



## ***Probation Service Definition***

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

<b>SERVICE NAME</b>	<b>Enhanced Mental Health Evaluation</b> <span style="float: right;"><input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile</span>
<b>Category</b>	Evaluation
<b>Setting</b>	Professional office environment, clinic, mental health substance use treatment center, private practice, teleservice or other environment 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>An Enhanced 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 Enhanced 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 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.</p> <p>The results of the Simple Screening Instrument (SSI) and Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF) if applicable, as completed by probation should be included in the written narrative report.</p>
<b>Service Expectations</b>	<p>A Mental Health Evaluation will include but is not limited to these area listed below; see behavioral health evaluation worksheets for more detail:</p> <ul style="list-style-type: none"> <li>• Demographics</li> <li>• Presenting problem/primary complaint, including external leverage to seek the evaluation, when it was first recommended and what led the youth to schedule the evaluation</li> <li>• Medical history of injuries and illnesses, physical disabilities, handicapping conditions; current medical concerns/history of medical concerns; current medications (prescribed)</li> <li>• Work/school/military history-academic history, current grade level, IEP if applicable, vocational training/programs, academic/vocational needs/concerns</li> <li>• Alcohol/drug history summary, including frequency and amount, substance(s) of choice, history of use, patterns of use, consequences of use, periods of abstinence, tolerance level, withdrawal history/potential,</li> </ul>

	<p>influence of living situation on use, other compulsive behaviors (gambling, etc.), history of intravenous use, previous evaluations/recommendations and past treatment episodes</p> <ul style="list-style-type: none"> <li>• Criminal/legal history and other pertinent information current legal status, including pending charges/sentencing date and current community based supervision, results of the Simple Screening Instrument (SSI) and Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF) if applicable.</li> <li>• Family/social/peer history, living situation – assessment of stability, support, and safety in the home, family dynamics – relationship with spouse, children, parents, siblings, etc., family history of substance use/mental health issues, Involvement in foster care system (if applicable), history of abuse/neglect peer relationships gang involvement (if applicable)</li> <li>• Behavioral health history, current presenting mental health symptoms, current mental health/treatment/providers, previous mental health diagnoses, prior mental health treatment, history of suicidal/homicidal ideation, history of self-harm, current psychotropic medications/history of psychotropic medications, trauma history, psychiatric/behavioral history, including past diagnoses, treatment episodes, medication and or psychiatric hospitalizations</li> <li>• Collateral information from at least two (2) sources (parents/guardian/caregiver will complete a release of information); preferred collateral contacts from recent past should include provider(s), family, school personnel, and friends. One of the collateral contacts must be the probation/problem-solving court officer. The youth’s attorney is not included as collateral. The provider should include unsuccessful attempts to obtain collateral information</li> <li>• Other diagnostic/screening tools used and results</li> <li>• Mental status exam outlining general appearance, motor level, speech patterns, affect, thought content, thought processes, perception, global evaluation of intellect and insight.</li> <li>• Clinical impression, including summary of the evaluation interview, mental health and/or substance use diagnostic impressions (as appropriate), strengths and problems identified.</li> <li>• Recommendations, including identifying the primary/ideal level of care, barriers to the completing recommended interventions, client 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</li> <li>• Services must be trauma-informed, culturally and linguistically appropriate, age and developmentally appropriate and incorporate evidence-based practices when appropriate</li> </ul>
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	<ul style="list-style-type: none"> <li>• Prior to submitting the report, the provider will have an Integrated Recommendation Discussion with the officer to review the recommendations and ensure the level of services recommended are both available and appropriate for the youth. This discussion will also be documented within the report</li> <li>• This evaluation can also include specializations for evaluating eating disorders and trauma</li> <li>• If clinically indicated, the therapist upon permission from the legal guardian shall communicate with current/former providers as appropriate to coordinate services</li> <li>• 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</li> </ul> <p><b>Approved Reporting Format:</b> The Enhanced Mental Health written report must be completed in the Probation-approved reporting format only, this detailed on the appropriate evaluation worksheet.</p>
<b>Service Frequency</b>	Interview sessions scheduled as needed with youth and family to complete the enhanced mental health evaluation.
<b>Length of Service</b>	Evaluation must be completed and sent to the probation/problem solving court officer within the timeframe set by the court. If the evaluation is ordered after a youth has been adjudicated for their charge and is set to return to court for disposition, an ordered evaluation falls under the specific timeframes found in Nebraska Revised Statute 43-28. Under this statute, after receiving the referral authorizing the evaluation, the provider responsible for completing the evaluation shall have up to ten days to complete the evaluation and return it to the probation/problem solving court officer. This timeframe enables the youth to return to court and have their evaluation results considered within the following statutory timeframes: a juvenile in detention, shall return to the court within twenty-one days after the evaluation, and juveniles not in detention, shall return to the court within thirty days.
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Physician</li> <li>• Physician Assistant (PA)</li> <li>• Advanced Practice Registered Nurse – Nurse Practitioner (APRN-NP)</li> <li>• Licensed Psychologist</li> <li>• Provisionally Licensed Psychologist</li> <li>• Licensed Independent Mental Health Practitioner (LIMHP)</li> <li>• Licensed Mental Health Practitioner (LMHP)</li> <li>• Provisionally Licensed Mental Health Practitioner (PLMHP)</li> <li>• 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</li> <li>• All providers must be trained in trauma-informed care, recovery principles and crisis management.</li> </ul>

	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Staff to Client Ratio</b>	1 clinician to 1 youth
<b>Hours of Operation</b>	Typical office hours with available evening and weekend hours by appointment
<b>Service Desired Outcomes</b>	<ul style="list-style-type: none"> <li>Assessment of the youth for a mental health diagnosis; Identify any mental health and/or substance use diagnoses impressions if applicable</li> <li>Assessment of risk of dangerousness to self and/or others</li> <li>Provide treatment recommendations along with the clinical justification for the recommended services</li> <li>Explanation of the report will be given to the youth and parent/guardian/caregiver</li> </ul>
<b>Unit and Rate</b>	See rate sheet