



**UNIVERSITY OF NEBRASKA AT OMAHA**  
**JUVENILE JUSTICE INSTITUTE**

JCMS User Guide

Mental Health Programs

6/8/2021

# Mental Health 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](http://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.

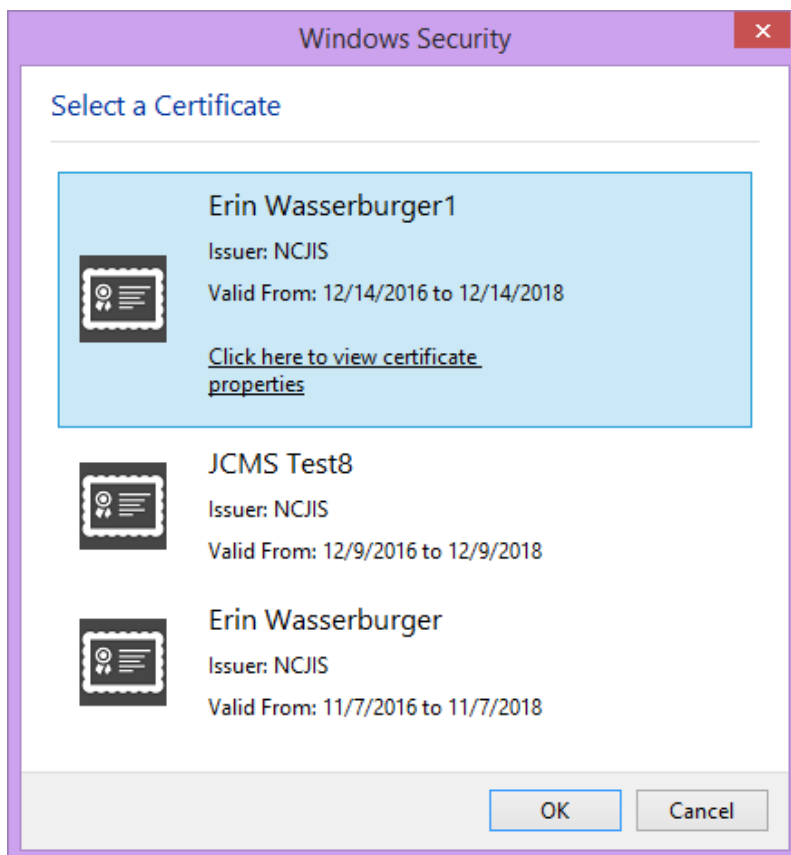


Welcome to...

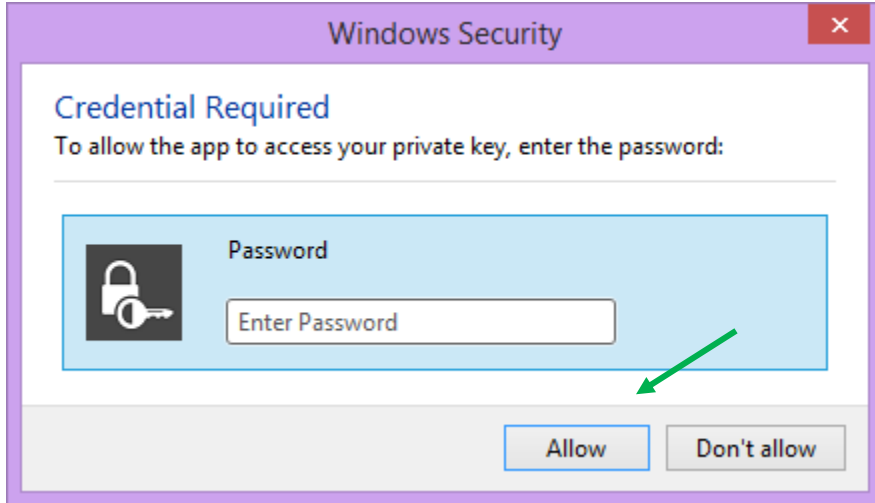


*The Nebraska Criminal Justice Information System is a cooperative project between state and local criminal justice agencies within the state of Nebraska. This project is hosted by the Nebraska Crime Commission.*

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:  
 Login




**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.

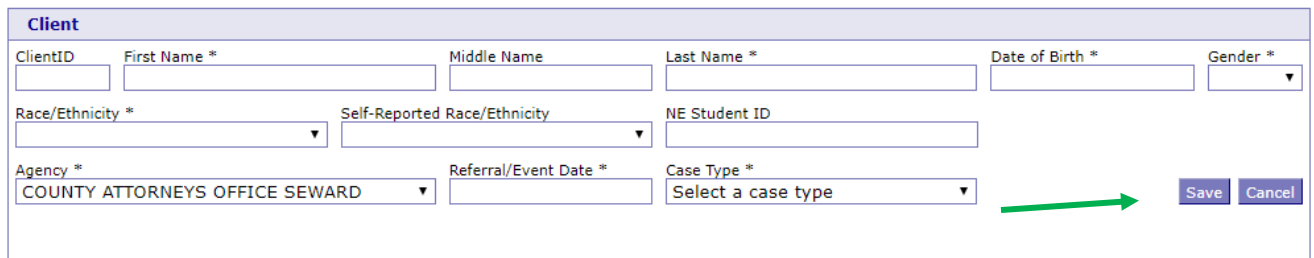
## Data entry in JCMS

In order to start data entry for a new youth, please click on "New Client."



The screenshot shows the top navigation bar of the Juvenile Case Management System. The header is a dark blue bar with the text "Juvenile Case Management System: COUNTY ATTORNEYS OFFICE SEWARD" in white. Below the header is a search bar with a "Search" button and a "Show All Open Cases" button. To the right of the search bar is a navigation menu with buttons for "New Client", "Reports", "Administrative", "Grant Admin", and "Support". A green arrow points to the "New Client" button.

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. If your program does not have a formal referral process, the date of referral may be the same as the date of enrollment.




The screenshot shows the "Client" data entry form. The form has a title bar "Client" and several input fields. The fields are: ClientID, First Name \*, Middle Name, Last Name \*, Date of Birth \*, Gender \*, Race/Ethnicity \*, Self-Reported Race/Ethnicity, NE Student ID, Agency \*, Referral/Event Date \*, and Case Type \*. The Agency field is set to "COUNTY ATTORNEYS OFFICE SEWARD" and the Case Type field is set to "Select a case type". There are "Save" and "Cancel" buttons at the bottom right. A green arrow points to the "Save" button.

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. If there are notes you wish to keep about a specific case, please write them in the "Narrative" section. Please note that the referral date entered when the client was created will populate into the "Referral Date" field in the intake section. **All work is saved automatically.**

| Mental Health                     |   |                                |                     |                        |  |
|-----------------------------------|---|--------------------------------|---------------------|------------------------|--|
| Intake                            |   |                                |                     |                        |  |
| Address Line 1                    | Address Line 2                          | City                           | State               | ZIP Code               |  |
| County Of Residence               | Primary Phone                           | Alternate Phone                | E-Mail Address      | Cell Phone             |  |
| Youth Employed                    | Family Size                             | Family Income                  | Interpreter needed? | If Yes, what language? |  |
| School Enrollment *               | Current Grade *                         | School Name *                  |                     |                        |  |
| Eligible for Free/Reduced lunch   | Custody/Guardianship *                  | File Number                    | Grant County *      |                        |  |
| Grant Number                      | Person Referring                        | Referral Source *              | Referral Date *     | Age at Referral        |  |
| Enrollment Date *                 | Presenting Issue *                      | Presenting Issues Notes        |                     |                        |  |
| Diagnosis 1 *                     | Diagnosis 2                             |                                |                     |                        |  |
| Prior Law Violations              | History of Aggressive Behavior          | High Risk Environment          |                     |                        |  |
| Notes on Prior Law Violation      | Notes on History of Aggressive Behavior | Notes on High Risk Environment |                     |                        |  |
| EB-NE Intake Assessment Completed | If No, Why Not                          | Date Completed                 |                     |                        |  |

During the time the youth is in the mental health program, you'll be meeting directly with the youth and/or their family and recording the direct contact times with them. Click the "Add Contact" button to display the fields for contact with the youth. If you know that you will be meeting weekly for the same thing, the begin and end date may have a gap distance - in this case, please explain in further detail. Please add any additional comments that you feel may be necessary in the "Notes" section.

| Mental Health   |               |
|---|---------------|
| Contacts  | Groups Scores |
| Add Contact  |               |

With the "Begin Date" and "End Date" fields you can record a singular occurrence by putting the same date in both fields, or you can record a number of the same type of occurrences over a period of time. Make sure to record the number of occurrences and total the hours spent working with the youth/family in the

time frame you are reporting on. If the type of contact changes, please create a new contact section.

Contacts Groups Scores

Start Date \* End Date \* Location Type of Contact \*

Intervention Type \* Duration in Hours \* # of Occurrences \* Delete Contact

Notes

Add Contact

To record a new, separate contact with the youth, click the "Add Contact" button at the bottom of the program type. Do not create a new youth each time - you can create as many contacts on one youth as needed for the duration of the program.

To enter any groups that the youth and/or family members attended during the program, click on the "Add Group" button under the "Groups" tab.

Mental Health

Contacts Groups Scores

Add Group

Please fill out all fields possible. You can add additional groups as needed by clicking on the "Add Group" button.

Contacts Groups Scores

Start Date \* End Date \* Group Name \* Group Objective Hours Completed Hours Required

Delete Group

Add Group

To add any assessments that were administered to the youth during the program, click the "Add Scores" button under the "Scores" tab.

Please fill out all fields possible. You can add additional scores as needed by clicking on the "Add Scores" button.

As the time with your youth comes to an end, please be sure to fill out the "Discharge" section with as much information as possible. The discharge date field is required, and will stay red until a valid date is entered.

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 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.JCMSHelpDesk@nebraska.gov](mailto:NCC.JCMSHelpDesk@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.

## Grant Administration

Grant Narrative


|                      |                                |                      |
|----------------------|--------------------------------|----------------------|
| Grant #              | Subgrantee (Lead County/Tribe) | Program Title        |
| <input type="text"/> | <input type="text"/>           | <input type="text"/> |
| Reporting Period     | Agency                         | Program Type         |
| <input type="text"/> | COUNTY ATTORNEYS OFFICE SEWARD | Select Program       |

Please indicate if youth were served this quarter. Provide additional details in first question

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

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

**COUNTY ATTORNEYS OFFICE SEWARD**  
Submitted: 02/25/2020

[Certify This Narrative](#)

| Grant # | Subgrantee (Lead County/Tribe) | Program Title | Program Type |
|---------|--------------------------------|---------------|--------------|
|         |                                |               | Treatment ▼  |

Reporting Period:  Please indicate if youth were served this quarter. Provide additional details in first question

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.)

test

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.)

**COUNTY ATTORNEYS OFFICE SEWARD**  
Submitted: 04/30/2019

[Certify This Narrative](#)

| Grant # | Subgrantee (Lead County/Tribe) | Program Title | Program Type      |
|---------|--------------------------------|---------------|-------------------|
| 158498  | this one                       | fun kids      | Interventionist ▼ |

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.

**JDCM Administrators - - Incentives - Q2 FY 18/19**  
Certified: 02/25/2020

| Grant # | Subgrantee (Lead County/Tribe) | Program Title |
|---------|--------------------------------|---------------|
|         | Testing                        | Warning box   |

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".

**Grant Administration**

Grant Narrative

Export My Narratives

File Upload

Case Management

