

Instructions for Entering Data into the Quest System

Please refer to the “Indiana Compliance with the JJDP Act” Booklet produced by the Indiana Criminal Justice Institute and the Youth Law T.E.A.M. of Indiana, 2006. The Second half of this document contains the section “Quest Instructional Manual for Data Entry”. This appears after page 18 (unnumbered) and begins on page 1 of second half of publication.

Please use these instructions to complete the data entry up to and including “legal status”.

The instruction for the section on the Quest screen entitled “Mental Health Information” (please see screen shot) is as follows:

Facility ID: If you are currently using the Quest system, you should already have this facility number. If you are a county that does not use Quest, please use your county code as the Facility ID. This number will not change and be the same for each entry.

MAYSI Test Date: This refers to the date the MAYSI-2 Screening Instrument was administered to the youth.

There are two ways to enter this date. The first way is to utilize the mouse to place the cursor in the field box under “Maysi test date” and click the left mouse button. Type in the date using either formats of mm/dd/yy or mmddyy.

The second way is to utilize the mouse to place the cursor on the calendar to the right of the field box. A pop-up box titled “date selector” will appear with a calendar displaying the current month, date, and year.

To select an earlier month/year in the calendar than what appears on the Date Selector box, utilize the mouse to place the cursor over the arrow to the left of the month/year. Click the left mouse button until the correct month/year appears. To select a later month/year in the calendar, utilize the mouse to place the cursor over the arrow to the right of the month/year and click the left mouse button until the correct month/year appears.

Once the information in the Date Selector is correct, utilize the mouse to place the cursor over the “OK” button and click the left mouse button. If the Date Selector box erroneously appears on the screen, utilize the mouse to place the cursor over the “Cancel” button and click the left mouse button.

Second Screen Given: If the “MAYSI-2 Second Screen” was administered to the youth, check the box by placing the cursor over the box and clicking the left mouse button. A checkmark will appear.

If the Second Screen was not administered, do not check the box and leave blank.

PLEASE NOTE: A box left unchecked indicates a “no” response” in this and all following instances in this form. The report generated by the Project Consultant will reflect this.

Under no circumstances does a blank box indicate a response of “unknown” or “yes”.

Immediate contact with Mental Health Pro at JDC: If the youth had contact with a mental health professional **at anytime** during their stay at the detention center, check the box, indicating “yes”.

A Mental Health Professional is defined as those individuals who have a Masters Degree or higher and a LMFT, LMHC, LCSW, HSPP, MD (Psychiatrist). This includes those individuals with a Masters Degree and no licensure who are directly supervised by an individual with one of the aforementioned licenses.

Refer to follow-up with Mental Health Pro after JDC: If the youth was referred to counseling after release by the staff at the JDC, please check yes. If not, please leave the box blank.

Court Ordered Assessment while in JDC: Please check if affirmative.

Court Ordered Assessment after discharge: Please check if affirmative.

Placed in Suicide Precaution: Please check if affirmative.

Placed on Behavioral Precaution: Please check if affirmative.

Counseling services offered in JDC and accepted: Please check as affirmative if the youth was offered counseling services and accepted these services.

Counseling Services offered in JDC and rejected: Please check box if counseling services were offered youth while at JDC and the youth refused these services.

Family given follow up recommendation after JDC: Please check “yes” if the family of the youth was given the recommendations that their youth engage in mental health counseling services. This includes recommending to the family member that the youth continue to engage in therapy if they were involved with a therapist prior to this most recent stay at JDC.

Follow-up**Did what was recommended within 30 days of release:**

If it was recommended (as opposed to court ordered) that the youth be involved in some type of mental health services, check “yes” if the youth followed through with those recommendations within 30 days of their release date from detention.

Did what was court ordered within 30 days of release:

Please check “yes” if the youth followed through with court ordered mental health services within 30 days of release from detention.

Recidivism/Violations:

Please note, this information needs only to be manually entered by those counties who are not part of and do not utilize the Quest system. Those counties who are involved with Quest need not fill in the following information as it will be automatically complied by the Quest system.

Please check “yes: for any and all applicable conditions experience by the youth. Please note that the “3”, “6”, and “12” month designations are calculated from the original date of their first stay in detention since 1/1/08.

Please remember to designate if the charge/violation resulted in a detention.

When all information had been entered, please click on the “Submit” button on the bottom of the computer screen.