



## ***Probation Service Definition***

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

<b>SERVICE NAME</b>	<b>Psychiatric 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 setting appropriate to the provision of evaluation/assessment services.
<b>Facility License</b>	N/A
<b>Service Description</b>	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. The evaluation will focus on the youth's needs for psychotropic medications, provision of a prescription and the monitoring of the prescribed medications.
<b>Service Expectations</b>	<p>A comprehensive psychiatric evaluation and written report should identify the specific needs for a recommendation for psychotropic medications and will include the following areas:</p> <ul style="list-style-type: none"> <li>• Presenting problem and chief complaint related to psychiatric concerns</li> <li>• Previous/current psychotropic medications and associated clinical diagnoses</li> <li>• Age appropriate bio psychosocial history, to include multi-cultural/ethnic influences</li> <li>• Medical history</li> <li>• Mental health and behavioral/cognitive/emotional current functionality and history</li> <li>• Alcohol/drug current and history</li> <li>• Strengths and relationships with family/significant others</li> <li>• Legal/probation/criminogenic risk history</li> <li>• Trauma history</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> </ul>

	<ul style="list-style-type: none"> <li>• Provide individual education pertaining to the medication to support the youth, parent/guardian/caregiver making an informed decision for its use.</li> <li>• The service provider must make a good faith attempt to coordinate care with the youth’s primary medical provider with permission from parent/guardian/caregiver.</li> <li>• Services must be trauma informed, culturally linguistically appropriate, age and developmentally appropriate and incorporate evidence-based practices.</li> </ul> <p>Program plan required    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<b>Service Frequency</b>	The biopsychosocial psychiatric evaluation will be completed as soon as possible after referral.
<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. The provider responsible for completing the evaluation shall have up to ten days to complete the evaluation after receiving the referral authorizing the evaluation. 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 returned to the court within thirty days.
<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>• Psychiatrist/Medical Doctor (MD)</li> <li>• Advanced Practice Registered Nurse (APRN)-Nurse Practitioner (APRN-NP)</li> </ul> <p>This service requires Criminogenic Continuing Education Hours    <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<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>• Identify any diagnostic impressions</li> <li>• Provide prescription for medication as clinically indicated</li> <li>• Provide Treatment recommendations and clinical justification</li> <li>• Youth, parent/guardian/caregiver is informed of the side effects of the prescribed medication</li> <li>• Provide psycho education of the administration of the medication to the youth, parent, caregiver/guardian</li> </ul>
<b>Unit and Rate</b>	See rate sheet