

GLOSSARY OF TERMS



Mental Health

Acute care:

Refers to necessary treatment for a short period of time in which a patient is treated for a brief but severe episode of illness. Acute care facilities have the goal of discharging the patient as soon as the patient is deemed healthy and stable, with appropriate discharge instructions.

Appropriate services:

Designed to meet the specific needs of each individual child and family. For example, one family may need *day treatment*, while another may need *home-based services*. Appropriate services for one child and family may not be appropriate for another. Appropriate services usually are provided in the child's community.

Assessment:

A professional review of child and family needs that is done when services are first sought from a *caregiver*. The assessment of the child includes a review of physical and mental health, intelligence, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the *caregiver* and family decide what kind of treatment and supports, if any, are needed.

Attendant Care:

One on one, face to face interventions, providing personal support to the youth in a variety of settings, helping to maintain skills learned (SED waiver only). Examples of skills taught and supported include social skills such as engaging in conversation, accepting feedback, compromising, etc. so that the youth can function effectively in school, other community settings, or home.

Behavior modification:

The use of empirically demonstrated behavior change techniques to improve behavior, such as altering an individual's behaviors and reactions to stimuli through positive and negative reinforcement of adaptive behavior and/or the reduction of maladaptive behavior through positive and negative punishment.

Case Conferences:

Scheduled face to face meetings with a child's treatment team and natural resources in order to assist in treatment planning, most likely this is a therapist's attendance at a Plan of Care.

Case manager:

An individual who organizes and coordinates services and supports for children with mental health problems and their families. (Alternate terms: service coordinator, advocate, and facilitator.)

Case management:

A service that helps people arrange for *appropriate services* and supports. A *case manager* coordinates mental health, social work, educational, health, vocational, transportation, advocacy, *respite care*, and recreational services, as needed. The *case manager* makes sure that the changing needs of the child and family are met. (This definition does not apply to *managed care*.)

Child and Adolescent Functional Assessment Scale (CAFAS):

A tool/rating scale used as part of clinical eligibility in Kansas, which assesses a youth's degree of impairment in day-to-day functioning due to emotional, behavioral, psychological, psychiatric, or substance use problems.

Child Behavior Checklist (CBCL):

Designed to address the problem of defining child behavior problems empirically. It is based on a careful review of the literature and carefully conducted empirical studies. It is designed to assess in a standardized format the behavioral problems and social competencies of children as reported by parents.

Child protective services:

In Kansas this equates to safeguard the child when abuse, neglect, or abandonment is suspected, or when there is no family to take care of the child. Examples of help delivered in the home include financial assistance, vocational training, homemaker services, and daycare. If in-home supports are insufficient, the child may be removed from the home on a temporary or permanent basis. Ideally, the goal is to keep the child with the family whenever possible.

Children and adolescents at risk for mental health problems:

Children are at greater risk for developing mental health problems when certain factors occur in their lives or environments. Factors include physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of a loved one, frequent relocation, alcohol and other drug use, trauma, and exposure to violence.

Community Mental Health Center (CMHC):

The primary local coordinating agency for community-based mental health services is the licensed CMHC. There are 27 CMHCs in Kansas and two licensed affiliates. The licensed CMHC serving Douglas County is Bert Nash Community Mental Health Center. CMHCs are part of a system originally authorized by the U.S. government to provide a coordinated program of continuing mental health care to a specific population.

Community Psychiatric Supportive Treatment (CPST):

Face to face interventions with the youth, which may also include other persons involved in the youth's treatment, conducted in the home, school or community (client must be SED).

Confidentiality:

An ethical and legal principle governing many professions that ensures a person's right to privacy by having information accessible only to those authorized to have access to it. Typically a client would have to sign a "Release of Information" before a mental health professional can share any information. Exclusions apply in the case of danger to self, other, or abuse.

Consent:

Permission granted from parents/guardians that approves the delivery of services to children. Informed consent is the agreement or permission to participate in those services having an understanding of the relevant facts as well as the risks, benefits and alternatives involved.

Continuum of care:

A term that had implied a progression of services that a child moves through, usually one service at a time. More recently, it has come to mean comprehensive services. Also see *system of care* and *wraparound services*.

Coordinated services:

Child-serving organizations talk with the family and agree upon a *plan of care* that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. *Case management* is necessary to coordinate services. Also see *family-centered services* and *wraparound services*.

Court-ordered mental health services:

Includes mental health services which are provided as part of: a court hold, any type of commitment (which may include an order for early intervention), a stay of commitment, a continuance, or a revocation of provisional discharge. This could also include mental health services which are ordered by a juvenile court for a child who is adjudicated as needing protection or services, mental health circumstances in which a court of competent jurisdiction has included provision of, or participation in, mental health services as a condition in its findings.

Crisis:

A matter of physical or emotional safety that presents a threat or danger to someone. Providers must respond quickly and effectively, since the person is experiencing physical or emotional distress such that it prevents the person from coping and functioning emotionally, physically or behaviorally in their typical manner.

Cultural competence:

Help that is sensitive and responsive to cultural differences. *Caregivers* are aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural differences, including race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They also adapt their skills to fit a family's values and customs.

Developmental Delay (DD):

Disabilities which affect a person's development, such as, mental retardation, epilepsy, autism, cerebral palsy or similar disabilities.

DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*):

An official manual of mental health problems developed by the American Psychiatric Association. Psychiatrists, psychologists, social workers, and other health and mental health care providers use this reference book to understand and diagnose mental health problems. Insurance companies and health care providers also use the terms and explanations in this book when discussing mental health problems.

Early intervention:

A process used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk. *Early intervention* can help children get better in less time and can prevent problems from becoming worse.

Emergency and crisis services:

A group of services that is available 24 hours a day, 7 days a week, to help during a mental health emergency. Examples include telephone crisis hotlines, suicide hotlines, crisis counseling, crisis outreach teams, and crisis respite care.

Family support services:

Help designed to keep the family together, while coping with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parenting training, *crisis services*, and *respite care*.

Home and Community based services:

Help provided in a family's home either for a defined period of time or for as long as it takes to deal with a mental health problem. Examples include parent training, counseling, and working with family members to identify, find, or provide other necessary help. The goal is to prevent the child from being placed outside of the home. (Alternate term: in-home supports)

HCBS/SED Waiver:

Refers to the Home and Community Based Services Serious Emotional Disturbance Waiver. The Waiver allows the State to set aside normal Medicaid rules. The CMHC is the only entity that can assess for the waiver.

Inpatient hospitalization:

Mental health treatment provided in a hospital setting 24 hours a day. Inpatient hospitalization provides: (1) short-term treatment in cases where a child is in crisis and possibly a danger to his/herself or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

Intake:

This typically refers to the first appointment or contact a person will have with a mental health center or provider. It includes an initial assessment that will help to identify mental health needs, and a clinical therapist will work with the client together to identify goals and treatment options.

Mandatory Reporting:

Reports with reasonable cause to suspect abuse or neglect made by workers in certain professions who have contact with at-risk populations – infants and children, people who are elderly or dependent, individuals with mental illness or developmental disabilities, and residents of nursing homes and other health care facilities.

Medical Necessity:

The central consideration in all clinical review decisions is the determination of the most appropriate and medically necessary level of service. Medically necessary means an intervention has to meet certain criteria, such as having a relevant purpose, scope, evidence base, value and authority. It must be designed to meet the specific needs of each individual child and family. For example, one family may need day treatment, while another may need home based services. Medical necessity for one child and family may not be appropriate for another; services usually are provided in the child's community.

Mental health:

How a person thinks, feels, and acts when faced with life's situations. *Mental health* is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explores choices. This includes handling stress, relating to other people, and making decisions.

Mental illnesses:

Also referred to as mental disorders, are when a person's thoughts, emotions, or behavior are so impaired as to cause suffering to himself, herself, or other people. In many cases there is no single accepted or consistent cause of mental disorders, although they are widely understood in terms of a biopsychosocial model. Mental disorders have been found to be common, with over a third of people in most countries reporting sufficient criteria at some point in their life. Mental health services may be based in hospitals or in the community. Mental health professionals diagnose individuals using different methodologies, and there are many effective treatments. Categories of diagnoses may include mood disorders, anxiety disorders, psychotic disorders, developmental disorders, eating disorders, personality disorders and many other categories.

National Alliance on Mental Illness (NAMI):

The nation's largest grassroots organization for people with mental illness and their families. Founded in 1979, NAMI has affiliates in every state and in more than 1,100 local communities across the country. NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life for persons of all ages who are affected by mental illnesses. NAMI members and friends work to fulfill a mission by providing support, education, and advocacy.

Parent support:

Provides support for parents in resolving the underlying causes of crisis, through education and referrals to community resources.

Positive Behavior Supports (PBS):

PBS includes strategies for preventing problem behavior by changing routines and by teaching new social and communication skills. The goal of PBS is to improve quality of life both for the child and all the individuals within the child's social network. PBS is a significant concept in the Individuals with Disabilities Education Act (IDEA). More information is available at www.kipbs.org or www.pbskansas.org

Primary Care Physician (PCP):

The doctor who manages each Member's physical health care needs.

Plan of care:

A treatment plan especially designed for each child and family, based on individual strengths and needs. The *caregiver(s)* develop(s) the plan with input from the family. The plan establishes goals and details appropriate treatment and services to meet the special needs of the child and family.

Psychosocial Rehabilitation:

One on one, directive support to the youth in a variety of settings, intended to direct youth in skills learned through therapy and CPST (client must be SED).

Qualified Mental Health Provider (QMHP):

Qualified mental health professionals are those licensed at the *clinical* level and include: Licensed Clinical Marriage & Family Therapists, Licensed Clinical Professional Counselors, Licensed Clinical Psychotherapists, Licensed Psychologists, and Licensed Specialist Clinical Social Worker.

Residential treatment facility (PRTF, Psychological Residential Treatment Facility):

Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Children with *serious emotional disturbances* receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy; and medical services. Residential treatment is usually more long-term than *inpatient hospitalization*.

Respite care:

A HCBS SED service waiver that provides a short term break for parents who have a child with a *serious emotional disturbance*; up to 72 hours per occasion and limited hours per calendar year. Trained parents or counselors take care of the child for a brief period of time to give families relief from the strain of caring for the child. This type of care can be provided in the home or in another location. Some parents may need this help every week.

Screen:

Used in mental health as a means to identify and confirm an individual's physical and emotional safety. The screen can be used to help someone access needed resources, such as hospitalization for stabilization and safety.

Serious emotional disturbances (SED):

Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. Serious emotional disturbances affect one in 10 young people. These disorders include depression, attention-deficit/hyperactivity, anxiety disorders, conduct disorder, and eating disorders.

Service:

A type of support or clinical intervention designed to address the specific mental health needs of a child and his or her family. A service could be provided only one time or repeated over a course of time, as determined by the child, family, and service provider.

Targeted Case Management (TCM):

A service that helps a client of a community mental health center gain access to mental health, medical, social, educational services appropriate to his/her needs. Targeted Case management is available to SED populations.

Treatment plan:

A clinical tool developed jointly between client/family that establishes long term goals and short term objectives as well as interventions.

Wrap Around Facilitation:

Completes assessment of the child's and family's strengths and needs, in order to produce an individualized community based plan to ensure the success of the youth and his/her family. The facilitator will monitor the plan as it is written, and make changes accordingly (SED waiver only).

Adequate Yearly Progress (AYP):

The amount of improvement each student makes each year toward having all students (100%) at a proficient level in reading, math, writing, history/government, and science. (Deals with the No Child Left Behind Act).

Cognitive Development:

The mental process of acquiring information, building knowledge base, and learning increasingly advanced reasoning and problem-solving skills from infancy to adulthood.

Continuing Education Units (CEU):

A unit that certifies participation in non-academic credit continuing education.

Dynamic Indicators of Basic Early Literacy Testing (DIBELS):

The Dynamic Indicators of Basic Early Literacy Skills (DIBELS) are a set of standardized, individually administered measures of early literacy development. They are designed to be short (one minute) fluency measures used to regularly monitor the development of pre-reading and early reading skills.

Detention Day School (DDS):

A suspension alternative program available in Douglas County based on recommendations made by school administrators.

Free and Appropriate Public Education (FAPE):

In order to comply with the federal mandate (Public Law 102-119), known as the Individuals with Disabilities Education Act, Part B (34 CFR Parts 300 and 301 and Appendix C) that all disabled children receive a free appropriate public education, a school district must provide special education and related services at no cost to the child or her/his parents.

Family Educational Rights and Privacy Act (FERPA):

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

Full Scale Intelligence Quotient (FSIQ):

A global estimate of the child's level of cognitive ability derived from one or several different standardized tests attempting to measure intelligence.

Functional behavior assessment:

Generally considered to be a problem-solving process for addressing student problem behavior. It relies on a variety of techniques and strategies to identify the purposes of specific behavior and to help IEP teams select interventions to directly address the problem behavior. Functional behavioral assessment should be integrated, as appropriate, throughout the process of developing, reviewing, and, if necessary, revising a student's IEP. The use of this is not limited to only children with IEP's.

Individual Family Services Plan (IFSP):

A written plan of services for a child with a disability developed jointly by parents and school personnel as required under Public Law 94-142.

Individual with Disabilities in Education Act (IDEA):

A United States federal law that governs how states and public agencies provide early intervention, special education, and related services to children with disabilities.

Individual Education Plan (IEP):

Written document required by the IDEA for every child with a disability; includes statements of present performance, annual goals, and short term instructional objectives, specific educational services needed, relevant dates, regular educational program participation, and evaluation procedures; must be signed by parents as well as educational personnel.

Individual Family Service Plan (IFSP):

A written plan of services for a child with a disability developed jointly by parents and school personnel as required under Public Law 94-142. It is for kids from birth to age 3 and designed to provide early intervention services (similar to an IEP).

Intelligence Quotient (IQ):

A score derived from one or several different standardized tests attempting to measure intelligence.

Local Education Agency (LEA):

A local education agency is a public community college, technical college, secondary or postsecondary school, or a public independent school system.

Least Restrictive Environment (LRE):

Means that a student who has a disability should have the opportunity to be educated with non-disabled peers, to the greatest extent possible.

Measures of Academic Progress (MAP):

A state-aligned computerized adaptive assessment program that provides educators with the information they need to improve teaching and learning. Educators use the growth and achievement data from MAP to develop targeted instructional strategies and to plan school improvement.

National Assessment of Education Progress (NAEP):

"The Nation's Report Card" which measures student progress by testing different subject areas in alternative years. Also gathers personal data on children and families to fill out longitudinal a profile that includes beliefs, attitudes, behavior and values.

No Child Left Behind Act (NCLB):

Aims to improve the performance of U.S. primary and secondary schools by increasing the standards of accountability for states, school districts, and schools, as well as providing parents more flexibility in choosing which schools their children will attend.

Positive Behavior Supports (PBS):

PBS includes strategies for preventing problem behavior by changing routines and by teaching new social and communication skills. The goal of PBS is to improve quality of life both for the child and all the individuals within the child's social network. PBS is a significant concept in the Individuals with Disabilities Education Act (IDEA) and the 3-tiered delivery model includes primary, secondary, and tertiary levels of support. Primary prevention strategies focus on interventions used on a school-wide basis for all students; secondary prevention involves students at risk for academic failure or behavior problems whose needs can often be addressed in small groups; tertiary-level are intensive or individualized interventions. More information is available at www.kipbs.org or www.pbskansas.org

Response to Intervention (RTI):

RTI seeks to prevent academic failure through early intervention, frequent progress measurement, and increasingly intensive research-based instructional interventions for children who continue to have difficulty. Students who do not show a response to effective interventions may be more likely to have biologically-based learning disabilities and to be in need of special education. RTI may assist schools in avoiding the so-called "wait-to-fail" method by providing intervention as soon as children exhibit difficulty. RTI is conceptualized as a multi-tiered service delivery model including primary, secondary, and tertiary levels of support. RTI has three basic components: School-wide screening, Progress monitoring and tiered service delivery and fidelity of implementation.

School Counselor:

Implements a comprehensive school counseling program that promotes and enhances student achievement through a guidance curriculum, individual planning strategies, responsive services and comprehensive school counseling program support/advocacy.

School Psychologist:

Applies the principles of clinical psychology and educational psychology to the diagnosis and treatment of children's and adolescents' behavioral and learning problems. School psychologists are educated in psychology, education, child adolescent development, child and adolescent psychopathology, learning theories, family and parenting practices, and personality theories. They are knowledgeable about effective instruction and effective schools. They are trained to carry out psychological and psycho educational assessment, psychotherapy, and consultation, and in the ethical, legal and administrative codes of their profession.

School Resource Officer (SRO):

Law enforcement officers from local or county law enforcement agencies assigned to schools in cooperative agreements with education officials and are typically full-time, in-house school officers with police powers.

School Social Worker:

Holds a masters degree in social work and are licensed by the state. Are vital links coordinating school, home and community supports. Provide direct services to students and their families including casework, group work, consultation and crisis intervention. School social workers are part of the assessment process for special education students as well as providing direct and indirect services to those students. They consult with teachers and students. They consult with teachers and administrators and frequently participate on teams within schools.

Special Education (SPED):

Specially designed instruction , at no cost to the parents, to meet the unique needs of an exceptional child, including the following: instruction conducted in the classroom, in the home, in hospitals and institutions, and in other settings; instruction in physical education; paraeducator services, speech-language pathology services, and any other related service, if it consists of specially designed instruction to meet the unique needs of a child with a disability; occupational or physical therapy and interpreter services, a child would have to be educated in a more restrictive environment; travel training; vocational training.

Specially designed instruction:

Adapting, as appropriate to the needs of each exceptional child, the content, methodology, or delivery of instruction for the following purposes: to address the unique needs of the child that result from the child's exceptionality; and to ensure access of any child with a disability to the general education curriculum, so that the child can meet the educational standards within the jurisdiction of the agency that apply to all children.

Specific learning disability:

A disorder in one or more of the basic psychological processes involved in understanding or using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.

Speech language pathology services:

Means the provision of any of the following services: identification of children with speech or language impairments/ diagnosis and appraisal of specific speech or language impairments; referral for medical other professional attention necessary for the habilitation of speech or language impairments; counseling and guidance of parents, children, and teachers regarding speech and language impairments.

Speech language impairment:

A communication disorder, including stuttering, impaired articulation, a language impairment, or a voice impairment, that adversely affects a child's educational performance.

Student Improvement Team (SIT):

The goal of Student Improvement Teams is to expand the use of various resources and expertise in the schools and communities to individually address student needs.

Substantial change in placement:

The movement of an exceptional child, for more than 25 percent of the child's school day, from a less restrictive environment to a more restrictive environment or from a more restrictive environment to a less restrictive environment.

Traumatic brain injury:

An acquired injury to the brain, caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects educational performance.

Vocational education:

Any organized educational program that is directly related to the preparation of individuals for paid or unpaid employment, or for additional preparation for a career requiring other than a baccalaureate or advanced degree.

504 Plan:

A 504 plan is a legal document falling under the provisions of the Rehabilitation Act of 1973. It is designed to plan a program of instructional services to assist students with special needs who are in a regular education setting. A 504 plan is not an Individualized Education Program (IEP) as is required for special education students. However, a student moving from a special education to a regular education placement could be placed under a 504 plan.

Adjudicate:

To hear and decide a case; to judge. An adjudicated delinquent is a youth who has been found guilty by a judge of committing a delinquent act.

Child in Need of Care (CINC):

Legal term indicating that a child has been, is currently, or is at risk of being neglected, abused or inadequately supervised.

Conditions of Release (CORs):

Juveniles who are released on Conditions of Release after an arrest, and their families, must comply with all conditions until adjudicated in court. Lack of compliance can result in being removed from home and placed in the detention facility or group home. Typical Conditions of Release include: living at home and obeying all reasonable parent requests; obey all laws and report any police contact to probation officer immediately; no drug/alcohol consumption; participate in counseling/therapy; attend school every day; complete community service; stay away from other court-involved juveniles, weapons, gang insignia, etc.

Citizen's Review Board (CRB):

The CRB is composed of volunteers that assist the juvenile court by reviewing cases involving children in need of care or juvenile offenders. The CRB staff trains volunteers and administers the processes involved in the boards' operations. The local CRB office conforms to the rules of the state Office of Judicial Administration (OJA), which provides oversight and funding. The Douglas County CRB meets Kansas Supreme Court standards and, therefore, is eligible to review cases assigned by the District Court.

Custody:

Custody and guardianship are legal terms which are sometimes used to describe the legal and practical relationship between a parent and his or her child, such as the right of the parent to make decisions for the child, and the parent's duty to care for the child. Some juvenile offenders are placed in the state's custody, rather than their parents' custody. Therefore, JJA has jurisdiction over the youth and in most cases determines where the youth is placed in the juvenile justice system. There are also juvenile offenders supervised through the court services for which JJA has no custody responsibility.

Daily Behavioral Report Card:

A daily report card is sent home to inform the parent of their child's progress at Detention Day School. Basic behavioral areas include: be on time; bring supplies; stay in seat; follow instruction; be on task, respectful; talk appropriately; complete assignments, etc.

Day School or Detention Day School:

The Douglas County Juvenile Detention Day School is the only one of its kind in the state of Kansas. Only Douglas County youth who have been detained and court ordered into Day School, which also means they are on house arrest during non-school hours, can attend Day School. Utilizing the same curriculum and books as Lawrence Public Schools, these students work at their own pace with individualized help from LPS educators. In a highly structured and consistent environment, youth practice behavioral skills that improve functioning as students and earn behavior points. Once they have consistently earned 85% of their possible points for four consecutive weeks, students are eligible to be considered for transition back to their home school.

DCYS:

Douglas County Youth Services is the local juvenile justice agency. DCYS is often used interchangeably with the term JDC, which stands for Juvenile Detention Center.

Diversion or Pre-filing Diversion:

"Diversion" or "immediate intervention" means that instead of prosecuting the charges against a child, the prosecutor or court will give the youth an opportunity to prove that he should not be involved in the juvenile system. If the youth completes all of the terms of the diversion contract, the case will be dismissed. If the youth fails diversion, he or she will be adjudicated on the original offense without a trial. Diversion contracts require that no further offenses be committed during the term of the diversion, may require drug screens, attendance of special classes, obeying a curfew, performing community service, regular school attendance, and other provisions which will vary with each judge and case.

House arrest:

In justice and law, house arrest (also called home confinement, home detention, or electronic monitoring) is a measure by which a person is confined by the authorities to his or her residence. Travel is usually restricted, if allowed at all. House arrest is a lenient alternative to prison time or juvenile-detention time.

Intake or Juvenile Intake:

The local Juvenile Intake process is coordinated by The Shelter, Inc. and happens after a youth is arrested. The intake process assesses whether the youth may return to the home, stay in the detention center, or needs some other short-term emergency placement. In addition, through the assessment it is determined whether other services are required, such as therapy or an alcohol/drug evaluation.

Intensive Supervised Probation (ISP):

Monitors the youth more closely than regular probation. A child on "ISP" might be required to meet more often with a probation officer, and might have more restrictions on curfews and travel.

Juvenile Detention Center (JDC):

This is the name given to the local juvenile correctional facility. Such facilities are the most restrictive placements for juvenile offenders and are intended to protect public safety as well as providing programs that develop accountability and skill development for juvenile offenders. The JDC is operated by the local juvenile justice authority: Douglas County Youth Services.

Juvenile Justice Authority (JJA):

The Kansas Juvenile Justice Authority is the agency charged under Kansas law to lead a broad-based state and local, public and private partnership to provide the state's comprehensive juvenile justice system. This includes prevention and intervention programs, community-based graduated sanctions and juvenile correctional facilities. Children who are placed in the *custody* of the State of Kansas have their custody managed by the Juvenile Justice Authority. The local representative of the JJA will evaluate a child's needs and the safety of the community to determine where the child will reside, which might be with parents, or in a group home, a mental hospital or other institution, or at a juvenile correctional facility.

Juvenile Offender (JO):

A person 10 or more years of age but less than 18 who commits an act while a juvenile, which, if done by an adult, would constitute the commission of a felony or misdemeanor (K.S.A. 38-1602).

Panel Attorney:

If unable to obtain their own attorney, a panel attorney is appointed to represent juveniles in delinquency. The paramount obligation of defense counsel is to serve as the youth's counselor and zealous advocate and to render effective, quality representation. The appointed attorney ensures that the interests and rights of juveniles are fully protected and advanced and as such must be knowledgeable of substantive and procedural criminal and juvenile law.

Probation:

"Probation" means something different in juvenile court than in criminal court. Adults in criminal court receive a jail or prison sentence which they do not have to serve if they successfully comply with probation. In contrast, juvenile "probation" really consists of intrusions by the state into the custody of the parents. Most probation terms require behaviors that parents would support anyway. For example, a probation plan might require the juvenile to obey the reasonable and lawful commands of parents and others in authority. The juvenile might be required to obey all laws, and to attend and prepare for school. The juvenile might be prevented from spending the night with friends or associating with others known to be involved in illegal activity.

Transition:

When a youth has successfully completed requirements for Day School or detention, a plan is made for helping the youth to return to his/her home school. The plan includes services and supports that will best help the student successfully re-engage in their community and school, academic classes and considerations, transportation arrangements, among other things. Typically the youth will attend his/her home school for ½-days at first, to monitor his/her ability to deal with the less-structured environment, academics, social integration, etc. Close communication between the home school and Day School (DCYS) is important for addressing any issues and creating a successful transition.