



## **Probation Service Definition**

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

<b>SERVICE NAME</b>	<b>Psychiatric Evaluation</b>	<input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
<b>Category</b>	Evaluation	
<b>Setting</b>	Professional office environment, clinic, mental health substance use center, private practice or teleservice appropriate to the provision of evaluation/assessment services.	
<b>Facility License</b>	As required by the Nebraska Department of Health and Human Services (DHHS)-Division of Public Health.	
<b>Service Description</b>	<p>Psychiatric evaluation consists of a biopsychosocial evaluation of the youth’s psychiatric symptoms in context of family, education, community and culture. This evaluation may occur at the onset of treatment or later in treatment depending on the diagnosis and treatment recommendations.</p> <p>This service is provided by a licensed professional – Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), or Medical Doctor/Psychiatrist, who will assess the youth’s presenting psychiatric conditions and symptoms, medical status, medication needs and/or substance use status.</p> <p>The evaluation will include the chief complaint, history of present illness/psychiatric needs, review of pertinent systems of care, and a bio psychosocial assessment.</p>	
<b>Service Expectations</b>	<ul style="list-style-type: none"> <li>• A comprehensive psychiatric evaluation and written report should identify the specific needs for a recommendation for psychotropic medications.</li> <li>• A comprehensive psychiatric evaluation will include the following areas: <ul style="list-style-type: none"> <li>▪ Presenting problem and chief complaint related to psychiatric concerns</li> <li>▪ Age appropriate bio psychosocial history, to include multi-cultural/ethnic influences</li> <li>▪ Medical history</li> <li>▪ Work/school/military history</li> <li>▪ Mental health and behavioral/cognitive/emotional functionality and history</li> <li>▪ Maladaptive or problem behaviors, functionality/functional status</li> <li>▪ Alcohol/drug history</li> <li>▪ Social and peer-group history</li> <li>▪ Family circumstances/custody status/environment and home</li> </ul> </li> </ul>	

	<ul style="list-style-type: none"> <li>▪ Strengths and relationships with family/significant others</li> <li>▪ Legal/probation/criminogenic risk history</li> <li>▪ Trauma history</li> </ul> <p>Obtain collateral information upon permission from the legal guardian</p> <ul style="list-style-type: none"> <li>▪ Mental status exam</li> <li>▪ Diagnostic assessment/screening tools with scores and interpretation</li> <li>▪ Clinical impressions and diagnosis including rationale, problems identified and strengths of youth and family</li> <li>▪ Individualized recommendations with rationale</li> </ul>
<b>Service Frequency</b>	Interview sessions scheduled as needed with youth and family to complete the psychiatric evaluation.
<b>Length of Stay</b>	Evaluation should be completed as soon as possible.
<b>Staffing</b>	<p>Clinician within their scope of practice and licensed in the State of Nebraska:</p> <ul style="list-style-type: none"> <li>• Advanced Practice Registered Nurse (APRN) specialized training in psychiatric evaluations</li> <li>• Physician Assistant (PA) specialized training in psychiatric evaluations</li> <li>• Psychiatrist/Medical Doctor (MD)</li> </ul>
<b>Staff to Client Ratio</b>	1 clinician to 1 youth
<b>Hours of Operation</b>	Providers are expected to be flexible in scheduling and be available evenings and/or weekends to accommodate the service needs.
<b>Service Desired Outcomes</b>	The psychiatric evaluation will identify any diagnostic impressions and provide treatment recommendations along with the clinical justification for the recommended services.
<b>Unit and Rate</b>	Per evaluation; see rate sheet

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Service Interpretive Guideline]