



Probation Service Definition

ADMINISTRATIVE OFFICE OF PROBATION

SERVICE NAME	Psychiatric Evaluation <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Mental Health
Setting	Professional office environment in a mental health center, substance use treatment center, private practice or hospital appropriate to the provision of evaluation/assessment services.
Facility License	As required by Nebraska Department of Health and Human Services (NDHHS) Division of Public Health if in a mental health center, the center must be licensed by the Nebraska Department of Health and Human Services, Division of Public Health.
Service Description	<ul style="list-style-type: none"> • Psychiatric evaluation consists of a biopsychical assessment 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. • It is provided by a licensed professional Advanced Practice Registered Nurse (APRN), Physician Assistant (PA) Psychiatrist, who assess the youth’s presenting psychiatric conditions and symptoms, medical status, medication needs and or substance use status. • The evaluation will include the chief complaint, history of present illness/behavioral health needs, review of pertinent systems of care, and a bio psychosocial assessment.
Service Expectations	<ul style="list-style-type: none"> • A comprehensive psychiatric evaluation and written report should identify the specific needs for a recommendation for psychotherapeutic medications. • A comprehensive psychiatric evaluation will include the following areas: <ul style="list-style-type: none"> ▪ Presenting problem and chief complaint related to psychiatric concerns ▪ Age appropriate bio psychosocial history, to include multi-cultural/ethnic influences ▪ Medical history ▪ Educational/or work history ▪ Mental health and behavioral/cognitive/emotional functioning and history ▪ Maladaptive or problem behaviors, functioning/functional status ▪ Alcohol/drug history ▪ Social and peer-group history

	<ul style="list-style-type: none"> ▪ Family circumstances/custody status/environment and home ▪ Strengths and relationships with family/significant others ▪ Legal/probation/criminogenic risk history ▪ Trauma history ▪ Collateral information minimum of 2 sources (other than probation officer). ▪ Mental status exam ▪ Diagnostic assessment/screening tools with scores and interpretation ▪ Clinical impressions and diagnosis including rationale, problems identified and strengths of youth and family ▪ Individualized recommendations with rationale
Service Frequency	Evaluation, diagnosis and medication recommendations should be completed as soon as possible after requested.
Length of Stay	Evaluation should be completed as soon as possible.
Staffing	<p>Clinician within their scope of practice and licensed in the State of Nebraska:</p> <ul style="list-style-type: none"> • Advanced Practice Registered Nurse (APRN) • Physician Assistant (PA) • Psychiatrist
Staff to Client Ratio	1 clinician to 1 youth
Hours of Operation	In an office setting during day or evening hours, weekends or by special appointment at other hours, if necessary.
Service Desired Outcomes	<ul style="list-style-type: none"> • The evaluation will identify a diagnosis and provide recommendations for medication and or other treatment. • Youth and family/or caregiver are informed of the diagnosis and recommendations.
Unit and Rate	Per evaluation

[Click to direct to Service Interpretive Guideline]

