

# JCMS Code Book

## Family Support Definitions

August 25, 2021



# Intake - Family Support

Family Support programs are often community-based services or programs that will generally meet with a youth and/or families multiple times over a specific period of time. The programs rely on an educational or relationship based components to invoke behavioral change within the client, focusing on services that promote the well-being of children and families as well as increase the strength and stability of families. Family support programs can include parenting classes, advocacy and social work.

**Gender:** characteristics of femininity and masculinity based on social constructs.

- **Female** – identifies with feminine characteristics and constructs.
- **Male** – identifies with masculine characteristics and constructs.
- **Non-binary** – does not identify as male or female.
- **Prefer not to say** – youth chose not to answer.
- **Unspecified** – information was not gathered.

**Race:** per the American Sociological Association, ““Race” refers to physical differences that groups and cultures consider socially significant, while “ethnicity” refers to shared culture, such as language, ancestry, practices, and beliefs.” (Explanation of the Standards - The Office of Minority Health (hhs.gov))

**Youth Employed:** Youth actively engages in and maintains a job position at a credible place of employment

**Family Size:** Number of people living within the youth’s place of legal residence.

**Family Income:** The combined incomes of all people living within the youth’s place of legal residence. This includes all forms of income such as salaries and wages, retirement funds, government assistance, child support, and pensions (\$0000.00).

**Interpreter Needed:** Indicates whether the youth and/or parents need an interpreter if English is not a primary language.

**If Yes, what Language:** Free text field to indicate what language the youth and/or parents indicate as their primary language spoken. School Enrollment: The youth’s school enrollment status at the time of their initial involvement in the program that indicates the type of enrollment in school.

- **Unspecified** – the youth, parent, or referral source does not know/did not indicate the youth’s school enrollment status.
- **Enrolled/Attending** – the youth is currently enrolled in and attending a public or private school.
- **Suspended** – the youth is currently enrolled in school but cannot attend for a period of time per the school.
- **Expelled** – the youth was enrolled in school but has been removed/banned from returning to the school for an extensive period of time.
- **Home Schooled** – the youth is being educated at home by their parent(s)/guardian.
- **HS Graduate/GED, No College** – the youth has graduated from high school or obtained their GED and is not enrolled in college courses.
- **College Student** – the youth is enrolled in and attending college courses or trade school.
- **Drop Out** – the youth is no longer enrolled in or attending any type of educational institute and did not complete graduation requirements.
- **Alternate School** – the youth is enrolled in a non-traditional educational program.

**School Name:** The name of the primary school the youth is enrolled, indicating they are entered as a participant of that school, at the time of their initial involvement in the program.

**Current Grade:** Position (K-12) in a primary school of a youth to identify academic progress at the time of enrollment.

**Eligible for Free/Reduced Lunch:** Based on reported household income, the youth receives or could receive free or reduced lunch at their primary school.

**Custody/Guardianship:** Indicates who has legal responsibility for the youth. May be different than who the youth resides with.

- **Single Parent** – one parent has custody of the youth.
- **Both Parents** – two parents have custody of the youth.
- **Guardian** – an adult who is a non-biological parent who is legally responsible for the youth.
- **State Ward/Ward of Tribal Court** – a youth who the state or tribe has legal custody over, and the state or tribe is legally responsible for.
- **Lives on Own** – a youth who is legally responsible for themselves, including emancipated youth.

**File Number:** The identifier of the youth for program purposes.

**Grant County:** The originating county associated with the grant authorization for program funding.

**Grant Number:** The series of numbers and/or letters identifying the authorized grant associated with the program.

**Person Referring:** The name and title of the person that directed or requested the youth to the program for participation.

**Referral Source:** The agency, organization, or entity that directed or requested the youth to the program for participation.

**Referral Date:** The two-digit month, two-digit day, and four-digit year of the received request to review the youth's case for consideration into the program.

**Enrollment Date:** The two-digit month, two-digit day, and four-digit year the youth participated in the program.

**Primary Reason for Enrollment:** The purpose for the youth to participate in the program indicating the reason the youth required the services of the program.

- **Required by Court** – the youth/family is enrolled in the program because it is required as a condition of an ongoing court case.
- **Recommended by Court** – the youth/family is enrolled in the program based on the recommendations of the court during an ongoing court case.
- **Voluntary** – the youth/family is enrolled in the program without being directed by the court or other agencies.

**Presenting Issue:** The type of need and/or risk area requiring participation in the program.

- **Family problems** – issues within the family related to family function and communication.
- **Runaway** – youth leaves home without permission and stays away for one or more nights.

- **Truancy** – youth is missing a high number of school absences.
- **Uncontrollable** – youth does not follow rules at home or school; defiant.
- **Mental/Behavioral Health** – the youth has mental/behavioral health issue that need addressed.
- **Other** – any other reason not already included.

**Prior Law Violations:** Notes all violations of statute or ordinance resulting in a petition filed and subsequent adjudication which occurred before participation in the program.

**History of Aggressive Behavior:** The youth’s actions or behaviors are reported to be hostile or violent toward others or things.

**High Risk Environment:** The youth’s living situation or surroundings exposes them to identifiable danger.

**Family Function (at intake):** The level of ability of the family system to meet the needs of all members; assessed at time of enrollment/intake.

**Family Communication (at intake):** The level of ability for the family to understand and meet the needs of all family members through the exchange of verbal and non-verbal information.

## Contact

**Begin Date:** The first day (two-digit month, two-digit day, and four-digit year) the program staff saw and/or communicated with the youth and/or family.

**End Date:** The last day (two-digit month, two-digit day, and four-digit year) the program staff saw and/or communicated with the youth and/or family.

**Type of Contact:** The method program staff or mentor used to communicate with or see the youth and/or family.

- **Face to Face** – program staff met with the youth and/or family in person.
- **Phone** – program staff contacted the youth and/or family via phone.
- **Email** – program staff contacted the youth and/or family via email.
- **Text** – program staff contacted the youth and/or family via text messaging.

**Reason for Contact:** The purpose for program staff to communicate with or see the youth and/or family.

- **Youth Mental Health/Behavioral Issues** – staff is meeting with the youth/family due to youth’s current mental health or behavioral issues.
- **Parent Mental Health/Behavioral Issues** – staff is meeting with the youth/family due to one or more parents’ current mental health or behavioral issues.
- **Family Mental Health/Behavioral Issues** – staff is meeting with the youth/family due to the family’s current mental health or behavioral issues.

**Attendees:** The individuals or entities involved in a contact made with the youth.

**Primary Type of Activity:** The main method staff used to engage the youth and/or family or the category of service delivery.

- **Behavioral Contract** – a contract is created and/or reviewed that expectations of the youth and others involved, including any positive or negative reinforcements associated with behaviors.

- **Developed Behavioral Goals** – staff and the youth/family set goals that will work on addressing/improving negative behaviors and enhancing positive behaviors for the youth and/or family.
- **Developed Meaningful Sanctions/Rewards for Youth with Family** – staff work with the youth and/or family to create positive or negative reinforcements to address youth’s behavior issues.
- **Advocacy** – staff is supporting the youth/family in the justice system and helping address concerns and answer questions.
- **Referral to Services** – staff locate and refer the youth/family to appropriate services within the community to address specific needs of the youth/family.
- **Developed Education Goals** – staff and the youth/family set goals that will work on addressing/improving the youth’s educational issues.
- **Developed Employment Goals** – staff and the youth/family set goals that will work on addressing/improving the youth and/or parent’s employment skills.
- **Assisted Families in Parenting Skills** – staff worked with the family on general parenting skills and techniques to promote the well-being of children and families as well as increase the strength and stability of families.
- **Assisted in Other Skills** – staff worked with the youth/family on skills outside of educational, employment, and parenting skills.
- **Family Therapy** – the family participated in family therapy.
- **Individual Therapy** – the youth receiving services participated in individual therapy as part of the family support services.
- **Culture-based Activity** – indicates that the activity the staff and youth/family engaged in has a cultural component or significance.

**Secondary Type of Activity:** Additional method staff used to engage the youth and/or family or the category of service delivery.

- Same options as Primary Type of Activity above.

**Duration in Hours:** The hours spent (60 minute intervals) where staff and other entities communicated with the youth and/or youth’s family.

**Number of Occurrences:** The number of times that staff interacted with the youth and/or family during the recorded time period.

## Classes

**Start Date:** The two-digit month, two-digit day, and four-digit year the youth began participating in a specific class held for instructional/educational purposes to a group of youth and/or family members.

**End Date:** The two-digit month, two-digit day, and four-digit year the youth stopped participating in a specific class held for instructional/educational purposes to a group of youth and/or family members.

**Class Name:** The identifier given to the instructional/educational group session as recognized by the program and stakeholders.

**Class Objective:** The category that best identifies the specific focus area of the instructional/educational group session (2 or more youth and/or families).

- **General Parenting Skills** – general parenting skills and techniques to promote the well-being of children and families as well as increase the strength and stability of families.

- **Teen Parenting Skills** – parenting skills that address unique needs of teen parents that promote the well-being of children and families as well as increase the strength and stability of families.
- **Social-Cognitive Functioning of Youth** – instruction and guidance on improving youth’s social interactions and experiences to promote the well-being of the youth.
- **Family Functioning** – skills and techniques to improve the level of ability of the family system to meet the needs of all members.
- **School Attachment** – instruction and guidance to increase the level of investment or value the youth/family place on education.
- **Behavioral Issues** – skills and techniques to address/improve behavioral issues.

**Hours Completed:** Number of hours (60-minute intervals) the youth and/or family members were physically in attendance of the instructional/educational class.

**Hours Required:** Number of hours (60-minute intervals) the youth and/or family members were permitted to and needed to attend the instructional/educational class.

## Scores

**Test Completed:** Indicates whether an assessment/test was administered to the youth during the program (yes, no, or the youth refused the test).

**Test Name:** The published or trademarked name of an assessment instrument administered to the youth most recently and that is relevant to determining programmatic services and/or treatment.

**Date:** Two-digit month, two-digit day, and four-digit year.

**Scores:** The results of an assessment instrument that was administered to the youth most recently and relevant to the program.

**Test Refused:** The youth refused to complete the assessment instrument administered relevant to the program procedures and/or policy.

## Referrals

**Referral Type:** The category of services recommended to the youth and/or family as a result of the crisis response process.

**Referral Agency:** The entity name and location the youth was recommended to in an effort to address needs identified from the crisis response process.

**Referral Outcome:** The actions of the youth or parent in response to the referred treatment or service(s) resulting from the assessment process.

- **Youth Attended** – the youth did attend the service that he/she was referred to.
- **Youth Did Not Attend** – the youth did not attend the service that he/she was referred to, for reasons other than refusal to attend.
- **Youth/Parent Refused** – the youth and/or parent refused the services that they were referred to.
- **Waiting for Services** – the youth and/or family has made efforts to participate in the service(s) they were referred to, but the provider has a waitlist at this time.

## Discharge

**Discharge Date:** The two-digit day, two-digit month, and four-digit year the youth was discharged from participation in the program.

**Discharge Reason:** The selected reason directly pertains to the youth no longer participating in the program nor receiving services relevant to the program.

- **Stopped Attending** – the youth stopped attending the program prior to the end of the program.
- **Completed Program Requirements** – the youth/family completed all requirements of the program.
- **Transferred Schools** – the youth transferred to a different school.
- **Youth Refused** – the youth refused services after referral or enrollment.
- **Parent Refused** – the parent refused services after referral or enrollment.
- **Family Plans to Follow Through** – the family has not completed all requirements of the program but has a plan in place to continue working on issues.
- **Other (Moved Away, Death, etc.)** - the youth was discharged from the program for other reasons not listed here.

**Family Function (at discharge):** The level of ability of the family system to meet the needs of all members; assessed at time of enrollment/intake.

**Family Communication (at discharge):** The level of ability for the family to understand and meet the needs of all family members through the exchange of verbal and non-verbal information.