

# JCMS Reporting for Community-based Juvenile Services Aid Program

*Required Variables*  
*Updated January 2024*

**NEBRASKA**

Good Life. Great Service.

**COMMISSION ON LAW ENFORCEMENT  
AND CRIMINAL JUSTICE**

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## New Client Profile

<i>Client Information</i>
• First Name
• Last Name
• Date of Birth
• Sex Assigned at Birth
• Race
• Hispanic/Latino
• Agency
• Referral/Event Date
• Case Type

## Alternatives to Detention

Electronic Monitoring	
<i>Intake</i>	<i>Discharge</i>
<ul style="list-style-type: none"> <li>• Date Referred</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge Date</li> </ul>
<ul style="list-style-type: none"> <li>• Date Enrolled/Intake</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge Reason</li> </ul>
	<ul style="list-style-type: none"> <li>• Detained at Discharge</li> </ul>
	<ul style="list-style-type: none"> <li>• Program Progress</li> </ul>
	<ul style="list-style-type: none"> <li>• Discharge Placement</li> </ul>

Reporting Center	
<i>Intake</i>	<i>Discharge</i>
<ul style="list-style-type: none"> <li>• Date Referred</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge Date</li> </ul>
<ul style="list-style-type: none"> <li>• Date Enrolled/Intake</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge Reason</li> </ul>
	<ul style="list-style-type: none"> <li>• Detained at Discharge</li> </ul>
	<ul style="list-style-type: none"> <li>• Program Progress</li> </ul>
	<ul style="list-style-type: none"> <li>• Discharge Placement</li> </ul>

Tracking Services	
<i>Intake</i>	<i>Discharge</i>
<ul style="list-style-type: none"> <li>• Date Referred</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge Date</li> </ul>
<ul style="list-style-type: none"> <li>• Date Enrolled/Intake</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge Reason</li> </ul>
	<ul style="list-style-type: none"> <li>• Detained at Discharge</li> </ul>
	<ul style="list-style-type: none"> <li>• Program Progress</li> </ul>
	<ul style="list-style-type: none"> <li>• Discharge Placement</li> </ul>

Shelter Care	
<i>Intake</i>	<i>Discharge</i>
<ul style="list-style-type: none"> <li>• Date Referred</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge Date</li> </ul>
<ul style="list-style-type: none"> <li>• Date Enrolled/Intake</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge Reason</li> </ul>
	<ul style="list-style-type: none"> <li>• Detained at Discharge</li> </ul>
	<ul style="list-style-type: none"> <li>• Program Progress</li> </ul>
	<ul style="list-style-type: none"> <li>• Discharge Placement</li> </ul>

## Assessment

<i>Intake</i>	<i>Discharge</i>
<ul style="list-style-type: none"> <li>Date of Referral to Assessment Program</li> </ul>	<ul style="list-style-type: none"> <li>Discharge Date</li> </ul>
	<ul style="list-style-type: none"> <li>Assessment Discharge Reason</li> </ul>
<i>Assessments Tab</i>	<ul style="list-style-type: none"> <li>Assessment Outcomes</li> </ul>
<ul style="list-style-type: none"> <li>Date of Assessment</li> </ul>	
<ul style="list-style-type: none"> <li>Assessment Type</li> </ul>	
<ul style="list-style-type: none"> <li>Score</li> </ul>	

## Referral Services

<i>Intake</i>	<i>Discharge</i>
<ul style="list-style-type: none"> <li>Date of Referral to Assessment Program</li> </ul>	<ul style="list-style-type: none"> <li>Discharge Date</li> </ul>
	<ul style="list-style-type: none"> <li>Discharge Reason</li> </ul>
<i>Referrals Tab</i>	
<ul style="list-style-type: none"> <li>Referral Made</li> </ul>	
<ul style="list-style-type: none"> <li>Date Referred</li> </ul>	
<ul style="list-style-type: none"> <li>Referred to</li> </ul>	
<ul style="list-style-type: none"> <li>Referral Outcome</li> </ul>	

## Crisis Respite

<i>Crisis Respite</i>	<i>Discharge</i>
<ul style="list-style-type: none"> <li>Was There an Injury?</li> </ul>	<ul style="list-style-type: none"> <li>Discharge Date</li> </ul>
<ul style="list-style-type: none"> <li>Weapon Involved?</li> </ul>	<ul style="list-style-type: none"> <li>Discharge Reason</li> </ul>

## Crisis Response

<i>Crisis Response</i>	<i>Discharge</i>
<ul style="list-style-type: none"> <li>Was There an Injury?</li> </ul>	<ul style="list-style-type: none"> <li>Discharge Date</li> </ul>
<ul style="list-style-type: none"> <li>Weapon Involved?</li> </ul>	<ul style="list-style-type: none"> <li>Case Outcome</li> </ul>
<ul style="list-style-type: none"> <li>Was a Plan Put in Place?</li> </ul>	

## Diversion

<i>Intake</i>	<i>Scores Tab</i>
• Referral Date	• Test Completed
• Enrolled Date	• Test Name
	• Score
<i>Discharge</i>	<i>Diversion Case Plan Tab</i>
• Discharge Date	• Domain
• Discharge Reason	• Program Type
• Refusal Reason	• Program Sub-Type
<i>Charges Tab</i>	• Total Amount Due (\$)
• Offense Date	• Total Time Required (hours)
• Statute	• Total Time Completed (hours)
• Charge	• Completed
	• Completion Date

## Family Support

<i>Intake</i>	<i>Discharge</i>
• Referral Date	• Discharge Date
• Enrollment Date	• Discharge Reason
• Family Function at Intake	• Family Function at Discharge
• Family Communicated at Intake	• Family Communication at Discharge
<i>Referrals</i>	
• Referral Type	
• Referral Agency	
• Referral Outcome	

## Mediation

<i>Intake</i>	<i>Discharge</i>
• Referral Date	• Discharge Date
• Enrollment Date	• Reparation Agreement Reached
	• Outcome if Agreement was Reached
	• Reason Agreement was Not Reached

## Mental Health

<i>Intake</i>	<i>Discharge</i>
• Referral Date	• Discharge Date
• Enrollment Date	• Discharge Reason
	• Progress at Discharge

## Mentoring

<i>Intake</i>	<i>Mentors</i>
<ul style="list-style-type: none"> <li>Date Referred</li> </ul>	<ul style="list-style-type: none"> <li>Date Mentoring Relationship Began</li> </ul>
<ul style="list-style-type: none"> <li>Date Enrolled/Intake</li> </ul>	<ul style="list-style-type: none"> <li>Date Mentoring Relationship Ended</li> </ul>
<ul style="list-style-type: none"> <li>School Attachment at Intake (School-based Mentoring)</li> </ul>	
<ul style="list-style-type: none"> <li>Misses School at Intake (School-based Mentoring)</li> </ul>	<i>Potential Mentors (Youth Initiated Mentoring)</i>
<ul style="list-style-type: none"> <li>Grades at Intake (School-based mentoring)</li> </ul>	<ul style="list-style-type: none"> <li>Role</li> </ul>
	<ul style="list-style-type: none"> <li>Outcome</li> </ul>
<i>Discharge</i>	
<ul style="list-style-type: none"> <li>Discharge Date</li> </ul>	
<ul style="list-style-type: none"> <li>Discharge Reason</li> </ul>	
<ul style="list-style-type: none"> <li>Misses School at Discharge (School-based Mentoring)</li> </ul>	
<ul style="list-style-type: none"> <li>Grades at Discharge (School-based Mentoring)</li> </ul>	
<ul style="list-style-type: none"> <li>School Attachment at Discharge (School-based Mentoring)</li> </ul>	

## Prevention & Promotion

<i>Intake</i>	<i>Activity Tab</i>
<ul style="list-style-type: none"> <li>Referral Date</li> </ul>	<ul style="list-style-type: none"> <li>Start Date</li> </ul>
<ul style="list-style-type: none"> <li>Enrollment Date</li> </ul>	<ul style="list-style-type: none"> <li>End Date</li> </ul>
<ul style="list-style-type: none"> <li>Discharge Date</li> </ul>	<ul style="list-style-type: none"> <li>Activity Type</li> </ul>
<ul style="list-style-type: none"> <li>Discharge Reason</li> </ul>	<ul style="list-style-type: none"> <li>Hours Completed</li> </ul>
<i>Program Information</i>	
<ul style="list-style-type: none"> <li>Name of Program</li> </ul>	
<ul style="list-style-type: none"> <li>Start Date</li> </ul>	
<ul style="list-style-type: none"> <li>End Date</li> </ul>	
<ul style="list-style-type: none"> <li>Total Hours Available</li> </ul>	
<ul style="list-style-type: none"> <li>Total Hours Attended</li> </ul>	

## School-based Programs

After School	
<i>Intake</i>	<i>Discharge</i>
• Referral Date	• Discharge Date
• Enrollment Date	• Discharge Reason
• Misses School at Intake	• Misses School at Discharge
• GPA at Intake	• Grades at Discharge
• School Attachment at Intake	• School Attachment at Discharge
	<i>Program Attendance</i>
	• Begin Date
	• End Date
	• Hours Youth Attended
	• Hours Program Available
	• Number of Occurrences

Alternative School	
<i>Intake</i>	<i>Program Attendance</i>
• Referral Date	• Begin Date
• Enrollment Date	• End Date
• Misses School at Intake	• Hours Youth Attended
• Grades at Intake	• Hours Program Available
• School Attachment at Intake	• Number of Occurrences
<i>Discharge</i>	
• Discharge Date	
• Discharge Reason	
• Misses School at Discharge	
• Grades at Discharge	
• School Attachment at Discharge	

Interventionist	
<i>Intake</i>	<i>Discharge</i>
• Referral Date	• Discharge Date
• Enrollment Date	• Discharge Reason
• Misses School at Intake	• Misses School at Discharge
• Grades at Intake	• Grades at Discharge
• School Attachment at Intake	• School Attachment at Discharge

Truancy	
<i>Intake</i>	<i>Enrollment</i> (includes Pre- & Post-Enrollment tabs)
• Referral Date	• Semester
• Truancy Type	• Tracking Begin Date
• Enrolled Date	• Tracking End Date
• Grades at Intake	• Attendance Type
• School Attachment at Intake	• Required Days/Periods/Minutes
	• Required Attendance (auto-populated)
<i>Discharge</i>	• Tardy – Excused
• Discharge Date	• Tardy – Not Excused
• Discharge Reason	• School Excused
• Grades at Discharge	○ Administration, school activity
• School Attachment at Discharge	○ Suspension, Expulsion Administration, ISS
	○ Religious holiday, Funeral, Other
	○ Medical, Illness
	• Not Excused
	○ Truant
	○ Parent Acknowledged
	○ Medical, Illness
	○ Unverified

## System Improvement Programs

Grant Information	
Grant Number	Reporting Period
Grant County	

Training/Quality Improvement	
Title of Training Sponsored	Did you attend or provide the training
Date of Training	Number of individuals trained
Topic of Training	Length of training in hours
Was the topic aimed at	Format
	Did participants provide feedback on the training? If so, how was it implemented?

Evaluation	
Which programs were evaluated this quarter?	Evaluation Design
Who evaluated the program?	What methods were used?
Evaluation type	What activities were covered this quarter?

Administration	
Activities	Estimate total hours you spent on activities
Describe how funds were used if activities cannot be quantified in hours (e.g., utilities, payments, software, etc.)	

Training/Quality Improvement	
Title of Training Sponsored	Did you attend or provide the training
Date of Training	Number of individuals trained
Topic of Training	Length of training in hours
Was the topic aimed at	Format
	Did participants provide feedback on the training? If so, how was it implemented?

Data	
This quarter did you provide training on data entry?	Present data to stakeholders?
Receive a data extract?	If yes, how many presentations this quarter
What system point does the data primarily pertain to?	How does the data change practices in the community?
	What is the primary goal for the data?

Community Engagement	
What type of coordinator are you? Check all that apply	Estimate total hours you spent on grant writing
Are you an independent contractor	Estimate total hours you spent on grant reporting
What percent of your salary is funded through CBA?	Number of meetings you coordinated this quarter
Are there identified gaps in service in your community for youth pre-adjudication through reentry?	Number of stakeholders you invited
Number of MOUs drafted this quarter	Number who attended
Number of contracts drafted	Estimate total hours you spent on community coordination
Number of CBA subgrant adjustments	Briefly list activities related to coordinating your community
Please describe any adjustments	Briefly list activities supporting programs in a one-to-one capacity
	Estimate total hours you spent supporting programs in a one-to-one capacity
	Estimate total hours you spent traveling to communities
	Briefly list the communities you traveled to this quarter to enable coordination