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# **JCMS Code Book**

## Mental Health Programs Definitions

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### Intake — Mental Health Programs

Mental Health programs are programs that utilize screening, diagnosis and treatment to promote mental wellbeing. These programs generally meet with a youth multiple times over a specific period of time. Services are provided to youth with the goal of promoting productive coping techniques and cognitive mental functioning through client focused therapeutic options.

**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 have an assessment completed.

**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.

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

**Presenting Issue Notes:** A notes box to provide additional information regarding the presenting issue.

**Diagnosis 1:** The primary identified disorder or category of disorder generally characterized by dysregulation of mood, thought, and/or behavior by examination of the symptoms.

**Diagnosis 2:** The secondary identified disorder or category of disorder generally characterized by dysregulation of mood, thought, and/or behavior by examination of the symptoms.

**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.

**EB-NE Intake Assessment Completed:** Indicates whether the youth completed the EB-NE Assessment Tool at intake (yes/no).

If No, Why Not: If the youth did not complete the EB-NE Assessment Tool at intake, indicate why not.

- Youth Refused the youth refused to complete the assessment tool.
- Not Appropriate for Youth (Too Young, Language Barrier, etc.) the youth is not able to complete the assessment for reasons other than refusing, such as being under 6th grade, not able to read/ comprehend English or Spanish tools, etc.
- Youth Left Program Early the youth left the program before the tool could be completed.

**Date Completed:** The two-digit day, two-digit month, and four-digit year the youth completed the EB-NE Assessment Intake Tool.

#### Contacts

**Start 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.

**Location:** The place where the contact with the youth took place.

- Youth's Home the place the youth is currently living.
- **School** the school the youth currently attends.
- Office the mental health provider's office.

**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.
- Video Conferencing program staff met with the youth and/or family through telecommunication software (Skype, Telehealth, etc.).
- **Phone** program staff contacted the youth and/or family via phone.

**Intervention Type:** The type of method or technique used to identify the problem and address the problem.

**Duration in Hours:** The number of hours (60-minute intervals) program staff communicated with the youth. The hours of contact may be noted in decimals to indicate the duration of the conversation.

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

#### Groups

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

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

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

**Group Objective:** The category that best identifies the specific focus area of the group session.

- General Life Skills instruction and techniques to help youth/families promote mental well-being.
- **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 was physically in attendance of the group.

**Hours Required:** Number of hours (60-minute intervals) the youth and/or family was permitted to and needed to attend the group.

#### 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:** The two-digit month, two-digit day, and four-digit year the assessment instrument was administered to the youth.

**Score:** 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.

#### 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.
- **Referred to a Higher Level of Service** the youth was referred to diversion, probation, or detention, or had charges filed in court.
- Other (Moved Away, Death, etc.) the youth was discharged from the program for other reasons not listed here.

**Progress at Discharge:** Notes the level of improvement and effort relevant program expectations which is assessed at discharge from the program.

**EB-NE Follow Up Assessment Completed:** Indicates whether the youth completed the EB-NE Assessment Tool at discharge or designated time after enrollment (yes/no).

If No, Why Not: If the youth did not complete the EB-NE Assessment Tool at discharge, indicate why not.

- Youth Refused the youth refused to complete the assessment tool.
- Not Appropriate for Youth (Too Young, Language Barrier, etc.) the youth is not able to complete the assessment for reasons other than refusing, such as being under 6th grade, not able to read/ comprehend English or Spanish tools, etc.
- Youth Left Program Early the youth left the program before the tool could be completed.

**Date Completed:** The two-digit day, two-digit month, and four-digit year the youth completed the EB-NE Assessment Follow-Up Tool.