

Innovation Brief

Mental Health Screening as a Valuable Tool for Truancy Intervention

The Clark County Truancy Project (CCTP) was designed to effectively respond to truancy while reducing the need for formal court intervention. Research indicates that one of the most prevalent issues confronting youth who are truant is mental health. Earlier identification of mental health needs would allow for earlier and targeted interventions. Although CCTP's truancy specialists frequently identified mental health needs as contributing to truant behavior, CCTP lacked an effective screening tool to assist in the up-front identification of these needs. Working closely with National Resource Bank members, CCTP incorporated the administration of the Massachusetts Youth Screening Instrument, Second Version (MAYSI-2) into their intake process.

The Issue

Youth who are truant experience mental health needs at a disproportionately higher rate than the general youth population. Effective truancy intervention necessitates the early identification of the root causes of truancy, including unmet mental health needs.

Needs of Truant Youth

Existing research indicates that truancy poses significant short and long-term challenges for students who avoid school, and likewise poses difficult problems for the student's school, family and community. Truant behavior often serves as an indicator of deeper problems. Truancy has severe consequences for both childhood and adult outcomes, as well as for society as a whole.¹

A mental health need may be an underlying cause in many truancy cases. Examining the characteristics of

students who are truant in Washington State, a 2011 study, completed with Models for Change support, found that 74% had experienced one or more adverse childhood events (ACEs). Events adversely impacting childhood include abuse and neglect, individual or parental substance abuse, parental incarceration, family domestic violence, individual or parental low educational attainment or learning disability, individual or parental mental or physical health challenges and individual or parental transportation issues.²

Clark County Truancy Project (CCTP)

Washington State law requires schools to file a truancy petition with the county's juvenile court when a student has seven unexcused absences in a month or a total of 10 unexcused absences in a school year. CCTP, a partnership of the Clark County Juvenile Justice Center, Clark County school districts and

Educational Service District 112, was developed in 1997 to intervene with youth and families referred for truancy petitions. CCTP intervention services focus on reconnecting students who are truant with appropriate school programs. The program’s goal is to increase school attendance through a graduated-response plan that uses educational and support services. The three-tiered intervention model includes: (1) a truancy workshop and (2) case-management services. If neither of these are successful, students are seen by (3) a Community Truancy Board. This graduated response relies on court intervention only for those rare cases in which alternative interventions have failed to impact persistent truant behavior.

An analysis conducted with support from Models for Change of CCTP youth from 2007 to 2008 found that the needs of youth who are truant fit into four broad categories. The identified categories were, from most to least common: (1) issues related to the youth’s parents, (2) substance abuse, (3) mental health needs and (4) problems generally related to the youth’s family. Drug, alcohol and/or tobacco use was identified in 17% of participating youth, and mental health needs in 15% of participating youth.

A separate study estimated the frequencies of ACEs for youth who are truant in Clark County using data from the Washington State Juvenile Court Assessment.³ Overall, Clark County respondents had substantially higher total ACE scores than respondents to the original Center for Disease Control study.

Compared to the CDC study, Clark County respondents showed higher prevalence of physical abuse, separation/divorce of parents, household substance abuse, household mental illness and incarceration of a family member. Because of the identified high needs of youth who are truant in Clark County, CCTP wanted to incorporate the use of a standardized mental health screening tool into their program.

Innovations

Selection and administration of a screening tool:

In the fall of 2010, CCTP selected the Massachusetts Youth Screening Instrument, Second Version (MAYSI-2) for use in their intake process. The MAYSI-2 is a scientifically-valid and reliable brief screening tool for use in the juvenile justice system to identify youth who might have special behavioral health needs. The MAYSI-2 has several advantages. It is easy to administer and age appropriate. It can be administered in multiple different settings, including school or home. Finally, it can be completed in a short time frame, and it does not require administration by a clinician or psychologist.

The MAYSI-2’s clinical scales were developed with two cut-off scores. The first is a “caution” cut-off, which means the youth’s score might have “possible clinical significance.” The second is a “warning” cut-off score, which alerts staff that a youth has scored exceptionally high in comparison to other youth in the juvenile justice system.

After selecting the MAYSI-2 screening tool, CCTP purchased laptops and earphones to facilitate easy administration. Staff developed protocols to guide administration.

MAYSI-2 Clinical Scales	
CLINICAL SCALE	REPORTED BEHAVIOR
Alcohol/Drug Use	Pattern of frequent use of alcohol or drugs, with risk for substance abuse
Angry-Irritable	Experiences frustration, lasting anger and moodiness
Depressed-Anxious	Experiences a mix of depressed and anxious feelings
Somatic Complaints	Experiences bodily aches and pains associated with emotional distress
Suicide Ideation	Thoughts and intentions to harm oneself
Thought Disturbance	Has unusual beliefs or perceptions suggestive of thought disorder (boys only)
Traumatic Experiences	Lifetime exposure to traumatic experiences

MAYSI-2 Results by Gender		
	BOYS (N=50)	GIRLS (N=45)
Above the Caution Cutoff	66% of boys scored above the caution cutoff of at least one MAYSI-2 scale	77.8% of girls scored above the caution cutoff of at least one MAYSI-2 scale
About the Warning Cutoff	14% of boys scored above the warning cutoff of at least one MAYSI-2 scale	40% of girls scored above the warning cutoff of at least one MAYSI-2 scale

Results and Lessons:

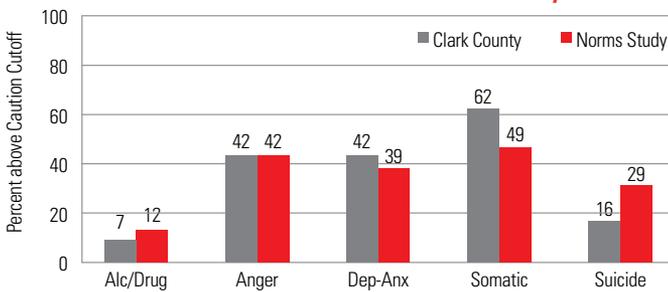
During the 2009-2010 school year, 95 youth in CCTP completed the MAYSI-2. Girls were more likely to score above the caution cutoff (in the “clinically significant” range of symptoms) on at least one MAYSI-2 scale (77.8%) as compared to boys (66%). Girls were also more likely to score above the warning cutoff on at least one MAYSI-2 scale (40%) as compared to boys (14%).

The percentage of girls in this sample scoring above the caution cutoff on the somatic complaints scale was greater than for girls seen in probation intake nationally. The percentage of girls scoring above the caution cutoff on the angry/irritable and depressed/anxious scales is similar in the two samples. However, a lower percentage of girls in Clark County scored above the caution cutoff on the alcohol/drug use and suicide ideation scales than in the national sample.

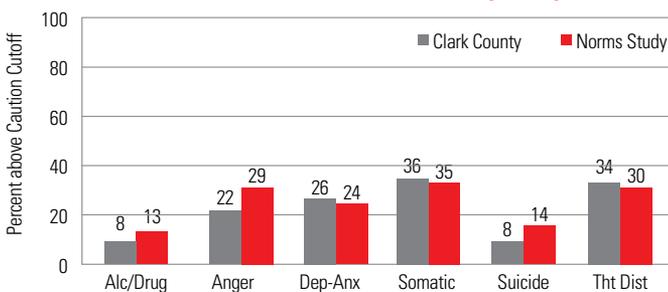
The percentage of boys scoring over the caution cutoff on the depressed/anxious, somatic complaints, and thought disturbance scales are similar in the two samples. However, a lower percentage of boys in the Clark County sample scored above the caution cutoff on the alcohol/drug use, angry/irritable and suicide ideation scales than in the national sample.

Both boys and girls in the Clark County sample reported fewer symptoms of problem alcohol/drug use than youth in the national sample. This may be mostly a matter of differences in what youth will tell adults-in-authority under different circumstances. Youth completing a mental health screen in a truancy program may be less likely to admit they are using drugs or alcohol. This suggests that a youth’s low alcohol-drug use score cannot be used to draw conclusions about the youth’s possible drug or alcohol use. A high score, however, should raise concern.

Comparison of Clark County Data to National Norms for Intake Probation— Girls Only



Comparison of Clark County Data to National Norms for Intake Probation— Boys Only



Prior to implementing the MAYSI-2, protocols were developed to determine a referral process for youth who score in the caution or warning areas. When a case manager administering the MAYSI-2 finds a warning in the student’s score, they use follow-up questions to clarify the degree of imminent risk. If the youth’s responses to the additional questions indicate that he or she has been contemplating hurting him or herself, or hurting someone else, or is experiencing withdrawal symptoms from substances that may lead to dangerous behaviors, the youth will be referred to the school administrator when the screening is being administered at a school. If the screening interview is conducted outside a school setting, the youth will be referred to community-crisis services.

Other responses may include seeking the youth’s permission to notify a parent/guardian, having the youth sign a “no harm” agreement, assisting in scheduling some type of immediate appointment/check-in with a school staff member or CCTP staff, and in extreme cases, taking immediate action by calling 911.

Percent of Youth Scoring Above the MAYSI-2 Caution and Warning Cutoffs by Gender

	% Above the Caution Cutoff			% Above the Caution Warning	
	Boys (n=50)	Girls (n=45)		Boys (n=50)	Girls (n=45)
Alcohol/Drug Use	8.0	6.7	Alcohol/Drug Use	2.0	0.0
Angry-Irritable	22.0*	42.2*	Angry-Irritable	2.0*	20.0*
Depressed-Anxious	26.0	42.2	Depressed-Anxious	4.0*	17.8*
Somatic Complaints	36.0*	62.2*	Somatic Complaints	2.0*	13.3*
Suicide Ideation	8.0	15.6	Suicide Ideation	2.0	11.1
Thought Disturbance	34.0	—	Thought Disturbance	6.0	—

* The differences between boys and girls on these scales are statistically significant (*p* values are less than or equal to .05)

Looking Forward

Staff continue to administer the MAYSI-2 for youth entering CCTP. While mental health screening is routine in many juvenile justice settings such as detention admission and probation intake, few truancy programs nationwide administer mental health screenings. Truant behavior is often an indicator of other problems in a child's life. Failure to appropriately screen for mental health needs is a missed opportunity to help identify the root causes of repeated school absences and, ultimately, to devise an effective plan to re-engage youth in school.

Additionally, Clark County is looking for ways to offer youth screening and assessment tools prior to their referral to CCTP. While utilizing mental health screening for youth who already are truant has proven to be a valuable tool, efforts will continue to increase mental health services for youth, develop memorandums of understanding with local agencies and address financial barriers for youth to access much-needed services.

Resources

Mosher, C. & Martin, J. (2013). Evaluation of responses to truancy in Clark County, Washington: Background factors and outcomes. Washington State University.

<http://www.modelsforchange.net/publications/464>

Fratello, J. (2008). An analysis of characteristics of youth referred to the Clark County truancy project, 2007-2008. Vera Institute of Justice.

National Youth Screening & Assessment Project (2011). Massachusetts Youth Screening Instrument-Version 2 (MAYSI-2). Data report. Clark County, WA (ESD 112) Truancy Project.

National Center for Mental Health and Juvenile Justice Mental (2009). Health screening within juvenile justice: The next frontier.

<http://www.modelsforchange.net/publications/173>

Jones, T. and Lovrich, N. (2011). Updated literature review on truancy. Washington State University.

1. Jones, T. and Lovrich, N. (2011). Updated literature review on truancy. Washington State University.
2. George, T. (2011). Truancy in Washington State: Trends, student characteristics and the impact of receiving a truancy petition. Washington State Center for Court Research.
3. Developed by the Washington State Institute for Public Policy and implemented statewide in 1998, the Washington State Juvenile Court Assessment is administered to all adjudicated juvenile offenders whose disposition calls for a local sanction. Comprised of 12 domains, the assessment identifies static and dynamic risk and protective factors, determines risk of reoffending (low, moderate, high) and informs case management plans for youth on community supervision.

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This brief is one in a series describing new knowledge and innovations emerging from *Models for Change*, a multi-state juvenile justice reform initiative. *Models for Change* is accelerating movement toward a more effective, fair, and developmentally sound juvenile justice system by creating replicable models that protect community safety, use resources wisely, and improve outcomes for youths. The briefs are intended to inform professionals in juvenile justice and related fields, and to contribute to a new national wave of juvenile justice reform.