



Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	Juveniles Who Sexually Harm Risk 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 Department of Health & Human Services (DHHS)-Division of Public Health.
Service Description	<p>An evaluation for Juveniles Who Sexually Harm Risk is for a youth under the age of 19 who is adjudicated for a sexual offense. This evaluation is a thorough clinical, strengths-based evaluation of a youth who as engaged in illegal or demonstrating sexualized behaviors and has been charged with or adjudicated of a sexual offense.</p> <p>This evaluation must be completed prior to the initiation of any behavioral health services for youth who sexually harm.</p> <p>The Juveniles who Sexually Harm (JSH) evaluation is a process of gathering information to assess client 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 JSH will include a mental health diagnostic impression (as applicable), history of mental health symptoms, sexual history and current sexual behavior, trauma history/symptoms, criminogenic risk, risk of harm to self and/or others (including risk for sexual re-offense), the youth’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 Sex Offense-Specific Evaluation may include psychological testing, if clinically indicated.</p>
Service Expectations	<p>A JSH evaluation is a culturally sensitive evaluation completed by an appropriately licensed behavioral health professional that includes the following, at minimum:</p> <ul style="list-style-type: none"> ▪ Demographics

	<ul style="list-style-type: none"> ▪ Presenting problem/primary complaint, including external leverage to seek the evaluation, when it was first recommended and what led the client to schedule the evaluation ▪ Legal history, including history of charges/convictions ▪ Collateral information from at least two (2) sources ▪ Medical history ▪ Work/school/military history ▪ Alcohol/drug history summary ▪ Family/social/peer history ▪ Psychiatric/behavioral history, including past diagnoses, treatment episodes, medication and or psychiatric hospitalizations ▪ Sexual history and current sexual behavior ▪ Other diagnostic/screening/risk assessment tools used and results to include but not limited to (JSOAP- II, JSORAT-II, ERASOR) for youth who demonstrate sexualized behaviors. ▪ Additional psychological testing, including scores, results and interpretation ▪ A mental status exam and outlining general appearance, motor level, speech patterns, affect, thought content, thought processes, perception, global evaluation of intellect and insight ▪ Clinical impression, including summary of the evaluation interview, mental health and/or substance use diagnostic impressions (as appropriate), strengths and problems identified ▪ The treating clinician must consult with and/or refer to other providers for general medical, psychiatric, psychological and/or psychopharmacological needs as indicated. ▪ Develop and implement a crisis plan for the youth and family. The youth and family will demonstrate how to implement the crisis plan. ▪ Officer will verify with staff to determine if progress is being made. If progress is not indicated, the staff shall provide a rationale as to what changes will be made to initiate a plan to increase progress. ▪ Services must be trauma informed, culturally sensitive, age and developmentally appropriate and incorporate evidence-based practices when appropriate. <p>Approved Reporting Format: The JSH 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 JSH 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. Per Nebraska Revised Statute 43-281. Adjudication of jurisdiction; temporary placement for evaluation; restrictions on placement; copy of report or evaluation
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) • 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 clinician 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 JSH evaluation will identify any maladaptive sexual behaviors, 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

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Service Interpretive Guideline]