Alcohol/Drug Use

The AD scale is intended to identify youths who are using alcohol or drugs to a significant degree, and who are therefore at risk of substance dependence and/or abuse. The scale has eight items. Five of the items are concerned with various negative consequences of substance use disorders, and the remaining three address characteristics of substance use that are thought to represent factors for abuse.

#### Angry-Irritable

The AI scale is intended to assess explicit feelings of preoccupying anger and vengefulness, as well as a general tendency toward irritability, frustration, and tension related to anger. The scale has nine items. Four explicitly concern angry mood and thoughts, three others are concerned with irritability and risk of impulsive reactions, and the last two items pertain to behavioral expression of anger.

#### Depressed-Anxious

The DA scale is intended to elicit symptoms of mixed depression and anxiety. The scale has nine items.

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<sup>2</sup> Description from Grisso, T. & Barnum, R. (2006). Massachusetts Youth Screening Instrument Version 2: User's manual and technical report. Sarasota, FL: Professional Resource Press, pp.12-18.

Five items inquire about manifestations of anxiety and inner turmoil, and four items are concerned with depressed mood.

### **Somatic Complaints**

The SC scale includes six items that ask about various bodily aches and pains that may affect the youth, along with specific bodily expressions of anxiety. An elevated score on this scale could occur for a variety of reasons. For example, somatic complaints tend to co-occur with depression and anxiety, and sometimes they can be associated with trauma history and with thought disorder as well. On the other hand, aches, pains, and other somatic complaints may be symptoms of physical illness, and such complaints should not be overlooked as symptoms in their own right.

### **Suicide Ideation**

The SI scale has five items. Three of them specifically address thoughts and intentions about self-harm and two involve depressive symptoms that may present an increased risk for suicide. One of the items is shared with the DA scale.

### **Thought Disturbance (Boys Only)**

The TD scale is intended to indicate the possibility of serious mental disorder involving problems with reality orientation. The scale has five items, four of which refer explicitly to altered perceptions in reality that are frequently associated with psychotic disorders. The remaining item refers to a condition of derealization ("things don't seem real") that is a more general abnormality of perception and consciousness. It is sometimes an early indication of a psychotic state, but it may simply arise in anxiety or dissociative states as well. In the study with which the MAYSI-2 was developed, the various ways that were used to identify which items came together as scales did not identify a "thought disturbance" scale for girls using MAYSI-2 items. Thus the TD scale should not be applied to girls.

### **Traumatic Experiences**

The TE scale is intended to identify whether a youth has had greater exposure to traumatic events compared to other youths. Unlike other MAYSI-2 items, the TE items ask for responses regarding events or feelings over the youth's entire lifetime rather than just the "past few months." There are separate TE scales for boys and girls.

## **MAYSI-2 ADMINISTRATION PROTOCOLS<sup>3</sup>**

### **I. MISSION/PURPOSE**

By adopting the MAYSI-2, it is the intent that all youth, ages 12-17, receiving services through 10<sup>th</sup> Judicial District Probation will be administered the MAYSI-2 for early identification of potential behavioral health issues and early referral of services.

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<sup>3</sup>Thanks to Sherri Egan, Executive Director, Ogle County Juvenile Justice Council, Ogle County, IL, who shared their "Models for Change" protocol for administering the MAYSI-2. The "Models for Change" protocol provided the outline of steps for this protocol manual template.

## II. POINTS OF CONTACT

Administering the MAYSI-2 requires follow-up actions. The MAYSI-2 will be administered with sufficient time afterwards to follow the protocol steps. There will be two types of initial contacts for administering the MAYSI-2 in Pueblo County. These are:

1. Pueblo Youth Center, initial in-take, within one hour of arrival.
2. At the first formal appointment with the **10<sup>th</sup> Judicial District Probation** offices within an hour of the youth's arrival, but after the staff has talked with the youth about the MAYSI-2 (see below for language):

If the 10<sup>th</sup> Judicial District Juvenile Probation receives verification from the Pueblo Youth Center that a youth has completed a MAYSI-2 screening within the last 30-90 days, the 10<sup>th</sup> Judicial District Juvenile Probation will not re-administer the MAYSI-2 to the youth, but will instead get the screen result information on that youth from Pueblo Youth Center.

- a. Pre-sentence investigation interview
- b. Terms and conditions

## III. INITIAL CONTACT

Screeners shall inform youth of the following:

1. Instructions of how to introduce the MAYSI-2 to youth. State the following:

“What we are asking you to do now is answer some questions so that we can get to know you better and see what services might be helpful to you and your family.”
2. Instructions on how to complete the survey are explained. State the following:

“These are some questions about things that sometimes happen to people. For each question, please answer “yes” or “no” to whether that question has been **true for you in the past three months or since [name holiday/event 3 months ago]** unless otherwise indicated. Please answer these questions as well as you can and choose the best answer rather than leaving the questions blank.”
3. Limits on confidentiality are explained in the event that the youth indicates an intention to harm themselves or others; or that the youth has indicated that he/she is a victim of child abuse or neglect or has disclosed that he/she has committed an offense involving child abuse or neglect. State the following:

“What you reveal when answering these questions is confidential. Nothing you reveal can be used against you in any juvenile or criminal court hearing unless the results show potential, imminent danger of self-harm in which case law enforcement will be contacted. In addition, if you disclose that you are the victim of child abuse or neglect or if you disclose that you have committed an offense involving child abuse or neglect, that information must be reported to law enforcement and/or Pueblo County Department of Human Services.”
4. Information sharing. State the following:

“A summary of these results may be shared with the agencies indicated on the Release of Information form.”

#### IV. ADMINISTERING THE MAYSI-2

##### Computer-Administered through MAYSIWARE™

###### *Taking the survey*

1. At the 10<sup>th</sup> Judicial District Juvenile Probation offices there will be one dedicated computer that has the MAYSI-2 software program installed. The computer will be located in an area or room that is free of distractions.
2. Computer access to the MAYSI-2 at the 10<sup>th</sup> Judicial District Probation offices will be provided to a selected number of Probation staff to include Probation Officers, Supervisors, Chief Probation Officer, Information Technology Specialist(s), and Intern Probation Officers. Each person will use a standardized password and individual user names to login.
3. Youth will be provided with verbal instructions (see “Initial Contact” on previous page or see *MAYSI-2 Protocol Summary* for talking points).
4. Screener opens MAYSIWARE™ and enters personal username and standard password.
5. Screener selects “Start MAYSI-2.”
6. Screener enters demographic data from youth’s intake sheet. Use first name and last name only. Each youth will have a personal ID# that the screener will enter.
7. Youth begins MAYSI-2 (headphones provided). The youth should select the language (English or Spanish) that is best for him/herself. Screener should define with youth that questions apply to the **last 3 months (or name a holiday)**. Screener waits outside the room or nearby if the computer is located in an open area in case questions arise.

###### *Scoring the survey*

8. After the youth completes the MAYSI-2, the screener will enter their user name and password again and then will check “review report” to access screening results.
9. Personalized 2<sup>nd</sup> screening forms for that youth are created when a youth scores at or above CAUTION on the Suicide Ideation scale and at or above WARNING on all other scales. When these scores are reached, the computer will automatically generate secondary screening questions. When the software asks the screener if they want to review the report, the screener can simply click “yes” to see the youth’s report and any generated secondary screening questions. Both the screen results and secondary screening questions can be printed out for manual note-taking. In addition, a summary form is provided where the screener can document any action taken. The screener can later go into the MAYSIWARE Cases option and then select the youth (youth will be listed under cases by MAYSIWARE ID, last and first name and date of birth) in the top box and on the appropriate MAYSI screening option (“Add/Edit 2nd Screening Answers”) located at the bottom of the screen. The Screener can enter answers directly into the software. The screener will need to select their own name from the drop-down box located at the top right hand corner of the page as the person

entering the form. The screener should attempt to type answers using the youth's language or words. The screener will find the Summary form after the Second Screening forms where the screener can record what action was taken (and a description) or if an action was not taken and why an action was not taken. Please note: If the screener believes that these notes are not finalized, they should click "cancel". If the notes are final, the screener should click "done". Once "done" is clicked the screener will not be able to go back and make changes.

10. Manual (paper and pencil) secondary screening forms are available in the full MAYSI-2 manual. These should be used for youth that score **at or above the CAUTION** on individual scales at the supervising officer's discretion. Because the computer will only generate secondary screening questions for WARNING (except for Suicide Ideation), the screener will need to reference the paper and pencil version forms.

## Administered via Paper & Pencil

### *Taking the survey*

1. The youth should be placed in a room or area without distractions.
2. Staff hands the youth the MAYSI-2 Questionnaire appropriate for their gender and language preference (similar to the electronic version, the paper screen is available in both English and Spanish), and provides instructions (see "Initial Contact" on previous page or see *MAYSI-2 Protocol Summary* for talking points).
3. Staff ensures youth can read the items with minimal help by asking the youth to read the first few items aloud. If the youth's preferred language is Spanish and they need reading assistance, Spanish-speaking staff should be available.
  - a. If youth cannot read the questionnaire, staff member lets youth know s/he will help by reading the items from their own copy.
  - b. Staff reads each item, including the item number and youth places answer by the correct item. Staff should not watch how the youth answers each item in order to ease the level of potential discomfort.
4. When survey is completed, staff checks to confirm all questions have been answered. If not, staff encourages youth to complete missing items.
  - a. If youth is having trouble deciding whether item is true or not for him/her, prompt youth to answer "yes" if it has "probably been true" or if it is "a little true."

### *Scoring the survey*

5. The manual MAYSI Screen scores can be entered directly into the MAYSIWARE simply by the staff member filling out the youth's Race and Ethnicity information screen and clicking "next" to continue, selecting "Manual Entry" and entering the youth's answers from the paper and pencil form. The staff member should select the language the MAYSI-2 was taken in and leave blank any questions that the youth did not answer. Following the entry of information, the staff member will be asked if they wish to verify the answers. After the verification of responses, the screen will be automatically scored and the staff member will then be asked if they wish to view the

- MAYSI-2 report. They can print out the report and, if applicable, proceed with the second screen information.
6. If a staff member cannot use the manual entry option on the software to generate screen scores, the staff member can also use the *MAYSI-2 Scoring Key* to hand score the Questionnaire.
    - a. Align the arrow on the left side of the *Scoring Key* with the arrow on the right side of page 1 of the Questionnaire.
      - i. Circle the numbers on the *Scoring Key* that the youth marked “Yes” and place an X on each item on the *Scoring Key* for which the youth did not provide an answer.
      - ii. Two scales are gender-specific:
        1. *Thought Disturbance* scale is for BOYS ONLY.
        2. *Traumatic Experiences* scale has a separate *Scoring Key* for boys and girls.
    - b. Repeat above procedure with page two of the MAYSI-2 Questionnaire, aligning the right side of the *Scoring Key* with the arrow on page two of the Questionnaire.
  7. Use the *MAYSI-2 Scoring Profile* to record the information from the Scoring Key.
    - a. First identify the scales, if any, for which the number of X’s indicate an invalid score:
      - i. For scales with eight to nine items, more than two unanswered items invalidates the scale.
      - ii. For scale with five to six items, more than one unanswered item invalidates the scale.
    - b. Transfer from the Scoring Key to the Score Profile the number of items circled for a given scale (if it is valid, see “a” above).
      - i. Remember, two scales are gender-specific:
        1. *Thought Disturbance* scale is for BOYS ONLY so only boys will have a score for TD.
        2. *Traumatic Experiences* scale has separate Scoring Keys for boys and girls. Be sure you used the appropriate key before entering the score.
  8. **Under no circumstances should the staff change any of the youth’s answers on the MAYSI-2.** If second screening questions reveal the youth misunderstood a question, this information can be written in response to the second screening question to thereby “correct” or clarify the initial answer.
  9. Follow up secondary screening forms are available in the full MAYSI-2 manual.

## MAYSI-2 REFERRAL PROTOCOLS

### I. POST SCREENING

1. **If youth scores at or above the “Caution” level on the “Suicide Ideation” scale**
  - a. Ask second screening questions of the youth.

- b. If it is determined that the youth is in imminent danger to him/herself, call law enforcement and law enforcement will determine appropriate action including possible transport to Parkview Medical Center and/or St. Mary-Corwin Hospital.
  - c. If determined youth is not in imminent danger to him/herself:
    - i. Complete a *Safety Contract* with the youth and his/her family/legal guardian/foster parent.
    - ii. Advise responsible parties (his/her family/legal guardian/foster parent) that Youth needs to be *monitored*.
    - iii. Conduct *Collateral Interviews* with family members and/or past service providers.
    - iv. Depending on the information collected, the screener may need to do one or more of the following:
      - Follow procedures in Section II. Information Sharing
      - Determine if youth is currently receiving mental health care. Contact and confirm with provider that services are current and inform provider that youth is at Probation and a behavioral health screen has been conducted.
      - Seek a Clinical Consultation from a mental health professional (please see attached Provider List located in Appendix D).
      - Arrange a comprehensive Mental Health Evaluation from community-based service provider from Provider List (see Appendix D) or from a private provider if youth and family have private health insurance.
2. **The Traumatic Experiences** section will not create 2<sup>nd</sup> screening questions, so the screener needs to pay close attention to the MAYSI-2 summary score sheet and use the information to help determine if youth should be referred for a further assessment.
  3. **“Warning” on any other scale**
    - a. Ask MAYSI-2 second screening questions of youth.
    - b. Set service response plan according to section III. Massachusetts Youth Screening Instrument (MAYSI-2) Administration & Referral Protocol Summary.
  4. See Appendix D for a list of all public health and community organizations within the 10<sup>th</sup> Judicial District that provide behavioral health services to youth.

## II. INFORMATION SHARING

1. Sharing the results of the MAYSI-2 with other providers, including mental health providers, is subject to regulations. Results can be shared based on any of these protocols:
  - a. The 10<sup>th</sup> Judicial District Probation Release of Information (ROI) (See Appendix E for a copy).
  - b. The rules set forth in state statute and Departmental Policy 112 (See Appendix F for a copy of Departmental Policy 112).

2. Sharing the results of the MAYSI-2 with family members/legal guardians is subject to any of the following:
  - a. The 10<sup>th</sup> Judicial District Probation Release of Information (See Appendix E for a copy of the ROI).
  - b. The rules set forth in state statute and Departmental Policy 112 (See Appendix F for a copy of Departmental Policy 112).

## MASSACHUSETTS YOUTH SCREENING INSTRUMENT (MAYSI-2) ADMINISTRATION & REFERRAL PROTOCOL SUMMARY<sup>4</sup>

MAYSI-2 Protocol Summary is a quick reference sheet of the steps to be followed when administering the MAYSI-2 mental health screening instrument to youths 12-17 years of age. The first page provides steps for how to administer the instrument. The second page provides directions for recommended services based on the youth’s MAYSI-2 scores. For detailed information, consult the manual, *MAYSI-2 Administration & Referral Protocol Manual: 10<sup>th</sup> Judicial District, State of Colorado*.

Before Administering the Instrument	During Administration	After Administration
<p><u>Introduce the Test by saying:</u></p> <p>“What we are asking you to do now is answer some questions so that we can get to know you better and see what services might be helpful to you and your family.”</p> <p><u>Give instructions on how to complete the survey by saying:</u></p> <p>“These are some questions about things that sometimes happen to people. For each question, please answer “yes” or “no” to whether that question has been <b>true for you in the past three months or since [name holiday 3 months ago]</b> unless otherwise indicated. Please answer these questions as well as you can and choose the best answer rather than leaving the questions blank.”</p>	<ul style="list-style-type: none"> <li>• Monitor and supervise the room/area where the youth is completing the instrument.</li> <li>• Answer questions by the youth as necessary and ensure that you are available for any assistance needed to successfully complete the questionnaire.</li> <li>• When using the MAYSIWARE (computerized version of MAYSI-2), please ensure that you have completed the section “TO BE COMPLETED BY STAFF ONLY” prior to administration.</li> </ul>	<ul style="list-style-type: none"> <li>• Run the analysis of the answers.</li> <li>• Print off the report.</li> <li>• Conduct appropriate follow-up actions and procedures</li> <li>• Enter action taken in “Results” field. (Indicate which of the post-scoring services described below were done.) If a youth’s MAYSI score does not indicate a potential mental health problem, enter “No Action Required.”</li> <li>• Protect confidentiality of results by following the <i>Information Sharing Protocol</i>.</li> </ul>

<sup>4</sup> Many thanks to the Texas Juvenile Justice System that designed the summary matrix format. More information can be found at Skowyra, K.R., & Coccozza, J.J. (n.d.) *Mental health screening within juvenile justice: The next frontier*. Appendix C: **Texas MAYSI-2 Protocol Reference Card**, p.26. Delmar, NY: National Center for Mental Health and Juvenile Justice. Accessed from [http://www.ncmhjj.com/pdfs/MH\\_Screening.pdf](http://www.ncmhjj.com/pdfs/MH_Screening.pdf)

<p><u>Give the confidentiality warnings by saying:</u></p> <p>“What you reveal when answering these questions is confidential unless the results show potential imminent danger of self-harm in which case law enforcement will be contacted. Nothing you reveal can be used against you in any juvenile or criminal court hearing. However, there is one exception to this. If you disclose that you are the victim of child abuse or neglect or if you disclose that you have committed an offense involving child abuse or neglect, that information must be reported to law enforcement and/or Pueblo County Department of Human Services.”</p> <p><u>Stipulate how information is shared by saying:</u></p> <p>“A summary of these results may be shared with the agencies indicated on the Release of Information.”</p>		
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Take the following action in response to MAYSI-2 scores in these combinations:

MAYSI-2 Post-Scoring Recommended Services	
Secondary Screening (by Juvenile Justice Staff)	Primary Services (by Mental Health Professionals)
<p>A. <u>Monitor the Youth.</u> Staff should advise families/legal guardians/foster parents to exercise greater vigilance and attention to the youth in order to conduct relevant behavioral observations. If youth is at imminent danger of self-harm families/legal guardians/foster parents should contact law enforcement. <b>Complete Second Screening Questions for a youth who scores at or above the CAUTION score for Suicide Ideation scale and the WARNING score for all other scales.</b></p>	<p>E. <u>Clinical Consultation.</u> Staff should seek expertise from clinical professionals/mental health professionals who can intervene to provide brief evaluation or emergency care.</p>
<p>B. <u>Interviewing and Collateral Contacts.</u> Staff should engage in focused discussions with the youth, or with the youth’s family and/or past service providers. The focus should explore the reasons for the juvenile’s responses on relevant items of the MAYSI-2, as well as outside information that contradicts or is consistent with what the youth reported on the instrument. <b>Complete Second</b></p>	<p>F. <u>Evaluation Referral.</u> Staff should arrange for a more comprehensive psychiatric or psychological evaluation to determine the nature and source of the youth’s self-reported distress or disturbance.</p>

<b>Screening Questions for a youth who scores at or above the <u>CAUTION score for Suicide Ideation scale</u> and the <u>WARNING score for all other scales</u>.</b>	
C. <u>Complete a Safety Contract</u> . Working with the youth and his/her family/legal guardian/foster parent, a contract to ensure the youth will not harm him/herself will be written up.	G. <u>Contact and confirm Mental Health Services</u> . Staff reviews case file and confirms with his/her mental health provider that youth is currently receiving mental health services. Provider is informed of current situation. If not receiving current mental health services, a referral should be completed.
D. <u>Follow Release of Information Procedures</u> . If mental health services are needed, staff will follow appropriate <i>Information Sharing</i> procedures.	H. <u>Transport to Secure Facility</u> . If youth is in imminent danger of harming him/herself, law enforcement will be called and law enforcement will determine appropriate action including possible transport to Parkview Medical Center and/or St. Mary-Corwin Hospital.

**Recommended Actions by Juvenile Justice Staff**

**Suicide Ideation Scale Only**

**CAUTION** A & B & C with the option of Either (E or F) **and** (G or H) **with** D

**WARNING** D + Either (E or F) **and** H

**Any Combination of Scales (Except Suicide Ideation Scale)**

<b>CAUTION</b>		<b>WARNING</b>		Either (A or B or Both) + D <b>and</b> G
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<b>WARNING</b>		<b>WARNING</b>	+	Both (A & B) + D <b>and</b> Either (E or F or G)
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<b>CAUTION</b>		<b>CAUTION</b>		Either (A or B or Both) + D <b>and</b> G
----------------	--	----------------	--	--

<b>CAUTION</b>		<b>CAUTION</b>		<b>WARNING</b>	Both (A & B) + D <b>and</b> Either (E or F or G)
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<b>CAUTION</b>		<b>CAUTION</b>		<b>CAUTION</b>		Either (A or B or Both) + D <b>and</b> Either (E or F or G)
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## APPENDIX A: GENERAL GUIDELINES FOR MAYSI-2 YOUTH PROTOCOL<sup>5</sup>

### PENNSYLVANIA GUIDELINES FOR INTRODUCING THE MAYSI-2 TO YOUTH

#### Introducing Youths to the MAYSI-2

Instruments like the MAYSI-2 must be introduced to youths appropriately. How youths respond to the questions depends a lot on what they think the instrument is assessing. Therefore, the person giving the MAYSI-2 should take one or two minutes to introduce the youth to it.

There is no one way do the introduction. It certainly calls for more than handing the form to the youth and saying “please complete this.” On the other hand, it does not require a lengthy or detailed description. What is needed is some basic information, offered in a nonthreatening manner and in a way that youths can understand.

Below is a list of guidelines describing the types of information that should be included when introducing youths to the MAYSI-2.

#### List of Things to Include in the Introduction

##### 1. *That the questions will help staff understand the youth better*

Let youths know that you would like to give them a set of questions to answer that will help staff to understand them better. Describe them as questions about who they are – their thoughts and feelings about things or themselves. Tell them this includes about 50 yes/no questions. The youths should be told that this helps the staff learn whether they might have special needs that staff should know about. References to the MAYSI-2 as a test should be avoided as a youth may think this means there are right and wrong answers to the questions.

##### 2. *Who will (or will not) see the youth’s answers and use them for certain purposes*

Youths should be told who will see their answers and/or scores. This may differ across programs. For example, one probation department might only allow probation staff to see the youths’ answers and scores so that they can determine whether the youth has special needs. Whatever the potential uses, the youth should be told about them. This does not have to be detailed, but it should be honest. It might include indicating who will not see the results, e.g., “the results will not go to the judge or the D.A.,” as well as who will see the results.

##### 3. *Voluntary nature of the MAYSI-2*

Taking the MAYSI-2 is always “voluntary” in that the youths may choose not to answer the questions. It is inappropriate to make their participation mandatory or to punish them for not answering. The MAYSI-2 is routine (like other health and identity questions) and intended only for the youth’s protection. The information is intended to help staff in the program attend to youths’ immediate safety and needs.

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<sup>5</sup> Adapted from Skowrya, K.R., & Coccozza, J.J. (n.d.) *Mental health screening within juvenile justice: The next frontier. Appendix B: Pennsylvania Guidelines for Introducing the MAYSI-2 to Youth*, pp.22-23. Delmar, NY: National Center for Mental Health and Juvenile Justice. Accessed from [http://www.ncmhjj.com/pdfs/MH\\_Screening.pdf](http://www.ncmhjj.com/pdfs/MH_Screening.pdf)

*4. Check for special needs of youth in completing the procedure*

Once the youth is ready to take the MAYSI-2, staff should assist the youth in getting started. If the program uses MAYSIWARE, this is a matter of entering the youth's background information in the computer and then, after putting the headphones on the youth, sitting with the youth while the computer programming gives the youth initial instructions about answering the questions on the keyboard. The staff person then steps aside when the youth begins to respond so that the youth does not feel that the staff person is looking at the responses.

## APPENDIX B: MAYSI-2 SCALES & QUESTIONS REFERENCE CARD<sup>6</sup>

The MAYSI-2 is composed of seven scales. Each scale is made up of a set of questions. For all scales EXCEPT Traumatic Experiences, the questions refer to the “last few months.” Traumatic Experiences questions refer to “ever in your life.”

MAYSI-2 Scale	Description of Scale/Measurement Components	Questions on Scale
<b>Alcohol/ Drug Use</b>	<ul style="list-style-type: none"> <li>• <b>Frequent use of alcohol/drugs</b></li> <li>• <b>Risk of substance use disorders or psychological reaction to lack of access to substances</b></li> </ul>	<ul style="list-style-type: none"> <li>• 10. Have you done anything you wish you hadn't, when you were drunk or high?</li> <li>• 19. Have your parents or friends thought you drink too much?</li> <li>• 23. Have you gotten in trouble when you've been high or have been drinking?</li> <li>• 24. If yes [to #23], has the trouble been fighting?</li> <li>• 33. Have you used alcohol or drugs to help you feel better?</li> <li>• 37. Have you been drunk or high at school?</li> <li>• 40. Have you used alcohol and drugs at the same time?</li> <li>• 45. Have you been so drunk or high that you couldn't remember what happened?</li> </ul>
<b>Angry-Irritable</b>	<ul style="list-style-type: none"> <li>• <b>Experiences frustration, lasting anger, moodiness</b></li> <li>• <b>Risk of angry reaction, fighting, aggressive behavior</b></li> </ul>	<ul style="list-style-type: none"> <li>• 2. Have you lost your temper easily, or had a “short fuse”?</li> <li>• 6. Have you been easily upset?</li> <li>• 7. Have you thought a lot about getting back at someone you have been angry at?</li> <li>• 8. Have you been really jumpy or hyper?</li> <li>• 13. Have you had too many bad moods?</li> <li>• 35. Have you felt angry a lot?</li> <li>• 39. Have you gotten frustrated easily?</li> <li>• 42. When you have been mad, have you stayed mad for a long time?</li> <li>• 44. Have you hurt or broken something on purpose, just because you were mad?</li> </ul>

<sup>6</sup> Adapted from Skowrya, K.R., & Coccozza, J.J. (n.d.) *Mental health screening within juvenile justice: The next frontier*. Appendix C: Texas MAYSI-2 Protocol Reference Card, pp.24-25. Delmar, NY: National Center for Mental Health and Juvenile Justice. Accessed from [http://www.ncmhjj.com/pdfs/MH\\_Screening.pdf](http://www.ncmhjj.com/pdfs/MH_Screening.pdf)

MAYSI-2 Scale	Description of Scale/Measurement Components	Questions on Scale
<p><b>Depressed-Anxious</b></p>	<ul style="list-style-type: none"> <li>• <b>Experiences depressed and anxious feelings</b></li> <li>• <b>Risk of impairments in motivation, need for treatment</b></li> </ul>	<ul style="list-style-type: none"> <li>• 3. Have nervous or worried feelings kept you from doing things you want to do?</li> <li>• 14. Have you had nightmares that are bad enough to make you afraid to go to sleep?</li> <li>• 17. Have you felt lonely too much of the time?</li> <li>• 21. Has it seemed like some part of your body always hurts you?</li> <li>• 34. Have you felt that you don't have fun with your friends anymore?</li> <li>• 35. Have you felt angry a lot?</li> <li>• 41. Has it been hard for you to feel close to people outside your family?</li> <li>• 47. Have you given up hope for your life?</li> <li>• 51. Have you had a lot of bad thought or dreams about a bad or scary event that happened to you?</li> </ul>
<p><b>Somatic Complaints</b></p>	<ul style="list-style-type: none"> <li>• <b>Experiences bodily discomforts associated with distress</b></li> <li>• <b>Risk of psychological distress not otherwise evident</b></li> </ul>	<ul style="list-style-type: none"> <li>• When you have felt nervous or anxious...</li> <li>• 27. ...have you felt shaky?</li> <li>• 28. ...has your heart beat very fast?</li> <li>• 29. ...have you felt short of breath?</li> <li>• 30. ...have your hands felt clammy?</li> <li>• 31. ...has your stomach been upset?</li> <li>• 43. Have you had bad headaches?</li> </ul>
<p><b>Suicide Ideation</b></p>	<ul style="list-style-type: none"> <li>• <b>Thoughts and intentions to harm oneself</b></li> <li>• <b>Risk of suicide attempts or gestures</b></li> </ul>	<ul style="list-style-type: none"> <li>• 11. Have you wished you were dead?</li> <li>• 16. Have you felt like life was not worth living?</li> <li>• 18. Have you felt like hurting yourself?</li> <li>• 22. Have you felt like killing yourself?</li> <li>• 47. Have you given up hope for your life?</li> </ul>
<p><b>Thought Disturbance</b></p>	<ul style="list-style-type: none"> <li>• <b>(Boys Only) Unusual beliefs and perceptions</b></li> <li>• <b>Risk of thought disorder</b></li> </ul>	<ul style="list-style-type: none"> <li>• 9. Have you seen things other people say are not really there?</li> <li>• 20. Have you heard voices other people can't hear?</li> <li>• 25. Have other people been able to control your brain or your thoughts?</li> <li>• 26. Have you had a bad feeling that things don't seem real, like you're in a dream?</li> <li>• 32. Have you been able to make other people to things just by thinking about it?</li> </ul>

MAYSI-2 Scale	Description of Scale/Measurement Components	Questions on Scale
<p><b>Traumatic Experiences</b></p>	<ul style="list-style-type: none"> <li>• <b>Lifetime exposure to traumatic events (e.g., abuse, rape, observed violence). Questions refer youth to “ever in the past” not “past few months”</b></li> <li>• <b>Risk of trauma-related instability in emotion/perception</b></li> </ul>	<p><u>Girls</u></p> <ul style="list-style-type: none"> <li>• 48. Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you?</li> <li>• 49. Have you ever been badly hurt, or been in danger of getting badly hurt or killed?</li> <li>• 50. Have you ever been raped, or been in danger of getting raped?</li> <li>• 51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?</li> <li>• 52. Have you ever seen someone severely injured or killed (in person – not in movies or on TV)?</li> </ul> <p><u>Boys</u></p> <ul style="list-style-type: none"> <li>• 46. Have people talked about you when you’re not there?</li> <li>• 48. Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you?</li> <li>• 49. Have you ever been badly hurt, or been in danger of getting badly hurt or killed?</li> <li>• 51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?</li> <li>• 52. Have you ever seen someone severely injured or killed (in person – not in movies or on TV)?</li> </ul>

## APPENDIX C: 10<sup>TH</sup> JUDICIAL DISTRICT AGENCIES IMPLEMENTING MAYSI-2

Agency	Contact #	Address	When MAYSI-2 is administered
<b>10<sup>th</sup> Judicial District Juvenile Probation</b>	Amanda McGowan, Supervisor amanda.mcgowan@judicial.state.co.us 719-258-5658	1120 Court Street, Pueblo, CO 81003	Intake
<b>Pueblo Youth Center</b>	Annette Dietrich, Director annette.dietrich@state.co.us 719-546-4902	1406 W. 17th Street, Pueblo, CO 81003	Intake

## APPENDIX D: PUBLIC MENTAL HEALTH SERVICES & COMMUNITY SERVICES RELEVANT TO MAYSII-2 IN THE 10<sup>TH</sup> JUDICIAL DISTRICT

### DRUG/ALCOHOL TREATMENT PROVIDERS / \*\*DUI TREATMENT PROVIDERS

All agencies listed are Colorado State/Court approved providers:

<p><b>**Adult/Youth Counseling Roy McClendon Svcs. Central Pueblo Center</b> 803 W. 4<sup>th</sup> St. Suite F Pueblo, CO 81003 (719) 583-8222</p>	<p><b>**American Counseling Institute</b> 635 W Corona Suite 203 Pueblo, CO 81003 (719) 542-7467</p>	<p><b>Associates for Psychotherapy</b> 924 Indiana Ave. Pueblo, CO 81004 (719) 564-9039 or 1 (800) 330-3878</p>	<p><b>**Awareness Institute</b> JJ Raigoza 1245 Palmer Ave. Pueblo, CO 81004 (719) 546-0904</p>	<p><b>**Bridge To Awareness</b> 310 West "C" St. Pueblo, CO 81003 (719) 296-1366</p>
<p><b>**Crestone Recovery Program (SPMHC)</b> 3691 Parker Suite 200 Pueblo, CO 81008 (719) 545-2746</p>	<p><b>Crossroads Turning Point-Inc.</b> 509 E 13<sup>th</sup> St. Pueblo, CO 81001 (719) 546-6666</p>	<p><b>**Crossroads Turning Points Inc.</b> Brad Bertrand 1615 Bonforte Blvd. Pueblo, CO 81001 (719) 404-1992</p>	<p><b>**Department of Veteran Affairs Clinic</b> 4112 Outlook Blvd. Pueblo, CO 81008 (719) 553-1000</p>	<p><b>**Nextep</b> 2415 Lake Ave. Pueblo, CO 81004 (719) 583-8428</p>
<p><b>**Oasis Counseling</b> 200 W. 29<sup>th</sup> St. Pueblo, CO 81003 (719) 544-4111 <a href="mailto:oasiscounseling@qwestoffice.net">oasiscounseling@qwestoffice.net</a></p>	<p><b>**Oasis Counseling</b> 431 Quincy St Pueblo CO 81005 (719) 545-1093</p>	<p><b>**Oasis West</b> 279 S. Joe Martinez Blvd Pueblo, CO 81007 (719) 647-1787</p>	<p><b>**Southern Colorado Comprehensive Court Svc</b> 200 W. "B" St. Suite 226 Pueblo, CO 81003 (719) 595-1634</p>	

### INPATIENT TREATMENT PROGRAMS

<p><b>Women's STAR-TC Crossroads A Turning Point</b> 3470 Baltimore Pueblo, CO 81008 (719) 561-9850</p>	<p><b>Pueblo STIRRT-Female Crossroads Turning Points</b> 3500 Baltimore Ave. Pueblo, CO 81008 (719) 545-1181</p>	<p><b>Pueblo STIRRT-Male Crossroads Turning Points</b> 1711 E. Evens Pueblo, CO 81004 (719) 566-0234</p>	<p><b>Men's Therapeutic Community Corrections</b> 509 E 13<sup>th</sup> St. Pueblo, Co 81001 (719) 546-6666</p>	<p><b>Parkview Chemical Dependency Unit</b> 58 Club Manor Dr. Pueblo, CO 81008 (719) 584-4890 or (719) 584-4343</p>
<p><b>Oasis Counseling</b> 431 Quincy Pueblo, CO 81004 (719) 544-3497 (719) 250-7003</p>	<p><b>Resada</b> 11000 County Rd. GG.5 PO Box 162 Las Animas, CO 81054 (719) 456-2600</p>			

### IN-HOME DETENTION

<p><b>Southern Colorado Comprehensive Court</b> 200 W. "B" St. Suite 226 Pueblo, CO 81003 (719) 595-1634</p>	<p><b>CCSI (Community Corrections Services, Inc.)</b> 1901 N Hudson Ave. Pueblo, CO 81001 (719) 544-6674</p>	<p><b>Home Detention Systems</b> 319 S. Union, Suite D Pueblo, CO 81003 (719) 583-7866</p>	<p><b>Nextep</b> 2415 Lake Avenue Pueblo, CO 81005 (719) 583-8428</p>	<p><b>Intervention</b> 801 W 4<sup>th</sup> St. Suite 101 Pueblo, CO 81003 (719) 543-1000</p>
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## APPENDIX D CONTINUED: PUBLIC MENTAL HEALTH SERVICES & COMMUNITY SERVICES RELEVANT TO MAYSI-2 IN THE 10<sup>TH</sup> JUDICIAL DISTRICT

### DOMESTIC VIOLENCE TREATMENT PROVIDERS

\*The following is a list of providers to which the Probation Department is currently refers. The DVOMB approved treatment provider list can be located on the web at; [dcj.state.co.us/odvsom/](http://dcj.state.co.us/odvsom/)

See DV & SO List				
	If ordered to complete the YWCA's "Effects of DV on Children" Call 545-8195 (1 class)			

### ANGER MANAGEMENT CLASSES

<b>Colorado Courts &amp; Couples Counseling Svcs.</b> 544 E. Abriendo Ave. Pueblo, CO 81004 (719) 334-9657	<b>New Beginnings M.H. Svc</b> 1301 W. 17 <sup>th</sup> Street Pueblo, CO 81003 (719) 545-5211	<b>Parkview Family Counseling</b> 400 W. 16 <sup>th</sup> St. Pueblo, CO 81003 (719) 584-4700	<b>Fires for the Nation</b> 114 Eris St. Pueblo, CO 81001 (719) 543-6429 (719) 543-8008	
<b>William Beaver, M.A., Inc.</b> 710 Hunter Ave. Pueblo, CO 81001 (719) 542-3355 (office) (719) 542-1699 (fax)	<b>Adult /Youth Counseling Central Pueblo Center</b> 803 W. 4 <sup>th</sup> St. Suite F Pueblo, CO 81003 (719) 583-8222	<b>Southern Colorado Comprehensive Court</b> 200 W. "B" St., Suite 226 Pueblo, CO 81003 (719) 595-1634		

### PARENTING CLASSES

<b>Spanish Peaks Mental Health</b> 1304 Chinook Ln. Pueblo, CO 81001 (719) 545-2746	<b>St. Mary Corwin RMC</b> 1008 Minnequa Ave. Pueblo, CO 81005 (719) 560-4817	<b>Parkview Medical Center</b> 400 W. 16 <sup>th</sup> St. 2 East Conference Room Pueblo, CO 81003 (719) 584-4457		
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**THEFT SEMINAR**

<p><b>Adult/Youth Counsel Central Pueblo Center</b> 803 W. 4<sup>th</sup> St. Suite F Pueblo, CO 81003 (719) 583-8222</p>	<p><b>Southern Colorado Comprehensive Court</b> 200 W. "B" St. Suite 226 Pueblo, CO 81003 (719) 595-1634</p>			
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**MENTAL HEALTH TREATMENT PROVIDERS**

<p><b>Spanish Peaks Mental Health</b> 1304 Chinook Ln. Pueblo, CO 81001 (719) 545-2746</p>	<p><b>Associates for Psychotherapy</b> 924 Indiana Ave. Pueblo, CO 81004 (719) 564-9039 or 1 (800) 330-3878</p>	<p><b>Parkview Medical Center</b> 400 W. 16<sup>th</sup> St. Pueblo, CO 81003 (719) 584-4767 or (719) 584-4700</p>	<p><b>Southern Colorado Comprehensive Court Svc.</b> 200 W. "B" St. Suite 226 Pueblo, CO 81003 (719) 595-1634</p>	<p><b>Catholic Charities of Diocese of Pueblo, Inc.</b> 429 W. 10<sup>th</sup> St., Suite 101 Pueblo, CO 81003 (719) 544-4215 <i>Updated 8/17/2011</i></p>
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# APPENDIX E: 10<sup>TH</sup> JUDICIAL DISTRICT RELEASE OF INFORMATION

Case Number: \_\_\_\_\_

## *Authorization for Release of Information Related to a Minor in a Juvenile Delinquency Case*

I, \_\_\_\_\_, hereby consent to communication between  
Name of Client/Juvenile

\_\_\_\_\_ and the following:  
Name of Education/Treatment Program

- Judge
- 10<sup>th</sup> Judicial District Probation Department
- Defense Attorney
- Prosecuting Attorney
- Parent/Guardian/ Legal Custodian
- Guardian Ad Litem
- Social Services
- SB94
- Useful Public Service
- Service Management Team (SMT) (may include a substance abuse treatment provider, a mental health treatment provider, HB1451 representative, and D-60 representative)
- Mental health provider
- School/Education Programs

Other (Person who has a duty to monitor treatment in connection with the disposition of this case or a need to know) \_\_\_\_\_

The purpose of and need for the disclosure is to inform the person(s) and/or organizations listed above of my attendance and progress in treatment, or

Other Reason for disclosure \_\_\_\_\_

The extent of information to be disclosed is:

<input type="checkbox"/> Name	<input type="checkbox"/> Diagnosis Information
<input type="checkbox"/> Referral Information	<input type="checkbox"/> Attendance Data
<input type="checkbox"/> Clinical Progress Data	<input type="checkbox"/> Education/Termination Data
<input type="checkbox"/> Treatment history	<input type="checkbox"/> Drug Testing Results
<input type="checkbox"/> Medical History/Exam Data	<input type="checkbox"/> Evaluation data
<input type="checkbox"/> Any and all case file information	
<input type="checkbox"/> Other: (Specify) _____	

I agree that the Probation Department may send information listed above, including the Presentence Investigation Report to the agencies and individuals listed above through the e-mail system. \_\_\_\_ (Initial)

I understand that I may revoke this consent at any time in writing. However, if the court has made it a term and condition of probation that I sign an authorization for release of information and I revoke my consent, I may be in violation of my probation. I am aware that if I revoke my consent, in writing, the withdrawal will not be effective as to uses and/or disclosures of my health information that the person(s) and or organization(s) listed above have already made in reference to this authorization.

I understand that this consent expires and cannot be used past the following date: \_\_\_\_\_ (not to exceed one year). If the court has made it a term and condition of probation that I sign an authorization for release of information I will be required to sign another authorization every year until such time as my probation is terminated.

I understand that copies of this form may be used place of the original.

I understand that my alcohol and/or drug treatment records are protected by federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and may also be protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that recipients of this information may re-disclose it only in connection with their official duties.

I understand that generally \_\_\_\_\_ (Name of Treatment Provider) may not condition my treatment on whether I sign a consent form, but in certain limited circumstances I may be denied treatment if I do not sign a consent form.

Client/Juvenile Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Relationship to Defendant: \_\_\_\_\_

Date: \_\_\_\_\_

**PROHIBITION ON REDISCLOSURE**

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the authorization of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

## APPENDIX F: DEPARTMENTAL POLICY 112

Probation Department Policies and Procedures	<b>10<sup>th</sup> Judicial District</b>	<b>Policy No.: 112</b>
Chapter: Administration	Effective: September 2007	
Topic: Release of Offender Information	<del>Review date: September 2009</del> Review date: October 2012	
Applicability: all staff		
Directives and Reference: Chief Justice Directive 05-01, Federal Law 42 CFR part 2; C.R.S. 24-72-305.5; Colorado Children's Code 19-1-303 and 19-1-304; Standards for probation 2.1 and 2.2		

### I. DEFINITIONS:

Release of information – A form signed by the probationer that gives the Probation Department permission to release information from the department's file on the probationer.

Official Action – Those actions taken by a criminal justice agency related to a case. Arrest information, summons and complaint, decisions to grant probation, and modify or revoke probation are all examples of an official action. Official action information is Public record information.

LSI – Level of Supervision Inventory

ASUS – Adult Substance Use Survey

SSI – Simple Screening Instrument

ASUDS – Adult Substance Use Driving Survey

### II. POLICY:

For the purposes of an offender's right to confidentiality, disclosure of the offender's case information that is not defined as public record is not permitted unless there is a duty to warn situation, the court orders release, or there is a release of information signed by the offender.

Juvenile Delinquency records shall not be released unless ordered by the Court, or a release is signed by all parties, or parties are covered under 19-1-304 (1) (c). See Attachment A.

Presentence investigation reports, alcohol evaluation reports, treatment records, medical information and mental health records shall not be released unless ordered by the court, or there is a release of information signed by the offender.

Offender information may be shared with other criminal justice agencies for purposes of direct case supervision or if the information being shared is directly related to the investigation of a crime or protection of the community. Information related to treatment, medical conditions or mental health shall not be released absent a release of information signed by the offender.

Copyrighted information shall not be released without a subpoena. These shall be forwarded to the Chief Probation Officer. The LSI, ASUS and SSI may be released to other criminal justice agencies and agencies approved by ADAD. The ASUDS shall never be released. The summary profile scoring guide on the ASUDS may be released to other criminal justice agencies and agencies approved by ADAD. The attorney

of record in a probation case may view the copyrighted instruments with the exception of a completed ASUDS, but may not obtain a copy of the instrument unless the court orders release.

### III. PROCEDURE:

1. Public Record (Official Actions) Information (Applies to Adult Cases Only)
  - a. When request are made by the victim or a member of the public for public record (Official Actions) information, the staff person shall check to make sure that the information requested is Public Record information. If so, the information may be provided to the requesting party.
  - b. If the information is not public record or the staff person is in doubt, they shall refer the person requesting the information to the Chief Probation Officer.
2. Juvenile Delinquency records:
  - a. Juvenile records shall not be released unless ordered by the court. Section 19-1-304(1)(c), C.R.S., allows for certain parties access to juvenile records. This does not include treatment and mental health information. Please see attachment A (§19-1-304(1)(c), C.R.S.)
  - b. After information is released, the probation staff member will document in E-clipse what was released, and to whom the information was released. If the information was released to a person that is covered under 19-1-304(1)(c) the staff member will indicate that the information was released to a person covered by statute.
3. Consent for Release of Information
  - a. Probation Officers requesting information from another agency on a limited basis shall use the Consent for Release of Information form.
  - b. Probation Officers requesting information on an ongoing basis from a service provider shall complete the offender Consent for Release of Information that specifically details the sharing of information between agencies.
  - c. Information requested that pertains to drug and alcohol treatment, may only be released with a signed authorization for release that is compliant with federal law 42 CFR 2.
  - d. Copies of all Consent Forms shall be maintained in the offender's file along with documentation of what information was released.
  - e. Probation Officers shall have release forms updated and signed by the offender on a yearly basis.
4. Subpoenas
  - a. If a Probation Officer receives a subpoena or a subpoena duces tecum (with file materials) to appear in court on an official action pertaining to the case being supervised, they must appear as ordered. The case narratives and separate victim file information is included in the complete probation record and should be printed from E-clipse and taken to the hearing. See policy 201 – Victim's Rights

- b. All other subpoenas (i.e. civil actions, divorce actions, dependency and neglect matters) for offender records shall be immediately sent to the Chief Probation Officer.
    - c. The Chief Probation Officer, using the Confidential Information Checklist (Attachment B) shall consult with the State Court Administrator's Office/Attorney General's office to determine what if any information can be released.
5. Revocation hearing
  - a. The defendant and Defense attorney of record are not required to subpoena the file on an official action pertaining to the case. The defendant and defense attorney of record must be allowed to have access to the offender file regardless of whether there is a pending revocation.
6. Request for Information by Defense Attorneys of Record/District Attorney/Guardian Ad Litem
  - a. All information in an offender's file, with the exception of the NCIC/CCIC reports and copyrighted instruments, must be released upon request if such information pertains to revocation of probation. The probationer or the defense attorney of record can also obtain all information with the above named exceptions, regardless of whether a revocation is pending. If the District Attorney requests access to the file when there is no revocation pending access must be obtained via a subpoena duces tecum, a search warrant or a release of information signed by the offender.
  - b. When Consents for Release of Information and subpoenas do not specify the information needed, the Probation Officer should contact the requesting party, and ask them to specify what information is needed.
  - c. When the requesting party is unable to specify the information needed, the officer shall provide them access to the file at a probation location to review the file. Because of resources limitations, our practice shall be to not make copies of the entire file but only those documents identified as being needed.
  - d. A staff person of the Department shall copy the information
  - e. A copy of the release or subpoena shall be maintained in the file along with a list of information released.
7. Release to All Other Persons Not Connected to the Supervision of the Probationer.
  - a. For all persons who are not directly connected to the case under which the probationer is being supervised, records and information, other than public records, can only be released with a signed release of information, subpoena or a search warrant (law enforcement agencies including FBI, ICE, DA investigators).

## ATTACHMENT A

### 19-1-304. Juvenile Delinquency records

(1) (c) **Probation records - limited access.** Except as otherwise authorized by section [19-1-303](#), a juvenile probation officer's records, whether or not part of the court file, shall not be open to inspection except as(1) provided in subparagraphs (I) to (XI) of this paragraph (c):

(I) To persons who have the consent of the court;

(II) To law enforcement officers, as defined in section [19-1-103](#) (72), and to fire investigators, as defined in section [19-1-103](#) (51). The inspection shall be limited to the following information:

(A) Basic identification information as defined in section [24-72-302](#) (2), C.R.S.;

(B) Details of the offense and delinquent acts charged;

(C) Restitution information;

(D) Juvenile record;

(E) Probation officer's assessment and recommendations;

(F) Conviction or plea and plea agreement, if any;

(G) Sentencing information; and

(H) Summary of behavior while the juvenile was in detention, if any;

(II.5) To the Colorado bureau of investigation for purposes of conducting a criminal background investigation relating to authorization of a firearm purchase. The inspection shall be limited to the information identified in sub-subparagraphs (A) to (H) of subparagraph (II) of this paragraph (c).

(III) To a court which has jurisdiction over a juvenile or domestic action in which the juvenile is named;

(IV) To any attorney of record in a juvenile or domestic action in which the juvenile is named;

(V) To the state department of human services;

(VI) To any person conducting an evaluation pursuant to section [14-10-127](#), C.R.S.;

(VII) To all members of a child protection team;

(VIII) To the juvenile's parent, guardian, or legal custodian;

(IX) To the juvenile's guardian ad litem;

(X) To the principal of a school, or such principal's designee, in which the juvenile is or will be enrolled as a student and, if the student is or will be enrolled in a public school, to the superintendent of the school district in which the student is or will be enrolled, or such superintendent's designee; or

(XI) To the department of education when acting pursuant to section [22-2-119](#), C.R.S., or pursuant to the "Colorado Educator Licensing Act of 1991", article [60.5](#) of title [22](#), C.R.S.

## **ATTACHMENT B CONFIDENTIAL/ PROTECTED INFORMATION CHECKLIST WITH AUTHORITIES 05/17/2010**

- Drug/Alcohol Treatment Information (including UA testing results if probationer is in treatment): 42 USCS §290dd-2 and 42 CFR § 2.1, §290ee-3, 42 CFR §2.35; § 25-1-312. Records of alcoholics and intoxicated persons; §25-1-1108. Records of drug abusers and persons under the influence of drugs.**
  - Can provide to district attorney or defense attorney who are involved in case being supervised without release or subpoena; **best if the release of information indicates up front the information can be provided to them.**
  - All other uses/requests must have release from client or subpoena, this includes law enforcement because federal law specifically prohibits the use of treatment information as the basis for an investigation of other offenses; law enforcement may also obtain through a search warrant
- Information Related To Medical Condition And Any Supporting Medical Records That May Be Contained In The File: HIPAA-- 45 C.F.R. Parts 160 and 164; § 24-72-204(3)(a) C.R.S.**
  - same as above regarding release
- Information Related to Mental Health Records: HIPAA— 45 C.F.R. Parts 160 and 164; §27-10-120, C.R.S.**
- Copyrighted Materials**
  - For Probation some assessment instruments are copyrighted and Judicial pays for a license to use these; included in the contract is a provision that we will make efforts to not release or distribute the © instrument, profiles, manuals etc.

- Do not release to ANYONE unless subpoenaed AND court ordered (SCAO should be notified if request for materials relates specifically to copyrighted materials so that AG can represent and file motion to quash subpoena)
- ❑ **PSIR**
  - The PSIR is no longer public information pursuant to CJD 05-01 effective July 1, 2007
- ❑ **Information That is Sealed or Deemed Confidential By Court Order**
  - In some cases the court will enter an order that certain materials or the entire file are deemed confidential until further notice by the court. No one is allowed access without a court order.
  - If a case is sealed pursuant to § 24-72-308, C.R.S. because a case is dismissed or the person is acquitted (for someone on probation this might occur after appeal), the existence of a case shall be denied except upon inquiry by another criminal justice agency.
- ❑ **The Identity of the Victim in a Case Involving Sexual Assault:**
  - §24-72-304(4), C.R.S. Prior to releasing any information to anyone other than a criminal justice agency, the name of a victim of a sexual assault must be removed from all documents in a file. This also applies when files are subpoenaed into a case other than the one that is being supervised.
- ❑ **The Identity of a Juvenile Co-Defendant**
  - When an adult case contains information about a juvenile co-defendant who has been prosecuted as a juvenile, the identity of the juvenile should be removed from the file prior to release to anyone other than parties involved in the case being supervised (DA and defense attorney).
- ❑ **Juvenile Records: §19-1-304 C.R.S.**
  - Juvenile records are *not* accessible to the public without the consent of the court. *See attached* for statutory list of persons who can access probation files without the consent of the court.
  - School personnel may obtain any information required to perform their legal duties and are required to keep confidential any information they obtain.
  - Information on juveniles can be shared with other agencies that perform duties and functions related to delinquency or dependency and neglect with either a signed release from the juvenile and parent or on a need to know basis if the juvenile and parent refuse to sign a release.
- ❑ **CCIC/NCIC—Criminal History Records Information (CHRI). 28 CFR Part 20**
  - Prohibits the dissemination of reports to anyone other than another criminal justice agency.
- ❑ **ICON/ Eclipse Probation Records and CJD 05-01**
  - These records are specifically not accessible to the public. See Directive at: <http://www.courts.state.co.us/supct/directives/05-01.pdf>