

Informed Decision-Making Through Behavioral Health Screening and Risk Assessment in Pennsylvania's Juvenile Justice System

A Presentation Prepared for the 2025 CJAB Conference – From Crisis to Collaboration: Building Resilient Justice Systems

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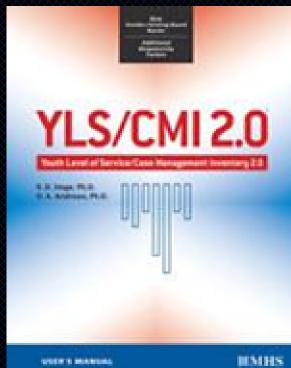
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Components of an EBP Intake Process



	Age: Ge	ender:	Male	Female	Oth
Administered By:	De	ste Comple	ted:		
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	ally hurt you? Hit, punched, or kicked you ther objects, or tried to shoot or stab yo				
	uched you on the parts of your body that ou uncomfortable? Or had you touch ther				
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and act. The next questio	scary or upsetting events affect how ns ask how you have been feeling as e happen in the last 30 days?	nd thinking Never/	recently.	1-2 times	3+ tim
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Hard to concentrate	or pay attention.				









Data Notes



- The following slides contain data for youth who received both a MAYSI-2 and CTS assessment within 14 days of each other between January 1, 2022 and January 31, 2023
 - -3,014 youth from 13 counties fit this description
- YLS/CMI information was added for a subset of these youth who also received a YLS/CMI assessment within 180 days prior to or 30 days after the first of their CTS and MAYSI-2 assessment dates
 - -1,818 youth from 13 counties were included in the YLS analyses

Child Trauma Screen (CTS)



- Brief screen of lifetime traumatic event exposure and current trauma symptoms being used in multiple settings
- 10-items (4 exposures; 5 symptoms)
- Initial validation sample was children/adolescents in outpatient community-based trauma services in Connecticut
- Ongoing validation of the cut-scores with justice involved adolescents on probation in Connecticut
- Authors have validated cut scores for both youth and caregiver reports that indicate decent accuracy in identifying youth who also endorse significant trauma symptoms

Child Trauma Screen (CTS)



- Four items covering traumatic event exposures
- 2. Six items covering active trauma reactions aligned with DSM-5 PTSD Criteria B-F

Using the validated
Cut Score of 6+ to
indicate need for
Secondary
Screening and
Possible Follow-up!

Child Report (Age 6-17) Gender: Male Female Other Age: Administered By: Date Completed: EVENTS: Sometimes, scary or very upsetting things happen to people. These things can sometimes affect what we think, how we feel, and what we do. 1. Have you ever seen people pushing, hitting, throwing things at each other, or stabbing, shooting, or trying to hurt each other? 2. Has someone ever really hurt you? Hit, punched, or kicked you really hard with hands, belts, or other objects, or tried to shoot or stab you? 3. Has someone ever touched you on the parts of your body that a bathing suit covers in a way that made you uncomfortable? Or had you touch them in that way? 4. Has anything else very upsetting or scary happened to you (loved one died, separated from loved one, been left alone for a long time, not had enough food to eat, serious accident or illness, fire, dog bite, bullying)? What was it? REACTIONS: Sometimes scary or upsetting events affect how people think, feel, and act. The next questions ask how you have been feeling and thinking recently. 1-2 times 1-2 times How often did each of these happen in the last 30 days? per week Rarely per month 5. Strong feelings in your body when you remember something that happened (sweating, heart beats fast, feel sick). 6. Try to stay away from people, places, or things that remind you about something that happened. 7. Trouble feeling happy. 8. Trouble sleeping. 9. Hard to concentrate or pay attention. 10. Feel alone and not close to people around you. NOTES: © 2017, Lang & Connell, Child Trauma Screen, ALL RIGHTS RESERVED. Permission is granted to reproduce and use without modification

for non-commercial purposes, www.CHDI.org/cts

CTS

CTS – Traumatic Events



Traumatic Event	Number of Screens [†]	Percent of Screens
Witnessed Violence	2,130	70.7%
Physical Violence	2,119	70.3%
Violence with Weapon	480	15.9%
Experienced Violence	1,029	34.1%
Physical Violence	971	32.2%
Violence with Weapon	209	6.9%
Sexual Abuse	370	12.3%
Sexual Assault	354	11.7%
Forced Sex	113	3.7%
Other	1,696	56.3%
Trauma Loss	1,475	48.9%
Neglect	171	5.7%
Other Trauma	700	23.2%
Total Traumatic Events	M = 2.19 (SD) = 1.72)

Most youth have witnessed violence (71%) or experienced some other traumatic event (56%)

[†]The number of screens indicate youth who endorsed the event

CTS – Trauma Reactions



Most youth report having trouble concentrating or paying attention

Trauma Reaction	Number of Screens [†]	Percent of Screens
Strong Feelings in Body	945	31.4%
External Avoidance	967	32.1%
Trouble Feeling Happy	930	30.9%
Trouble Sleeping	1,228	40.7%
Attention/Concentration	1,586	52.6%
Feeling Alone	799	26.5%
Screened In*	800	26.5%
Total Traumatic Reactions Score	M = 4.01 (S	SD = 4.18)

^{*}A cut score of 6+ was used to "screen-in" adolescents for follow-up

[†]The number of screens indicate youth who endorsed the reaction.

CTS Summary of Data

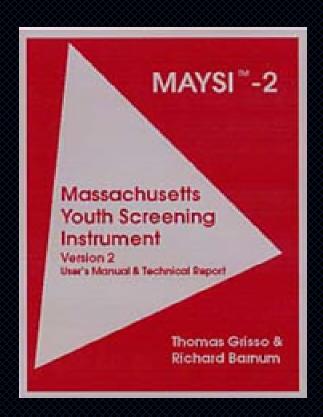


- Most youth (71%) have witnessed violence
- The most common reaction to trauma reported by youth was trouble concentrating or paying attention
- Approximately ¼ of youth "screened-in" for followup

MAYSI-2



- Brief assessment of behavioral health.
- Self-report inventory of 52 yes or no questions.
- Identifies youth ages 12 through 17 who have important, pressing behavioral health needs.
- Provides scores on 6 primary scales:
 - Alcohol/drug use
 - Angry-irritable
 - Depressed-anxious
 - Somatic complaints
 - Suicide ideation
 - Thought disturbance (boys)



MAYSI-2 Caution & Warning Scores



The greatest proportion of caution scores was on the somatic complaints scale

Scale	Caution	Warning
Alcohol/Drug Use	213 (7.1%)	91 (3.0%)
Angry-Irritable	624 (20.7%)	275 (9.1%)
Depressed-Anxious	625 (20.8%)	262 (8.7%)
Somatic Complaints	1,156 (38.4%)	273 (9.1%)
Suicide Ideation	111 (3.7%)	300 (10.0%)
Thought Disturbance (Boys Only)	404 (19.0%)	235 (11.0%)

MAYSI-2 Critical Cases



MAYSI-2 assessments are deemed "critical cases" if at least one of the following conditions is met:

- 1) Two or more scales score "warning"
- 2) The Suicide Ideation scale scores at least "caution"

411 (13.7%) assessments had Caution or Warning on SI 279 (9.3%) assessments had 2+ Warning scores

528 (17.5%) assessments overall were identified as Critical Cases warranting second screening and probable mental health assessment follow-up

CTS Scores for MAYSI-2 Critical Cases



Youth identified as critical cases by the MAYSI-2 endorsed more traumatic events and had higher CTS Trauma Reaction scores compared to youth not identified as critical cases.

CTS	Critical	Non-Critical	t	p	d
Traumatic Exposures	3.45 (2.01)	1.92 (1.52)	16.53	< 0.001	0.95
Traumatic Reactions	8.81 (4.60)	2.99 (3.28)	27.66	< 0.001	1.64

MAYSI-2 Critical Cases & CTS Screening Decision



Youth identified as a critical case by the MAYSI-2 were four times more likely to be screened in for trauma via the CTS (risk ratio = 3.98).

	CTS 6+	CTS < 6
Critical Case	366 (45.8%)	162 (7.3%)
Not Critical Case	434 (54.3%)	2,052 (92.7%)

MAYSI-2 Results Summary



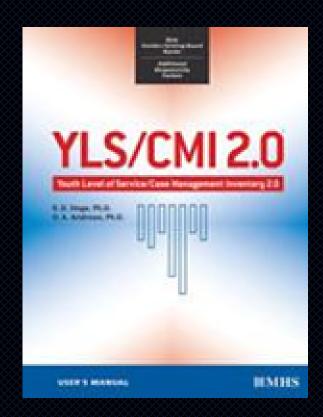
- 1. Approximately 18% of youth were identified as critical cases by the MAYSI-2
- 2. Youth identified as critical cases endorsed more lifetime traumatic events and higher trauma reactions in the past 30 days
- 3. Youth identified as critical cases were 4 times more likely to be screened in on the CTS than youth who were not identified as critical cases

Youth Level of Service (YLS)



The YLS examines 8 criminogenic risk factors, which are static and dynamic in nature, across the following domains:

- Prior and Current
 Offenses/Dispositions
- 2. Family Circumstances/Parenting
- 3. Education/Employment
- 4. Peer Relations
- 5. Substance Abuse
- 6. Leisure/Recreation
- Personality/Behavior
- 8. Attitudes/Orientation



YLS Total Risk Level Distribution



Most youth with a CTS and MAYSI-2 score low risk on the YLS/CMI

	Youth	Percent
Low Risk	1,024	56.3%
Moderate Risk	649	35.7%
High or Very High Risk	145	8.0%

YLS Total Risk Level by CTS Cut Score



Youth scoring moderate risk or higher on the YLS were significantly more likely to screen in for trauma on the CTS

	Low Risk	Moderate Risk	High or Very High Risk
CTS 6+	194 (18.9%)	200 (30.8%)	46 (31.7%)
CTS <6	830 (81.1%)	449 (69.2%)	99 (68.3%)

YLS/CMI Total Risk Level by MAYSI-



Youth scoring higher risk on the YLS were significantly more likely to score as a critical case on the MAYSI-2 than youth scoring lower risk on the YLS

	Low Risk	Moderate Risk	High or Very High Risk
MAYSI-2 Critical Case	109 (10.6%)	121 (18.6%)	34 (23.4%)
Not a Critical Case on MAYSI-2	915 (89.4%)	528 (81.4%)	111 (76.6%)

YLS Results Summary



 Most youth (56%) with a MAYSI-2 and CTS score low risk on the YLS/CMI

 Youth who score higher than low risk are significantly more likely to screen in for trauma on the CTS and be designated a critical case on the MAYSI-2



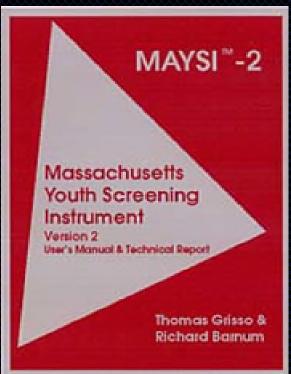
Evidence Based Intake Process

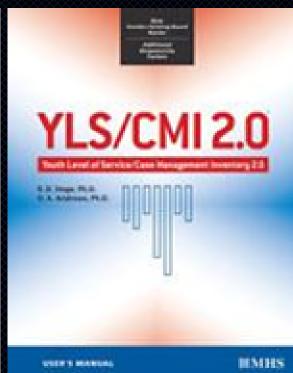
Informed Decision Making

Components of an EBP Intake Process



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411100000000000000000000000000000000000		around you.		0	1	2	3





EPB Intake



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Thank you!

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