



TEXAS
JUVENILE★JUSTICE
DEPARTMENT

TRANSFORMING YOUNG LIVES AND CREATING SAFER COMMUNITIES

Mental Health Data Entry

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Road Map

- Definitions
- Basic data entry instructions
- FAQ Examples

NOTE: The supplemental materials provided with this presentation are required to fully understand certain concepts.

Quick Reference Guide

Definitions

Examples

<i>Program</i>	<i>Service</i>	<i>Treatment</i>
<ul style="list-style-type: none"> ▪ Planned or coordinated activity or group of activities ▪ Addresses a specific purpose or goal ▪ Has a curriculum and follows a strategy or plan ▪ Goals include altering a juvenile's behavior ▪ Participation required/tied to supervision 	<ul style="list-style-type: none"> ▪ Typically a one-time event ▪ Meets a juvenile's immediate or pressing needs ▪ No curriculum or long-term strategy ▪ Provides assistance or support ▪ Does not have to be required/tied to supervision 	<ul style="list-style-type: none"> ▪ Used to track BH interventions ▪ Focuses on the well-being of the juvenile ▪ Occurs over time but has no curriculum ▪ Intended to remedy a BH problem ▪ Participation not required by JPD
<ul style="list-style-type: none"> • Substance abuse education • Anger management • Counseling • Sex offender • Parenting skills training 	<ul style="list-style-type: none"> • Medical appointments • Assessments and psychological testing • Single session crisis intervention • Educational testing • Transportation 	<ul style="list-style-type: none"> • Medication management • Skills training • Multiple session crisis intervention • Case management

Behavioral Health Service

- Provide help, assistance, or support to youth with suspected or confirmed behavioral health need
- One-time event
- Not associated with a program

Behavioral Health Service Examples

- Screenings
- Assessments
- Doctor visits
 - Excluding visits related to physical sickness or issues
- Crisis intervention
 - Emergency psychological care aimed at stabilizing youth and families in crisis
 - One-time occurrence
- Psychotropic medication
- Single counseling sessions
 - If the session is part of a long-term program, you do not need to enter each individual session

Assessment vs. Screener

- **Screener**: process for evaluating the *possible* presence of a particular problem and the outcome is typically a simple yes or no
- **Assessment**: process for defining the nature of a problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis

Assessment vs. Screener

- Screener can be used to determine *if* a full assessment is warranted
- Screeners typically require little or no special training to administer
- An assessment typically gathers detailed information for a treatment plan

Behavioral Health Service Data Fields

- **BH Referral Date:** The date youth was referred for the behavioral health service
- **Presenting Problem:** Why you referred the youth for a behavioral health service
 - E.g. Intellectual disability, mental health, substance abuse, trauma
- **Service Type:** The behavioral health service for which the youth was referred
 - E.g. Assessment, doctor visit, evaluation, screening, medication
- **Referred To:** Specific clinician or location providing the service
- **Referral Outcome:** Outcome of the behavioral health service
- **Location:** Where the service occurred
- **BH Service Date:** The date the service was actually rendered
- **Funding Source:** The funds used to pay for the youth's program participation
 - If State funds are used for a program, the funding source must be entered

Behavioral Health Treatment

- Care intended for or used to remedy a behavioral health problem
- Occurs over time
- Does NOT have a curriculum
- Does NOT have to be result of a referral from the juvenile probation department
- Captured in the Behavioral Health screen

Behavioral Health Treatment Examples

- Medication management
 - Should include monitoring of at least one behavioral health related prescription
- Crisis intervention
 - If lasting longer than one day
- Skills training
 - Rehabilitative interventions to reduce cognitive and behavioral impairments
 - E.g. basic living and self-care skills, communication skills, transitional living skills
- Case management
 - Coordination of community services and care for mental health, intellectual disability, trauma, or substance abuse patients

Behavioral Health Treatment Data Fields

- **Treatment Begin Date:** The date the treatment actually began
- **Presenting Problem:** Why you referred the youth for a behavioral health service
 - E.g. Intellectual disability, mental health, substance abuse, trauma
- **Treated by:** The type of provider treating the youth
 - E.g. Contract provider, in-house staff, local MH/substance abuse provider, private provider
- **Treatment End Date:** Date the treatment ended
- **Treatment Type:** The type of treatment provided
 - E.g. Medication management, crisis intervention, skills training, case management
- **Location:** Where the treatment occurred
- **Funding Source:** The funds used to pay for the youth's program participation
 - If State funds are used for a program, the funding source must be entered

Programs

- Planned or coordinated activity or group of activities
- Addresses a specific purpose or goal
- Has a curriculum and follows a strategy or plan
- Goals include altering a juvenile's behavior
- Participation required/tied to supervision

Community-Based Mental Health Programs

- Primary purpose is to address mental health needs of the youth
- Program Type examples include:
 - Cognitive Behavioral Therapy (CBT)
 - Counseling
 - Mental Health Court
 - Mental Health
 - Sex Offender

Program Record Data Fields

- **Program Referral Date:** The date you referred the youth to the program
- **Program Begin Date:** The date the program actually began
- **Program End Date:** The date the program ended
- **Program Type:** The program category based on the program's *purpose*
 - E.g. Aggression Replacement Training = Anger Management/Conflict Resolution program type
- **Program Provider:** The type of provider facilitating the program
 - E.g. Contract provider, in-house staff, local MH/government provider, private provider
- **Program Outcome:** Specifies the youth's outcome in the program
 - E.g. Completed, absent without permission, deceased, supervision ended, depletion of funds/closure, transferred out of jurisdiction, unsuitable/not eligible, failure to comply
- **Funding Source:** The funds used to pay for the youth's program participation
 - If State funds are used for a program, the funding source must be entered

Mental Health Needs Criteria

1. Mental illness diagnosis
- 2 – 4 Serious emotional, behavioral, or mental disorders
5. Current suicide attempt or suicidal ideations
6. Caution or Warning on *subsequent* MAYSI-II or other screener

Mental Health Needs Criteria

7. Youth receives mental health flag on the *full* PACT assessment, Mental Health Domain
8. Youth is currently receiving mental health treatment
9. Youth is currently taking psychotropic medication
10. Youth was exposed to a trauma and is currently experiencing mental health symptoms
11. Youth has a history of mental health needs but is not currently symptomatic or in need of treatment

Juvenile Stabilizing Factors

Mental Health Issues

Contributing Factors

ADD / ADHD medication currently prescribed, but not taking
Attending mental health treatment

Current mental health problem(s)

Mental health medication currently prescribed, but not taking
Mental health problem(s) do not interfere in work with youth

Other indicators for suicide risk

Indicator #11

- Intended to notify probation officers of a youth's mental health history as it may factor into a youth's outcomes and programming needs
- This should **only** be used if the youth previously met a criteria for an immediate mental health need and has since been stabilized
- This should be updated to reflect **current** mental health needs if the youth meets a more immediate requirement, such as suicidal ideations

Entering Mental Health Needs

- **BEFORE ENTERING ANYTHING**: review the Mental Health Needs definition sheet
- If the youth does not or has never met any of the mental health needs criteria, Mental Health Needs should be “No”
- If the youth meets one or more of the mental health needs criteria, Mental Health Needs should be “Yes”
- If you suspect the youth has mental health needs but do not have enough information to definitively answer “Yes” or “No”, Mental Health Needs should be “Unknown”

If Mental Health Needs is “No” or “Unknown”

- Continue to monitor the youth for changes in their mental well-being
- If you suspect the youth has mental health needs:
 - Refer the youth to a licensed clinician for assessment and indicate “Unknown” mental health needs
 - This is the only time it is appropriate to use “Unknown”
 - This should be updated to either “Yes” or “No” as soon as enough information is gathered to make a decision

If Mental Health Needs is “Yes”

- ***NEW*** Choose the primary reason you determined the youth to have mental health needs based on the Mental Health Needs definition
- ***NEW*** Indicate how you obtained the information
 - **Parent:** parent verbalized the youth met one of the Mental Health Need definition criteria
 - **Youth:** youth verbalized he/she met one of the Mental Health Need definition criteria
 - **Clinician:** Youth received a psychological assessment from a licensed clinician and received a diagnosis *or* is indicated as having another “factor important for consideration”
 - **Screener/Assessment:** This should *only* be used if the primary indicator refers to the MAYSI or PACT criteria
- Indicate the date the youth’s mental health needs were identified
 - This should be updated to reflect the most recent identification if the needs change

Entering Mental Health Needs

- If the youth, at intake:
 - Does not meet any requirements, or meets one requirement
 - But is later given a diagnosis or meets a more immediate need requirement
 - The screen should be updated to reflect the new primary reason and the date the new need was identified
- The purpose of this screen is to reflect the youth's *current* state of well-being

Entering Diagnosis Information

Effective 9/1/2016: Only enter diagnosis information on the psychological test screen

- The new diagnosis list includes two things:
 - ICD 10 diagnostic code (DSM-5)
 - Diagnostic description

You will need to:

- Choose the primary diagnosis provided by the licensed clinician
 - If the youth received multiple diagnoses, indicate each in the appropriate fields
- Choose the applicable “Other condition that may be a focus of clinical attention” provided by the licensed clinician
- Create new psychological test record based on most recent psychological test
 - If the clinician indicates the youth is in remission or the diagnosis is no longer valid, indicate the youth has either no diagnosis, or the diagnosis is in remission

Note: The expectation is that a Behavioral Health Service record is created to correspond with each Psychological Test Record

Diagnosis vs. Other Conditions

- Diagnosis: meets the clinical requirements for a disorder
 - E.g. Depression versus feeling sad
- Other conditions that may be a focus of clinical attention ***are not*** mental disorders
 - Used to call attention to a problem that is either unrelated to a mental disorder or is significant enough to require special attention
 - E.g. childhood physical abuse or extreme poverty

FREQUENTLY ASKED QUESTIONS

FAQ #1

How will I know if a youth meets one of the serious emotional, behavioral, or mental disorders criteria?

Answer: This information is likely to come from one of these sources:

- Licensed Clinician
 - E.g. has a serious functional impairment
- Child protective services worker or Probation officer
 - E.g. is at risk of disruption of preferred living arrangement due to psychiatric symptoms
- School
 - E.g. is enrolled in a school's special education program because of serious emotional disturbance

FAQ #2

Is there a hierarchy to the mental health need criteria?

Answer: There is not a specific hierarchy to the criteria; however, we encourage you to select the most immediate or severe mental health need if multiple criteria apply.

For example, if a youth is currently suicidal and also scored a warning on the subsequent MAYSI-II, the mental health indicator should be “Current Suicide Attempt or Ideation”.

FAQ #3

Does the diagnosis have to come from a psychologist or a psychiatrist? Or can this information come from, for example, a Licensed Professional Counselor?

Answer: A youth's diagnosis can come from anyone licensed and able to diagnose.

FAQ #4

If a youth receives a single diagnosis of Alcohol Use Disorder, is this enough to say the youth has mental health needs?

Answer: Based on this alone, the youth does not meet the requirements for Mental Health Need. Having a diagnosis for substance-related disorder, Autism Spectrum Disorder, Intellectual Disability (IDD), or Pervasive Developmental Disorder is not in and of itself sufficient to meet the definitional requirements for mental health need.

FAQ #5

If a youth is in a program with multiple components, including counseling, how should I track this?

Answer: This record should be tracked as a program. The counseling is a component of the program overall and does not need to be tracked separately. If you need or want to track individual program session attendance, we encourage using Excel.

FAQ #6

If a youth receives 3 or more crisis intervention sessions to assist in stabilizing his suicidal ideations, where should this be recorded?

Answer: Crisis interventions lasting longer than one day belong in the Behavioral Health Treatment screen. Crisis interventions lasting only one day belong in the Behavioral Health Services screen.

FAQ #7

If a youth receives a diagnosis of Alcohol Use Disorder AND the clinician noted an “Other condition...” of childhood abuse, does this alone qualify as mental health need with the indicator of “Current Diagnosis”?

Answer: No, an “other condition” is not a diagnosis and so does not qualify as a mental health need.

FAQ #8

Where should I enter things like a SASSI screener and a psychological evaluation?

Answer: For JCMS, a SASSI screener should be entered on the Assessments screen as well as the Behavioral Health Services as a Screener.

A psychological evaluation should be recorded in the Psychological Test tab as well as the Behavioral Health Services as an Assessment.

FAQ #8 Follow Up:

- The only information we receive from the Assessments screen relates to the MAYSI.
 - If you do not also enter the SASSI in the BH services, it will not be counted for data requests as a service rendered
- Effective 9/1/2016, TJJD will receive Psychological Test records through the monthly extract. Since a funding source is not a data field on the Psychological Test record, it is crucial that a Behavioral Health Service record be created to correspond with each Psychological test record.
 - Even though we are now receiving the psychological test records, they do not record funding source which is required for our annual Uniform Cost Report to the Legislative Budget Board

FAQ #9

How often should the mental health information be updated?

Answer: This is at the discretion of the juvenile probation department. We encourage regular updating to ensure the mental health need is current and relevant.

FAQ #10

I suspect a youth has serious substance abuse problems and so referred them to a licensed clinician for assessment on October 31. The youth received the assessment on November 4 at the clinician's office in the community. Where and how would I record this information?

Answer: Record this information in the behavioral health services screen.

FAQ #10 Follow up

- **BH Referral Date:** October 31, 2016
- **Presenting Problem:** Substance Abuse
- **Service Type:** Assessment
- **Referred To:** Dr. Jane Smith
- **Referral Outcome:** Completed
- **Location:** Community
- **BH Service Date:** November 4, 2016

FAQ #11

If a youth scores a Caution on his subsequent MAYSI-II and then a psychologist provides a diagnosis of depression, how should I record this?

- **Initially**, the indicator should be “MAYSI-II”, the source “Assessment”, and the date will be the date the MAYSI-II was recorded.
- After the youth receives the diagnosis of depression, the indicator should be updated to “Diagnosis”, the source is “Clinician”, and the date is the date the diagnosis was received.
- You should select the Caution MAYSI-II indicator and date received until after the assessment.
 - The youth may not have received a diagnosis, in which case the MAYSI-II would be the most current mental health need indicator.

FAQ #12

How should I enter a diagnosis with the “Provisional” or “Rule Out” modifier?

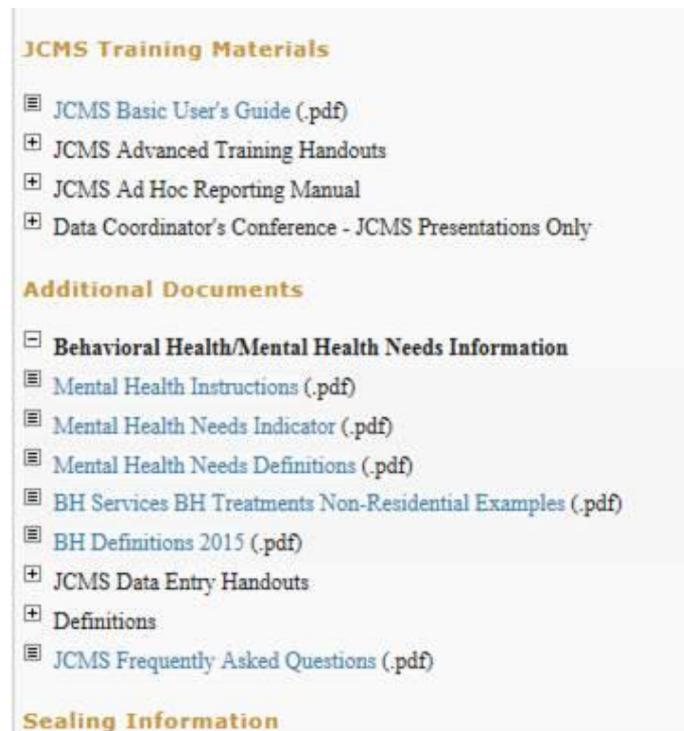
- If you plan to provide additional services or programming to the youth based on this provisional or rule out diagnosis until it is confirmed, it is acceptable to enter the diagnosis in the initial psychological test record as is.
 - If you plan to have a subsequent assessment completed for the youth, once the subsequent evaluation is conducted, the diagnosis can be updated/provided on this subsequent psychological test record as whatever diagnosis is provided.
- If you don't plan to provide any services or programming to the youth until the diagnosis is confirmed by a subsequent assessment, then it is acceptable to put “No Diagnosis Identified” on the initial psychological test record, and on the subsequent psychological test record provide either the confirmed diagnosis or “No Diagnosis Identified”.
- For both situations, to ensure that the modifier is not lost, I would encourage a chronological note to indicate that the diagnosis was given with this modifier, and that additional follow up will be conducted to confirm the diagnosis.

Tips for Best Practice

1. Double check all entered data before saving
2. Draft instruction documents for repeat tasks
 - a. Or utilize the JCMS webpage for instruction and definition sheets
3. If you don't know the correct information...
 - a. If it is not a required field, leave it blank until you can verify the correct information
 - b. If it is a required field, find the information, verify the information, and then enter it (then double check)
 - a. Please, do not enter incorrect information as a placeholder (e.g. all 9's for a youth's SSN)
4. Set time guidelines for entering data
 - a. E.g. Enter psychological tests within 24 hours of receiving the information
5. Set data entering requirements based on the annual Comprehensive Data Audit (CDA) checks

Online Resources for Data Entry

- <https://www.tjjd.texas.gov/services/jcms.aspx>



JCMS Training Materials

- JCMS Basic User's Guide (.pdf)
- JCMS Advanced Training Handouts
- JCMS Ad Hoc Reporting Manual
- Data Coordinator's Conference - JCMS Presentations Only

Additional Documents

- Behavioral Health/Mental Health Needs Information**
- Mental Health Instructions (.pdf)
- Mental Health Needs Indicator (.pdf)
- Mental Health Needs Definitions (.pdf)
- BH Services BH Treatments Non-Residential Examples (.pdf)
- BH Definitions 2015 (.pdf)
- JCMS Data Entry Handouts
- Definitions
- JCMS Frequently Asked Questions (.pdf)

Sealing Information

Helpful Contacts

- JCMS Help Desk
 - Phone: (512) 490-7724
 - Email: jcmssupport@tjjd.texas.gov
- Research Contacts
 - Chara Heskett
 - Phone: (512) 490-7941
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Questions?



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Mental Health Need Definition

Answer “Yes” for Mental Health Need if any of the following are currently present (within 3 months):

- Youth has a mental illness diagnosis according to the most recent diagnostic and statistical manual (DSM-5 or DSM-IV-TR)
 - **Excluding (if it is the youth’s only diagnosis):** Substance-related disorders, Autism-spectrum, Intellectual Disability (IDD), or Pervasive Developmental Disorder
- Youth exhibits serious emotional, behavioral, or mental disorders and who either:
 - Has a serious functional impairment;
 - Is at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or
 - Is enrolled in a school system’s special education program because of serious emotional disturbance
- Youth has current (within 3 months) suicide attempt or suicidal ideations
- Youth scores Caution or Warning on a subsequent MAYSI-II or other screener
- Youth receives mental health flag on the full PACT assessment Mental Health Domain
- Youth is currently receiving mental health treatment including psychological or behavioral health counseling or crisis intervention services
- Youth is currently taking medication related to a mental health condition
- Youth was exposed to a trauma and is currently experiencing mental health symptoms
 - **Trauma includes but is not limited to:** exposure to war, threatened or actual physical or sexual assault/violence, being kidnapped, terrorist attack, torture, and incarceration as a prisoner of war
 - For children, sexually violent events may include developmentally inappropriate sexual experiences without physical violence or injury
 - **Exposure includes** directly experiencing the traumatic event, witnessing the traumatic event in person, learning that the traumatic event occurred to a close family member or friend, or experiencing first-hand repeated or extreme exposure to aversive details of the traumatic event (**not including through media, pictures, television, or movies**)
 - **Mental health symptoms include** re-experiencing the trauma through dreams, flashbacks, etc.; avoidance; negative cognitions and mood such as diminished interest in activities; and arousal such as aggressive, reckless, or self-destructive behavior, sleep disturbances, or hypervigilance
- Youth has a history of mental health needs but is not currently experiencing symptoms nor in need of treatment

A youth’s mental health need will change over time and will require regular updates.

Entering Mental Health Needs on the Behavioral Health Tab

Mental Health Needs should be **“Yes”** if the youth meets one or more of the criteria set out in the Mental Health Needs definition **at intake to capture the immediate needs of the youth.**

- **Please refer to the mental health needs definition *before* answering the mental health needs questions,** this will ensure the most accurate information is entered.
- If the youth, at intake, does not have mental health needs but is later determined to meet one of the definition criteria, this screen should be updated.
- If the youth at intake meets one definition requirement (e.g. Caution MAYSI), and is later given a diagnosis or meets a more immediate need requirement, this screen should be updated to reflect the new primary reason.

If you have selected “Yes” for mental health needs, choose the primary reason you determined the youth had current mental health needs from the drop down.

- This may change as more information becomes available and should reflect the most current reason the youth is identified as having mental health needs.

Special instructions for indicator #11:

- This is intended to capture youth who had mental health needs in the past but are now stabilized and are no longer in need of intervention.
- This serves to notify probation officers and case managers of a youth’s mental health history as it may factor into a youth’s outcomes and programming needs.

If “Yes”, indicate how & when you obtained the information identifying the youth as having mental health needs:

- **Parent** - Parent verbalized the youth met one of the Mental Health Need definition criteria
- **Youth** - Youth verbalized he met one of the Mental Health Need definition criteria
- **Clinician** - If the youth receives an assessment from a licensed clinician and receives a diagnosis or is indicated as having another “factor important for consideration” (refer to the DSM-V diagnosis list)
- **Screener/Assessment** - This should only be used if the primary indicator refers to the MAYSI or PACT
- The date the youth’s mental health needs were identified should be updated to reflect the most recent identification date and should be adjusted as the youth’s needs change.

Mental Health Needs should be **“No”** if the youth has no current mental health need and has never been identified as having a mental health need.

Mental Health Needs should be **“Unknown” *only*** if enough information does not exist to make an informed decision as to whether the youth has or has had mental health needs.

Mental Health Needs Indicator

- 01.** *(Current Diagnosis)* Youth has a mental illness diagnosis according to the most recent diagnostic and statistical manual (DSM-5 or DSM-IV-TR)
- 02.** *(Serious Disorder – Functional Impairment)* Youth exhibits serious emotional, behavioral, or mental disorder and has a serious functional impairment
- 03.** *(Serious Disorder – Environment Disruption)* Youth exhibits serious emotional, behavioral, or mental disorder and is at risk of disruption of a preferred living or child care environment due to psychiatric symptoms
- 04.** *(Serious Disorder – Emotional Disturbance)* Youth exhibits serious emotional, behavioral, or mental disorder and is enrolled in a school system’s special education program because of serious emotional disturbance
- 05.** *(Current Suicide Attempt or Ideation)* Youth has current (within 3 months) suicide attempt or suicidal ideations
- 06.** *(MAYSI-II)* Youth scores Caution or Warning on a subsequent MAYSI-II or other screener
- 07.** *(PACT Mental Health Domain)* Youth receives mental health flag on the full PACT assessment Mental Health Domain
- 08.** *(Current Mental Health Treatment)* Youth is currently receiving mental health treatment including psychological or behavioral health counseling or crisis intervention services
- 09.** *(Current Psychiatric Medication)* Youth is currently taking medication related to a mental health condition
- 10.** *(Trauma Exposure and Symptoms)* Youth was exposed to a trauma and is currently experiencing mental health symptoms
- 11.** *(Historical Mental Health Needs)* Youth has a history of mental health needs but is not currently experiencing symptoms nor in need of treatment