



UNIVERSITY OF NEBRASKA AT OMAHA
JUVENILE JUSTICE INSTITUTE

JCMS User Guide

Assessment Programs

9/25/2018

Assessment User Guide

Quarterly Reporting Checklist – JCMS programs

Quarterly - Make sure your individual youth data is entered and up to date in JCMS. Please note that you don't have to wait until quarterly reporting to enter data - the JCMS was designed to be utilized as a case management system so you can enter youth as soon as they are referred to or enrolled in your program.

Quarterly - Complete the three-question narrative in JCMS (see below for walkthrough document). Please complete a narrative even if youth were not served during that quarter.

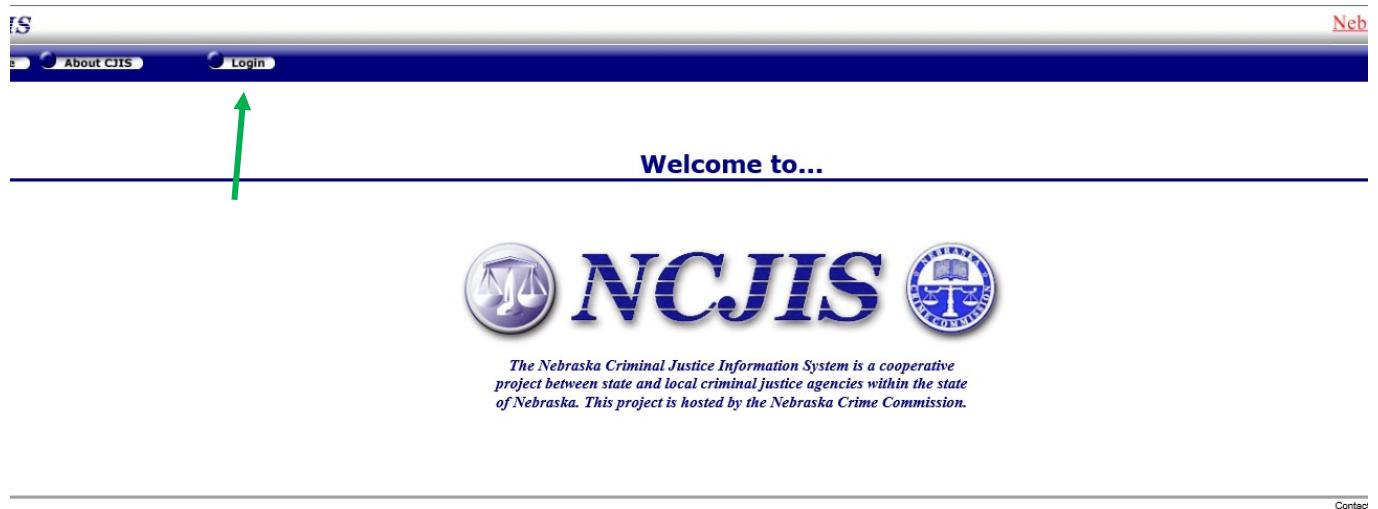
Annually - Complete program-level annual report (available at the end of each fiscal year)

Welcome to JCMS!

If, at any point, a definition is needed for data entry, please refer to JJI's webinar or the JCMS Codebook Program Definitions.

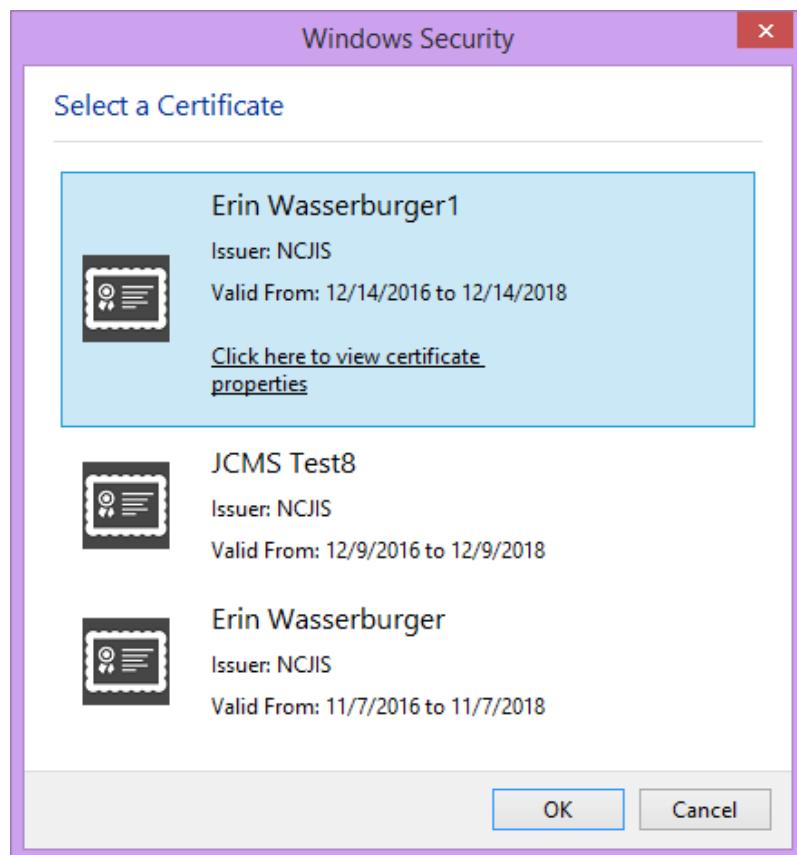
To access JCMS go to ncjis.nebraska.gov. You must have a Crime Commission Certificate on your computer to access JCMS. If you have not yet installed your certificate, follow the installation instructions you received with your certificate. If you need a certificate, contact JJI.

Click the "Login" button.

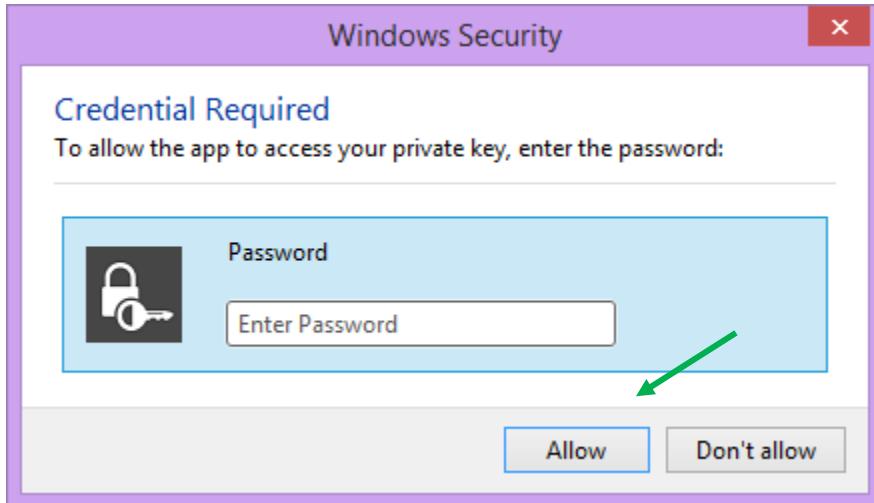


The Nebraska Criminal Justice Information System is a cooperative project between state and local criminal justice agencies within the state of Nebraska. This project is hosted by the Nebraska Crime Commission.

You will be prompted to select a certificate from the list of certificates you have on your computer - you may only have one, you may have more than one. If you report for multiple counties make sure you are picking the correct certificate. You will need to click on the certificate you intend to use.



A new window will pop up to ask for a password to allow the certificate. This is the password that you created when you installed your new certificate (step 18 in the install process). Click allow when you have entered your password.



Enter your website password. This is not the import password you received with your certificate. It is the random number/letter/symbol password you received at the same time as your certificate. *Passwords must be changed every 90 days. If you have been using JCMS for more than 90 days your password may be different from the one you initially received*



Login - Authorized Access Only

Intended for *Criminal Justice Professionals of Nebraska*

NCJIS Policy and Procedures
Access to this site is restricted to NCJIS verified users. Any access to or use of the data is done in conjunction with the individual and agency agreements as well as any additional criteria stipulated by NCJIS. Misuse of the system or data may result in the loss of access privileges.

Please enter your password:

CONTINUING THE LOGIN PROCESS CONSTITUTES ACCEPTANCE OF
THE CONDITIONS OF THE POLICIES AND PROCEDURES STATED ABOVE.

Click on JCMS in the middle column of the NCJIS home page.

Data entry in JCMS

The first time you log in to enter data for Assessments, please start by selecting "Administrative". You can also go back to this step whenever you need to add/remove an assessment or service type offered by your program.

Juvenile Case Management System: COUNTY ATTORNEYS OFFICE SEWARD

Search: Search Show All Open Cases
 Search all counties

New Client Reports Administrative Grant Admin Support



When selected, "Assessments" and "Services" tabs will be available. Please be aware that the green arrows show that these lists are continuous down the page and most are not pictured in this image. Some assessment and service types are selected automatically at default; please unselect/select only any/all types and services you administer.

Juvenile Case Management System: COUNTY ATTORNEYS OFFICE SEWARD

Case Management

Administrative Functions

Diversion Office Contact Information Drug Tests Case Plan Assessments Services

Select the Assessments administered in your office.

Assessment Types:

Assessment Type	Selected
Arizona Assessment	<input type="checkbox"/>
CRAFFT Screen	<input checked="" type="checkbox"/>
Daniel Memorial - Community Resources	<input type="checkbox"/>
Daniel Memorial - Education	<input type="checkbox"/>
Daniel Memorial - Emergency & Safety	<input type="checkbox"/>
Daniel Memorial - Food Management	<input type="checkbox"/>
Daniel Memorial - Health	<input type="checkbox"/>
Daniel Memorial - Housekeeping	<input type="checkbox"/>
Daniel Memorial - Housing	<input type="checkbox"/>
Daniel Memorial - Interpersonal Skills	<input type="checkbox"/>
Daniel Memorial - Job Maintenance Skills	<input type="checkbox"/>
Daniel Memorial - Job Seeking Skills	<input type="checkbox"/>
Daniel Memorial - Legal Skills	<input type="checkbox"/>
Daniel Memorial - Leisure Activities	<input type="checkbox"/>
Daniel Memorial - Money Mgmt & Consumer Awareness	<input type="checkbox"/>
Daniel Memorial - Personal Appearance & Hygiene	<input type="checkbox"/>



Juvenile Case Management System: COUNTY ATTORNEYS OFFICE SEWARD

Case Management

Administrative Functions

Diversion Office Contact Information | Drug Tests | Case Plan | Assessments | Services

Select the Services administered in your office.

Services Provided:

Service	Selected
About Face	<input type="checkbox"/>
Accountability Checks	<input type="checkbox"/>
After School Diversion Program-Owens	<input type="checkbox"/>
After School Pgmr-ENCAP	<input type="checkbox"/>
After School-Omaha MS Learning Center Initiative	<input checked="" type="checkbox"/>
Alcohol Education Class	<input checked="" type="checkbox"/>
Alcohol Treatment	<input checked="" type="checkbox"/>
Alcoholic Anonymous	<input checked="" type="checkbox"/>
Alcohol-Wise JV	<input checked="" type="checkbox"/>
Alive at 25	<input type="checkbox"/>
ANGER MANAGEMENT/DV	<input type="checkbox"/>
Anger Mgmt	<input type="checkbox"/>
Anger Mgmt/Family Violence	<input type="checkbox"/>
Apology	<input checked="" type="checkbox"/>
Attitudinal Dynamics of Driving	<input type="checkbox"/>
Boy Scouts 3-Month Program	<input type="checkbox"/>
Boy Scouts 6-Month Program	<input type="checkbox"/>
Boy Scouts 6-Month Program	<input type="checkbox"/>
Boy Scouts Preteen Program	<input type="checkbox"/>
Boys Group	<input type="checkbox"/>
BS Diversion Services	<input type="checkbox"/>
Child Abuse/Neglect	<input type="checkbox"/>



Once all types/services have been selected, continue on by selecting the "Case Management" button.

Juvenile Case Management System: COUNTY ATTORNEYS OFFICE SEWARD

Case Management

Administrative Functions

Diversion Office Contact Information | Drug Tests | Case Plan | Assessments | Services

Select the Services administered in your office.

Services Provided:

Service	Selected
All	<input type="checkbox"/>



From there it will return to the client search page (search, see all open cases, or add a new client).

In order to create a new file for your youth, please select "New Client."

Juvenile Case Management System: COUNTY ATTORNEYS OFFICE SEWARD

Search: Search Show All Open Cases
 Search all counties

New Client Reports Administrative Grant Admin Support



After clicking on the "New Client" button, a screen will pop up that asks for all the demographic information about the youth. **All fields in this area marked with an asterisk (*) are required to create the case in JCMS.** The "Case Type" dropdown menu will show eligible programs by certificates. Be sure to choose the correct program for each youth, then click the "Save" button. This will create the intake and program screens for this program type.

Client					
ClientID	First Name *	Middle Name	Last Name *	Date of Birth *	Gender *
Race/Ethnicity *	Self-Reported Race/Ethnicity	NE Student ID			
Agency *	Referral/Event Date *	Case Type *			
COUNTY ATTORNEYS OFFICE SEWARD		Select a case type			
<input type="button" value="Save"/> <input type="button" value="Cancel"/>					

After you have successfully saved your information, the screen for data entry will appear. Here we want to fill out as many of the fields as possible. **All work is saved automatically.**

Assessment					
Intake					
Address Line 1 777 Bluelane	Address Line 2	City Lincoln	State NE	ZIP Code 24554	
Primary Phone 111-111-1234	Alternate Phone	E-Mail Address	School Name *	Current Grade *	
			LINCOLN HIGH SCHOOL	10	
School Enrollment * Enrolled	Youth Employed	Family Size	Family Income	Eligible for Free/Reduced lunch Yes	Custody/Guardianship Both Parents
Grant County * Lancaster	Grant Number CB-	Discharge Date			
<input type="button" value="Charges"/> <input type="button" value="Contact Attempts"/> <input type="button" value="Assessment"/> <input type="button" value="Referrals"/> <input type="button" value="Add Charges"/>					

To add any charges/offenses that the youth has, click on the "Add Charges" button. Please note, not all youth get arrested or detained for their charge. The "Statute" field will populate with relevant statutes and ordinances as you type and will automatically populate the "Charge" field too. Provide as much information as possible, "Notes" box being available if needed. You can add additional charges as needed by clicking on the "Add Charges" button.

Charges Contact Attempts Assessment Referrals

Offense Date * Arrest Date Detention Date Age at Offense Offense/Citation Id
08/07/2016 [] [] 15 []

Statute * Charge
Criminal mischief-\$5,000 or more CRIMINAL MISCHIEF Delete Charge

Notes
Please add any additional notes about a charge here.

Add Charges

The next tab is for "Contact Attempts". Click on the button "Add Contact" to open the fields for contact attempts.

Charges Contact Attempts Assessment Referrals

Add Contact

Please fill out all fields possible here, adding any/all additional "Notes" you may have for that contact attempt. You can add additional contacts as needed by clicking on the "Add Contact" button.

Charges Contact Attempts Assessment Referrals

Date Type Result Parent/Youth
08/30/2016 Phone Successful Contact Parent Parent

Notes
Please add any additional notes about a contact attempt here.

Delete Contact

Add Contact

The next tab, "Assessment", is where the information specific to the assessment administered will be entered. Click the button "Add Assessment" to open these fields.

Charges Contact Attempts Assessment Referrals

Add Assessment

Please note that "Date of referral" and "Date of assessment" can be the same. These options for available assessments from selected in step 2, fall under "Assessment Type". Please remember to select all collateral contacts that occurred with the assessment as well. You can add additional assessments as needed by clicking the "Add Assessment" button.

The screenshot shows the "Assessment" tab with the following fields:

- Date of referral to assessment program*: 08/28/2016
- Person Referring: Jude
- Referral Source: Teacher
- Date of assessment*: 09/02/2016
- Assessment Type: Nebraska Youth Screen
- Score: 200
- Collateral Contacts:**
 - Parent(s)
 - Other Family
 - Therapists
 - Law Enforcement
 - Co - Defendants
 - School

Add Assessment

The final tab, "Referrals", is where any referrals made based on the assessment are entered. Click on the "Add Referrals" button to open these fields.

The screenshot shows the "Referrals" tab with the following field:

Add Referrals

Please fill out all fields possible here, adding any/all additional "Notes" you may have regarding the referral. You can add additional referrals as needed by clicking on the "Add Referrals" button.

The screenshot shows the "Referrals" tab with the following fields:

- Primary Domain: Attitudes and Orientation
- Date Referred*: 09/03/2016
- Referred to*: Day/Evening Reporting
- Referral Outcome: Youth attended
- Notes: Please add any additional notes about a referral here.

Add Referrals

When it is appropriate to discharge the youth, please complete the discharge section.

The screenshot shows the "Discharge" tab with the following fields:

- Discharge Date *
- Assessment Discharge Reasons *
- Assessment Outcomes *
- Reason Incomplete

Charges Contact Attempts Assessments Referrals

Add Charge

If you would like to test the screens and fields in JCMS without entering/altering data for a youth, please create one test youth for your program. Make sure that "JJI" appears in either the first or last name fields so that it can easily be recognized as a test case for data evaluation purposes. These test cases can be deleted at any point.

Narrative entry in JCMS

On the top of the page, click on the "Grant Administration" button. This will open up the three-question narrative screen.

The screenshot shows the JCMS interface. At the top, there is a dark blue header bar with the text "JTESTB 017 12:37:30 PM" on the left, and "Home", "Help", "Logout", "Criminal", "Non-Criminal", and "Tools" buttons on the right. Below this is a purple banner with the text "Juvenile Case Management System: COUNTY ATTORNEYS OFFICE SEWARD". Underneath the banner is a white search bar with a "Search" button and a link "Search all counties". To the right of the search bar is a horizontal menu with buttons for "New Diversion", "New Client", "Reports", "Administrative", "Grant Administration" (which is highlighted in blue), and "Support". A green arrow points upwards from the bottom of the "Grant Administration" button towards the "Grant Administration" link in the menu.

Please enter the grant and program information in the boxes at the top. You must select a program type before you will be able to save your narrative. Answer the three questions, then click the button "Submit Narrative". You will be able to go in and make changes to your narrative until it is certified by your county lead. You will not have to click save when making changes.

Grant Administration

Grant Narrative

Grant #	Subgrantee (Lead County/Tribe)	Program Title	Program Type
Reporting Period			
Describe activities that have taken place during the reporting period which are specific only to the grant and matching funds. (The information provided should not be a listing of the day to day duties or job responsibilities. Provide a summary of the program activities and accomplishments that have taken place during the quarter; information about coordination with other agencies; training attended or provided; anecdotal information; any stories that illustrate success of the project; etc.)			
Describe any issues you have encountered in reporting individual-level youth data.			
Explain any problems encountered and how they were addressed. Provide an explanation of the proposed solution, and the timetable for completion. (Problems encountered may include community or program issues; difficulties with coordination and planning; need for program modification; other issues arising that impact the program.)			
<input type="button" value="Clear Narrative"/>		<input type="button" value="Submit Narrative"/>	

Note that all programs within your agency will be able to see all narratives. If you are going back in to make changes, please make sure you are in the correct narrative. The program and grant information will be at the top of each narrative, and the name of the program will be in the darker blue bar above the narrative



Kids Rock - Submitted: 03/13/2017

Grant #	Subgrantee (Lead County/Tribe)	Program Title	Program Type
<input type="text"/>	<input type="text"/> Lincoln	<input type="text"/> Kids Rock	<input type="text"/> Family Support
Reporting Period <input type="text"/> Q3 FY 16/17 (Jan 1, 2017 - Mar 31, 2017) ▾			
<p>Describe activities that have taken place during the reporting period which are specific only to the grant and matching funds. (The information provided should not be a listing of the day to day duties or job responsibilities. Provide a summary of the program activities and accomplishments that have taken place during the quarter; information about coordination with other agencies; training attended or provided; anecdotal information; any stories that illustrate success of the project; etc.)</p> <p>Yes</p>			
<p>Describe any issues you have encountered in reporting individual-level youth data.</p> <p>No</p>			
<p>Explain any problems encountered and how they were addressed. Provide an explanation of the proposed solution, and the timetable for completion. (Problems encountered may include community or program issues; difficulties with coordination and planning; need for program modification; other issues arising that impact the program.)</p> <p>Yes and No</p>			

Certify This Narrative

Once the county lead certifies the report, you will not be able to make any changes. You will still be able to see the narrative. The boxes will be blue, the font grayed out, and it will say the date it was certified in the darker blue bar.

Data entry in JCMS

The first time you log in to enter data for Assessments, please start by selecting "Administrative". You can also go back to this step whenever you need to add/remove an assessment or service type offered by your program.

Juvenile Case Management System: COUNTY ATTORNEYS OFFICE SEDWORLD

Search:
 Search all counties



When selected, "Assessments" and "Services" tabs will be available. Please be aware that the green arrows show that these lists are continuous down the page and most are not pictured in this image. Some assessment and service types are selected automatically at default; please unselect/select only any/all types and services you administer.

Juvenile Case Management System: COUNTY ATTORNEYS OFFICE Seward

Case Management

Administrative Functions

Diversion Office Contact Information | Drug Tests | Case Plan | **Assessments** | Services

Select the Assessments administered in your office.

Assessment Types:

Assessment Type	Selected
Arizona Assessment	<input type="checkbox"/>
CRAFFT Screen	<input checked="" type="checkbox"/>
Daniel Memorial - Community Resources	<input type="checkbox"/>
Daniel Memorial - Education	<input type="checkbox"/>
Daniel Memorial - Emergency & Safety	<input type="checkbox"/>
Daniel Memorial - Food Management	<input type="checkbox"/>
Daniel Memorial - Health	<input type="checkbox"/>
Daniel Memorial - Housekeeping	<input type="checkbox"/>
Daniel Memorial - Housing	<input type="checkbox"/>
Daniel Memorial - Interpersonal Skills	<input type="checkbox"/>
Daniel Memorial - Job Maintenance Skills	<input type="checkbox"/>
Daniel Memorial - Job Seeking Skills	<input type="checkbox"/>
Daniel Memorial - Legal Skills	<input type="checkbox"/>
Daniel Memorial - Leisure Activities	<input type="checkbox"/>
Daniel Memorial - Money Mgmt & Consumer Awareness	<input type="checkbox"/>
Daniel Memorial - Personal Appearance & Hygiene	<input type="checkbox"/>



Juvenile Case Management System: COUNTY ATTORNEYS OFFICE SEWARD

Case Management

Administrative Functions

Diversion Office Contact Information | Drug Tests | Case Plan | Assessments | Services

Select the Services administered in your office.

Services Provided:

Service	Selected
About Face	<input type="checkbox"/>
Accountability Checks	<input type="checkbox"/>
After School Diversion Program-Owens	<input type="checkbox"/>
After School Pgmr-ENCAP	<input type="checkbox"/>
After School-Omaha MS Learning Center Initiative	<input checked="" type="checkbox"/>
Alcohol Education Class	<input checked="" type="checkbox"/>
Alcohol Treatment	<input checked="" type="checkbox"/>
Alcoholic Anonymous	<input checked="" type="checkbox"/>
Alcohol-Wise JV	<input checked="" type="checkbox"/>
Alive at 25	<input type="checkbox"/>
ANGER MANAGEMENT/DV	<input type="checkbox"/>
Anger Mgmt	<input type="checkbox"/>
Anger Mgmt/Family Violence	<input type="checkbox"/>
Apology	<input checked="" type="checkbox"/>
Attitudinal Dynamics of Driving	<input type="checkbox"/>
Boy Scouts 3-Month Program	<input type="checkbox"/>
Boy Scouts 6-Month Program	<input type="checkbox"/>
Boy Scouts 6-Month Program	<input type="checkbox"/>
Boy Scouts Preteen Program	<input type="checkbox"/>
Boys Group	<input type="checkbox"/>
BS Diversion Services	<input type="checkbox"/>
Child Abuse/Neglect	<input type="checkbox"/>



Once all types/services have been selected, continue on by selecting the "Case Management" button.

Juvenile Case Management System: COUNTY ATTORNEYS OFFICE SEWARD

Case Management

Administrative Functions

Diversion Office Contact Information | Drug Tests | Case Plan | Assessments | Services

Select the Services administered in your office.

Services Provided:

Service	Selected
All	<input type="checkbox"/>



From there it will return to the client search page (search, see all open cases, or add a new client).

In order to create a new file for your youth, please select "New Client."

Juvenile Case Management System: COUNTY ATTORNEYS OFFICE Seward

Search: Search Show All Open Cases
 Search all counties

New Client Reports Administrative Grant Admin Support



After clicking on the "New Client" button, a screen will pop up that asks for all the demographic information about the youth. All required sections are marked with an asterisk. The "Case Type" dropdown menu will show eligible programs by certificates. Be sure to choose the correct program for each youth, then click the "Save" button. This will create the intake and program screens for this program type. If your program does not have a formal referral process, the date of referral may be the same as the date of the assessment.

Client

First Name *	Middle Name	Last Name *	Date of Birth *	Gender *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Race/Ethnicity *	Self-Reported Race/Ethnicity	NE Student ID		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Referral/Event Date *	Case Type *	Select a case type		Save Cancel

After you have successfully saved your information, the screen for data entry will appear. Here we want to fill out as many of the fields as possible. **All work is saved automatically.** Please note that "Date of referral to the Assessment program" **can** be the same as the date of the assessment, and it will have populated from being entered in with the client demographics

Intake

Address Line 1	Address Line 2	City	State	ZIP Code
County Of Residence		Primary Phone	Alternate Phone	E-Mail Address
Adams				Cell Phone
School Name *	Current Grade *	School Enrollment *	Youth Employed	Family Size
(Unspecified)	Other	HS Graduate/GED,	No	
Family Income	Eligible for Free/Reduced lunch	Custody/Guardianship	File Number	Grant County *
	Yes	Single Parent		
Grant Number	Date of Referral to Assessment Program *	Person Referring		
	10/27/2017			
Referral Source *	Discharge Date			
	05/30/2018			

To add any charges/offenses that the youth has, click on the "Add Charges" button.

Charges Contact Attempts Assessment Referrals

Add Charges

Please note, not all youth get arrested or detained for their charge. The "Statute" field will populate with relevant statutes and ordinances as you type, and will automatically populate the "Charge" field too. Provide as much information as possible, "Notes" box being available if needed. You can add additional charges as needed by clicking on the "Add Charges" button.

Charges Contact Attempts Assessment Referrals

Offense Date *	Arrest Date	Detention Date	Age at Offense	Offense/Citation Id
08/07/2016			15	
Statute *	Charge			Delete Charge
Criminal mischief-\$5,000 or more	CRIMINAL MISCHIEF			
Notes	Please add any additional notes about a charge here.			

Add Charges

The next tab is for "Contact Attempts". Click on the button "Add Contact" to open the fields for contact attempts.

Charges Contact Attempts Assessment Referrals

Add Contact

Please fill out all fields possible here, adding any/all additional "Notes" you may have for that contact attempt. You can add additional contacts as needed by clicking on the "Add Contact" button.

The screenshot shows the "Contact Attempts" tab of a software interface. At the top, there are tabs for "Charges", "Contact Attempts" (which is selected), "Assessment", and "Referrals". Below the tabs, there are input fields: "Date" (08/30/2016), "Type" (Phone), "Result" (Successful Contact), and "Parent/Youth" (Parent). A large text area labeled "Notes" contains the placeholder text "Please add any additional notes about a contact attempt here." To the right of the notes area is a "Delete Contact" button. At the bottom left is an "Add Contact" button, which has a green arrow pointing to it from the left.

The next tab, "Assessment", is where the information specific to the assessment administered will be entered. Click the button "Add Assessment" to open these fields.

The screenshot shows the "Assessment" tab of the software. At the top, there are tabs for "Charges", "Contact Attempts", "Assessment" (selected), and "Referrals". Below the tabs is an "Add Assessment" button, which has a green arrow pointing to it from the left.

These options for available assessments from selected in step 2, fall under "Assessment Type". Please remember to select all collateral contacts the occurred with the assessment as well. You can add additional assessments as needed by clicking the "Add Assessment" button.

The screenshot shows the "Assessments" tab. At the top, there are tabs for "Charges", "Contact Attempts", "Assessments" (selected), and "Referrals". Below the tabs are fields for "Date of Assessment" (with a yellow highlight), "Assessment Type" (with a dropdown arrow), "Score" (with a text input field), and a "Delete Assessment" button. Underneath these is a section titled "Collateral Contacts" with checkboxes for "Parent(s)", "Other Family", "Therapists", "Law Enforcement", "Co - Defendants", and "School". At the bottom left is an "Add Assessment" button, which has a green arrow pointing to it from the left.

The final tab, "Referrals", is where any referrals made based on the assessment are entered. Click on the "Add Referrals" button to open these fields.

The screenshot shows the "Referrals" tab. At the top, there are tabs for "Charges", "Contact Attempts", "Assessment", and "Referrals" (selected). Below the tabs is an "Add Referrals" button, which has a green arrow pointing to it from the left.

Please fill out all fields possible here, adding any/all additional "Notes" you may have regarding the referral. You can add additional referrals as needed by clicking on the "Add Referrals" button.

Charges Contact Attempts Assessment Referrals

Primary Domain Date Referred* Referred to* Referral Outcome

Attitudes and Orientation 09/03/2016 Day/Evening Reporting Youth attended

Notes
Please add any additional notes about a referral here.

Delete Referral

Add Referrals

When it is appropriate to discharge the youth, please remember to enter the discharge date in the intake section.

Assessment

Assessment

Intake

Address Line 1 Address Line 2 City State ZIP Code

777 Bluelane Lincoln NE 24554

Primary Phone Alternate Phone E-Mail Address School Name * Current Grade *

111-111-1234 LINCOLN HIGH SCHOOL 10

School Enrollment * Youth Employed Family Size Family Income Eligible for Free/Reduced lunch Custody/Guardianship

Enrolled Yes Both Parents

Grant County* Grant Number Discharge Date

Lancaster CB- [Empty Discharge Date field]

Charges Contact Attempts Assessment Referrals

Add Charges

If you would like to test the screens and fields in JCMS without entering/altering data for a youth, please create one test youth for your program. Make sure that "JJII" appears in either the first or last name fields so that it can easily be recognized as a test case for data evaluation purposes. These test cases can be deleted at any point.

Narrative entry in JCMS

On the top of the page, click on the "Grant Admin" button. This will open up the three-question narrative screen.



Juvenile Case Management System: COUNTY ATTORNEYS OFFICE SEWARD

Search: Search Show All Open Cases

Search all counties

New Client Reports Administrative Grant Admin Support

Contact us at NCC.JCMSSupport@nebraska.gov

Please enter the grant and program information in the boxes at the top. You must select a program type before you will be able to save your narrative. Answer the three questions, then click the button "Submit Narrative". You will be able to go in and make changes to your narrative until it is certified by your county lead. There is a "Save Narrative" button which will save your current narrative and open a new, blank narrative. You will still need to submit your narrative for your county lead to certify it. You don't have to click "Save Narrative" for your work to save - the system automatically saves as you type.

[Export My Narratives](#) [File Upload](#) [Case Management](#)

Grant Administration

Grant Narrative

Grant #	Subgrantee (Lead County/Tribe)	Program Title
Reporting Period	Agency	Program Type
	COUNTY ATTORNEYS OFFICE SEWARD	Select Program

Describe activities that have taken place during the reporting period which are specific only to the grant and matching funds. (The information provided should not be a listing of the day to day duties or job responsibilities. Provide a summary of the program activities and accomplishments that have taken place during the quarter; information about coordination with other agencies; training attended or provided; anecdotal information; any stories that illustrate success of the project; etc.)

Describe any issues you have encountered in reporting individual-level youth data.

Explain any problems encountered and how they were addressed. Provide an explanation of the proposed solution, and the timetable for completion. (Problems encountered may include community or program issues; difficulties with coordination and planning; need for program modification; other issues arising that impact the program.)

[Clear Narrative](#) [Save Narrative](#) [Submit Narrative](#)

If you are going back in to make changes, please make sure you are in the correct narrative. The program and grant information will be at the top of each narrative, and the agency and date and time the narrative was saved will be on the darker blue bar at the top. If you save your narrative without submitting, the "Submit Narrative" button moves to the top bar.

COUNTY ATTORNEYS OFFICE Seward
Saved: 5/2/2017 3:05:57 PM

Submit Narrative

Grant #	Subgrantee (Lead County/Tribe)	Program Title	Program Type
<input type="text"/>	<input type="text"/>	Awesome Kids	Interventionist <input checked="" type="checkbox"/>

Reporting Period
Q3 FY 16/17 (Jan 1, 2017 - Mar 31, 2017)

Describe activities that have taken place during the reporting period which are specific only to the grant and matching funds. (The information provided should not be a listing of the day to day duties or job responsibilities. Provide a summary of the program activities and accomplishments that have taken place during the quarter; information about coordination with other agencies; training attended or provided; anecdotal information; any stories that illustrate success of the project; etc.)
testing

Describe any issues you have encountered in reporting individual-level youth data.

Explain any problems encountered and how they were addressed. Provide an explanation of the proposed solution, and the timetable for completion. (Problems encountered may include community or program issues; difficulties with coordination and planning; need for program modification; other issues arising that impact the program.)

After you click "Submit", the top dark blue bar will change to show the date that the report was submitted, and it will be made available to the county lead to certify. Unless you have the permission level to certify a report, you will not see the certify button. You have to submit the report for it to be certified - the save button will not make a report available to certify.

COUNTY ATTORNEYS OFFICE Seward
Submitted: 05/22/2017

Certify This Narrative

Grant #	Subgrantee (Lead County/Tribe)	Program Title	Program Type
11-abcd-16	Seward County	Staying in School	Truancy

Reporting Period

Q3 FY 16/17 (Jan 1, 2017 - Mar 31, 2017)

Describe activities that have taken place during the reporting period which are specific only to the grant and matching funds. (The information provided should not be a listing of the day to day duties or job responsibilities. Provide a summary of the program activities and accomplishments that have taken place during the quarter; information about coordination with other agencies; training attended or provided; anecdotal information; any stories that illustrate success of the project; etc.)

Response Number One

Describe any issues you have encountered in reporting individual-level youth data.

Response Number Two

Explain any problems encountered and how they were addressed. Provide an explanation of the proposed solution, and the timetable for completion. (Problems encountered may include community or program issues; difficulties with coordination and planning; need for program modification; other issues arising that impact the program.)

Response Number Three

Once the county lead certifies the report, you will not be able to make any changes. You will still be able to see the narrative. The boxes will be blue, the font grayed out, and it will say the date it was certified in the darker blue bar.

COUNTY ATTORNEYS OFFICE SEWARD - 19-CB-TEST - Interventionist - Q1 FY 18/19**Certified: 07/06/2017**

Grant #

Subgrantee (Lead County/Tribe)

Program Title

19-CB-TEST

Nebraska

mental health for kids

Describe activities that have taken place during the reporting period which are specific only to the grant and matching funds. (The information provided should not be a listing of the day to day duties or job responsibilities. Provide a summary of the program activities and accomplishments that have taken place during the quarter; information about coordination with other agencies; training attended or provided; anecdotal information; any stories that illustrate success of the project; etc.)

Yes

Describe any issues you have encountered in reporting individual-level youth data.

Yes

Explain any problems encountered and how they were addressed. Provide an explanation of the proposed solution, and the timetable for completion. (Problems encountered may include community or program issues; difficulties with coordination and planning; need for program modification; other issues arising that impact the program.)

Yes

To return to the JCMS home page to enter youth data, click on the "Case Management" button at the top of the Grant Administration page. You can also export your narrative to an excel file by clicking on the button "Export My Narratives".

Juvenile Case Management System: COUNTY ATTORNEYS OFFICE SEWARD**Grant Administration**[Grant Narrative](#)[Export My Narratives](#) [File Upload](#) [Case Management](#)

- Kids Rock - FSUP - Q3 FY 16/17 - Certified: 03/13/2017		
Grant #	Subgrantee (Lead County/Tribe)	Program Title
	Lincoln	Kids Rock
<p>Describe activities that have taken place during the reporting period which are specific only to the grant and matching funds. (The information provided should not be a listing of the day to day duties or job responsibilities. Provide a summary of the program activities and accomplishments that have taken place during the quarter; information about coordination with other agencies; training attended or provided; anecdotal information; any stories that illustrate success of the project; etc.)</p> <p>Yes</p>		
<p>Describe any issues you have encountered in reporting individual-level youth data.</p> <p>No</p>		
<p>Explain any problems encountered and how they were addressed. Provide an explanation of the proposed solution, and the timetable for completion. (Problems encountered may include community or program issues; difficulties with coordination and planning; need for program modification; other issues arising that impact the program.)</p> <p>Yes and No</p>		

To return to the JCMS home page to enter youth data, click on the "Case Management" button at the top of the Grant Administration page.

Juvenile Case Management System: COUNTY ATTORNEYS OFFICE SEWARD

[File Upload](#) [Case Management](#)

Grant Administration

[Grant Narrative](#)

