




Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	Enhanced Mental Health Evaluation <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Evaluation
Setting	Professional office environment, clinic, mental health substance use center, private practice, teleservice or other environment appropriate to the provision of evaluation/assessment services.
Facility License	As required by the Nebraska Department of Health and Human Services (DHHS)–Division of Public Health.
Service Description	<p>A Mental Health Evaluation is a clinical, strengths-based evaluation of a youth experiencing mental health symptoms. The Mental Health Evaluation is a process of gathering information to assess youth functioning and needs based on identification of the presenting problem, evaluation of mental status, formulation of a diagnostic impression (as applicable) and recommendation for treatment services/strategies.</p> <p>The Mental Health Evaluation will include a mental health diagnostic impression (as applicable), history of mental health symptoms, trauma history/symptoms, criminogenic risk, risk of harm to self and/or others, the individual’s perception of the situation and collateral information. Based on the evaluation, recommendations are provided and justified for appropriate behavioral health services and treatment. The Mental Health Evaluation may include a recommendation for further psychological testing, if supported.</p>
Service Expectations	<p>A Mental Health Evaluation is completed by an appropriately licensed behavioral health professional and includes the following areas during the clinical interview and in the narrative report:</p> <ul style="list-style-type: none"> • Presenting problem and goals described by client and collateral contacts • Social history and environmental influences • Family dynamics • Medical history • Mental health history • Academic • Legal history • Legal issues • Victim issues • Substance use history (if applicable) • Personal assets and liabilities, including strengths and current barriers to success • Collateral information from at least two (2) sources (youth’s attorney is not considered collateral) • Mental status exam and diagnosis

	<ul style="list-style-type: none"> • Diagnostic impression and findings (if applicable) • Clinical recommendations • Recommendations, including identifying the primary/ideal level of care, barriers to the recommendations/available level of care, client/family response to the recommendations, identification of who needs to be involved in the client’s treatment, treatment plan that includes transitioning to lower levels of care/discharge planning, a means to evaluate the client’s progress during treatment and measure outcomes at discharge, recommended linkages with community resources and any areas for further evaluation. • The treating clinician with a current release of information consult with and/or refer to other providers for general medical, psychiatric, psychological and/or psychopharmacological needs as indicated. • When there is a clinical recommendation for an out of home treatment program (therapeutic group home or psychiatric residential treatment facility) the clinician will complete the application for treatment. • Services must be trauma informed, culturally sensitive, age and developmentally appropriate and incorporate evidence-based practices when appropriate. <p>Approved Reporting Format: The mental health evaluation written report must be completed in the Probation-approved reporting format only as detailed on the appropriate evaluation worksheet.</p>
Service Frequency	Interview sessions scheduled as needed with youth and family to complete the MH evaluation.
Length of Stay	Evaluation must be completed and sent to the probation/problem solving court officer within the timeframe set by the court, including statutorily 21 or 30-day evaluations. Timeframes are per Nebraska Revised Statute 43-281. Adjudication of jurisdiction; temporary placement for evaluation; restrictions on placement; copy of report or evaluation. For a juvenile in detention, the court shall order that such evaluation be completed and the juvenile returned to the court within twenty-one days after the evaluation. For a juvenile who is not in detention, the evaluation shall be completed and the juvenile returned to the court within thirty days.
Staffing	<ul style="list-style-type: none"> • Physician • Physician Assistant (PA) • Advanced Practice Registered Nurse – Nurse Practitioner (APRN-NP) • Licensed Psychologist • Provisionally Licensed Psychologist • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP)

	<ul style="list-style-type: none"> • All providers must hold a current, valid Nebraska license through the Nebraska Department of Health and Human Services (DHHS) – Division of Public Health and must act within their scope of practice. • All providers must be trained in trauma-informed care, recovery principles and crisis management
Staff to Client Ratio	1 therapist to 1 youth
Hours of Operation	Providers are expected to be flexible in scheduling to accommodate the service needs, which may include evening and/or weekend availability.
Service Desired Outcomes	The Mental Health Evaluation will identify any mental health and/or substance use diagnostic impressions and provide treatment recommendations along with the clinical justification for the recommended services.
Unit and Rate	Per evaluation; see rate sheet


[\[Click here to view Service Interpretive Guideline\]](#)