MDHS/DYS Oakley Youth Development Center
Initial Screening Protocol – XIII.3.A

Youth's Name: ___________________________ Date: ____________

Sources of Information: (Check all that apply)
☐ Youth    ☐ Community Counselor    ☐ School Records    ☐ Prior Commitment Record
☐ Court Records  ☐ Prior MH Records  ☐ Other    ☐ Minimal Historical Information

Review of Safety Alert Status records determined the youth was on Safety Status during a previous commitment to DYS: ☐ Yes ☐ No

Section I: Mental Health History

1. Why are you here?

2. How do you feel about being here?

3. Within the past year, have you experienced any of the following:
   a. Death of a friend, acquaintance or family member? ☐ Yes ☐ No
   b. Divorce or separation of parents? ☐ Yes ☐ No
   c. Major loss or worsening of relationships with friends or family? ☐ Yes ☐ No
   d. Serious illness of yourself, family member or a close friend? ☐ Yes ☐ No
   e. Any other upsetting, stressful or difficult event? ☐ Yes ☐ No

4. Has anyone close to you ever committed suicide? ☐ Yes ☐ No

5. Have you ever received counseling for emotional, psychological, behavioral or family problems?
   Currently? ☐ Yes ☐ No  Previously? ☐ Yes ☐ No

6. Have you ever been in the hospital for emotional, psychological, behavioral or family problems?

7. Have you ever been prescribed medications for emotional, psychological, or family problems?
   Currently? ☐ Yes ☐ No  Previous? ☐ Yes ☐ No

8. Have you used alcohol or taken other drugs in the past 48 hours? ☐ Yes ☐ No
   If yes: What? How much?

9. In the past few days, have you felt like hurting someone else? ☐ Yes ☐ No
   If yes, Who? Circumstances?  What did you think about doing?
Section II: Risk Factors

10. In the past few days, have you felt that life is not worth living? □ Yes □ No
11. Do you feel that your life will never get better? □ Yes □ No
12. Have you ever done anything on purpose to hurt yourself? □ Yes □ No
   If yes, What? When? Circumstances?
13. In the past few days, have you felt like hurting yourself? □ Yes □ No
14. Are you thinking about hurting or killing yourself now? □ Yes □ No
   If yes, repeat question 13 or 14. What have you thought of doing to hurt yourself?

Section III: Intake Staff Observation:

1. Fresh wounds or injurie that appear to be self-inflicted? □ Yes □ No
2. Extreme emotional responses (e.g., crying, hostility, sadness, fear)? □ Yes □ No
3. Other unusual behaviors (e.g., inappropriate laughter, bizarre speech,
   Appears to be hearing voices)? □ Yes □ No
4. Demonstrates signs of a serious emotional disturbance? □ Yes □ No

Section IV: Disposition: (If yes to any item in Section II, initiate Precautionary Status)

□ Routine Observation  □ Precautionary Status

Rationale for Precautionary Status:

QMHCP’s Name: ___________________________ Date/Time __________________

Signature: ________________________________

03/30/2015  XIII.3-Youth Screening and Assessment Policy  Attachment A