



Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	Substance Use Evaluation <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Evaluation
Setting	Professional office environment, clinic, mental health substance use treatment center, private practice, teleservice or other setting appropriate to the provision of evaluation/assessment services.
Facility License	As required by the Department of Health and Human Services (DHHS)-Division of Public Health
Service Description	<p>A Substance Use Evaluation is a clinical, strengths-based evaluation of an individual experiencing substance use symptoms. This evaluation must be completed prior to the initiation of any substance use treatment services. The Substance Use Evaluation is a process of gathering information to assess youth functioning and needs based on identification of the presenting problem, evaluation of past and present symptoms, formulation of a diagnostic impression (as applicable) and recommendation for treatment services/strategies.</p> <p>The Substance Use Evaluation will include a substance use diagnostic impression (as applicable), history of substance use 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 Substance Use Evaluation may include a recommendation for further mental health evaluation, if supported and not already identified. The evaluation will meet all of the requirements of the Standardized Model for the Delivery of Substance Use Services.</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>
Service Expectations	<p>A Substance Use Evaluation will include but is not limited to these areas listed below; see behavioral health evaluation worksheets for more detail:</p> <ul style="list-style-type: none"> • Demographics • 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

	<ul style="list-style-type: none"> • Medical history of injuries and illnesses, physical disabilities, handicapping conditions; current medical concerns/history of medical concerns; current medications (prescribed) • Work/school/military history School/academic history current grade level, if applicable, vocational training/programs, academic/vocational needs/concerns • 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, influence of living situation on use, other compulsive behaviors (gambling, etc.), history of intravenous use, previous evaluations/recommendations and past treatment episodes • 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 • 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) • 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 • 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 • Other diagnostic/screening tools used and results • The use of the current edition of the American Society of Addiction Medicine (ASAM) Patient Placement Criteria severity in each of the six dimensions and explaining the severity ranking and to guide recommended treatment interventions • Clinical Impression, including diagnostic impression and findings (if applicable), amenability to treatment, internal motivation, justification for diagnosis/diagnoses or lack thereof and relationship between substance use and criminogenic risk
--	--

	<ul style="list-style-type: none"> • 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 • 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 • If clinically indicated, the therapist upon permission from the legal guardian shall communicate with current/former providers as appropriate to coordinate services • 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>Structured Interview Tool Required for SU Evaluation: CASI -- The Comprehensive Addiction Severity Index for Adolescents (CASI) is required to be used as a face-to-face structured interview guide, to be scored and utilized to provide information for the bio-psychosocial assessment/substance use disorder evaluation and the multidimensional risk profile.</p> <p>Approved Reporting Format: The Substance Use Evaluation written report must be provided in the Probation-approved reporting format only as detailed on the appropriate evaluation worksheet.</p>
Service Frequency	A Substance Use Evaluation will identify any substance use diagnostic impressions and provide treatment recommendations along with the clinical justification for the recommended services
Length of Service	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.
Staffing	<ul style="list-style-type: none"> • Physician

	<ul style="list-style-type: none"> • 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) • Licensed Alcohol and Drug Counselor (LADC) • Provisionally Licensed Alcohol and Drug Counselor (PLADC) • 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 <p>AND have completed the Standardized Model requirements and the state approved Comprehensive Adolescent Severity Inventory (CASI) training. 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.</p>
Staff to Client Ratio	1 therapist to 1 youth
Hours of Operation	Typical office hours with available evening and weekend hours by appointment
Service Desired Outcomes	The Substance Use Evaluation will identify any or substance use diagnostic impressions and provide treatment recommendations along with the clinical justification for the recommended services.
Unit and Rate	See rate sheet