Behavioral Health Screening Response Matrix: MAYSI-2 and CTS				
Tool	**Screen Outcome**	**Follow-up Response**	**Responsible Party/Action**	**Timeframe & Documentation**
MAYSI-2	Screened-Out (no scales at caution or warning)	No indication of immediate behavioral health needs. Continue standard intake.	JPO proceeds with intake and case planning.	Document in PaJCMS; no referral needed unless other concerns arise.
MAYSI-2	Caution Level (Non-Critical Case)	Conduct secondary screen using corresponding MAYSI-2 scale follow-up form. Determine if youth needs non-emergency behavioral health referral.	JPO conducts secondary screen; consults supervisor as needed.	Document caution scale(s) and action; if indicated, refer for non-emergency mental health assessment within 14 days.
MAYSI-2	Warning Level (Non-Suicide Ideation Case)	Conduct secondary screen. Immediate review for potential crisis risk (especially if Suicide Ideation or Thought Disturbance scale triggered).	JPO conducts secondary screen; notifies supervisor and crisis provider (if needed).	If risk of harm to self/others, initiate emergency clinical assessment immediately. If no imminent risk, refer within 14 days Document all actions.
MAYSI-2	Critical Case and/or Suicide Ideation (Caution or Warning)	Conduct secondary screen. Immediate review for potential crisis risk (especially if Suicide Ideation or Thought Disturbance scale triggered).	JPO conducts secondary screen; notifies supervisor and crisis provider (if needed).	If risk of harm to self/others, initiate emergency clinical assessment immediately. If no imminent risk, refer within 14 days Document all actions.
CTS	Reaction Score 0-5 (No Elevated Trauma Reactions)	No significant trauma-related distress indicated; no action required beyond documentation.	JPO proceeds with intake and case planning.	Enter CTS in juvenile trauma section of PaJCMS; no referral.
CTS	Reaction Score 6-18 (Elevated Trauma Reactions)	Conduct secondary screen; Assess trauma symptoms and determine need for trauma-specific behavioral health referral.	JPO conducts secondary screen, consults supervisor, coordinates referral to trauma-informed provider.	If actue distress observed, initiate emergency clinical assessment immediately. If non-emergent, refer within 14 days. Document all actions