



Probation Service Definition

ADMINISTRATIVE OFFICE OF THE COURTS & PROBATION

SERVICE NAME	Juveniles Who Sexually Harm Risk Evaluation <input type="checkbox"/> Adult <input checked="" type="checkbox"/> Juvenile
Category	Evaluation
Setting	Professional office environment, clinic, mental health substance treatment use center, private practice, teleservice or other environment appropriate to the provision of evaluation/assessment services.
Facility License	As required by the Department of Health & Human Services (DHHS)-Division of Public Health.
Service Description	<p>An evaluation for Juveniles Who Sexually Harm is for a youth under the age of 19 who is adjudicated for a sexual offense. This evaluation is a thorough clinical, strengths-based evaluation of a youth who has engaged in illegal or demonstrating sexualized behaviors.</p> <p>The Juveniles Who Sexually Harm (JSH) Risk Evaluations a process of gathering information to assess the youth’s 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, specifically related to the sexual offense.</p>
Service Expectations	<p>This evaluation must be completed prior to the initiation of any behavioral health services for JSH.</p> <p>The JSH Risk Evaluation will include a mental health diagnostic impression (as applicable, history of mental health symptoms, sexual history and current sexual behavior, trauma history/symptoms, criminogenic risk, risk of harm to self and/or others (including risk for sexual re-offense), the youth’s perception of the situation and collateral information, including official reports related to the sexualized behaviors. Based on the evaluation, identified risk and protective factors are incorporated into a comprehensive clinical impression and recommendations for appropriate behavioral health services and treatment are provided and justified.</p> <p>A JSH Risk Evaluation is a culturally sensitive evaluation completed by an appropriately licensed behavioral health professional that includes the following, at minimum:</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"> ▪ Legal history, including history of charges/adjudications, probation, detention, and current legal/victim information ▪ 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 ▪ Medical history of injuries and illnesses, physical disabilities, handicapping conditions; current medical concerns/history of medical concerns; current medications (prescribed) ▪ Work/school/military history-academic history, current grade level, IEP 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, past treatment episodes and relationship of substance use and criminal justice involvement/criminogenic risk ▪ 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 • Sexual history and current sexual behavior(assessed through clinical interview, review of collateral information, and relevant assessment instruments) history of abuse/victimization, initial awareness of sexually and first sexual experience, history of sexual contact in the context of family/peer/romantic relationships, use of sexually stimulating or arousing material, sexual pre occupation if applicable, sexual attitudes toward pornography, woman, children, age of onset of behaviors, abusive and /or illegal sexual behaviors (current/history)
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	<ul style="list-style-type: none"> • Diagnostic/screening/risk assessment tools used and results to include but not limited to (JSOAP- II, JSORAT- II, ERASOR, PROFESOR) for youth who demonstrate sexualized behaviors. Every youth is entitled to a clear explanation of the results of testing and recommendations for treatment • A mental status exam and outlining general appearance, motor level, speech patterns, affect, thought content, thought processes, perception, and global evaluation of intellect and insight • Diagnostic impression and findings, including identified risk and protective factors, recommendations for treatment to address identified risk, amenability to treatment, internal motivation and justification for diagnosis/diagnoses • Recommendations, including identifying the primary/ideal level of care, clinical rationale for the for the recommended service(s), barriers to the completing recommended interventions, youth response to the recommendations, identification of who needs to be involved in the youth’s treatment, treatment plan that includes transitioning to lower levels of care/discharge planning, a means to evaluate the youth’s progress during treatment and measure outcomes at discharge, recommended linkages with community resources and any areas for further evaluation • Services must be trauma-informed, culturally and linguistically appropriate, age and developmentally appropriate and incorporate evidence-based practices when appropriate • 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 <p>Approved Reporting Format: The JSH Risk Evaluation written report must be completed in the Probation-approved reporting format as detailed on the appropriate evaluation worksheet</p>
Service Frequency	Interview sessions scheduled as needed with youth and family to complete the JSH evaluation.
Length of Service	When completing evaluations for youth, the 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 post adjudication/pre-disposition evaluation after receiving the referral authorizing the evaluation. Timeframes are per Nebraska Revised Statue 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 • 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) • 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. • Providers serving JSH individuals are required to provide documentation of completion of one of the following: <ul style="list-style-type: none"> ○ Estimate of Risk of Adolescent Sex Offender Recidivism (ERASOR) ○ Juvenile Sex Offender Assessment Protocol – II (JSOAP) ○ Juvenile Sex Offender Recidivism Risk Assessment Tool-II (JSORRAT) • They must also provide the following: <ul style="list-style-type: none"> ○ A minimum of 24 hours of documented offense-specific evaluation/treatment education/training involving evidence-based practices within the last five (5) years OR consistent and continued experience providing evaluation/treatment services to this population for at least five (5) years OR a combination of education/training and experience, as approved by the Administrative Office of the Courts and Probation. ○ Education/training must be related to the specific population the provider is intending to serve (i.e., adult and/or juvenile). ○ Documentation must be in the form of a training completion certificate or letter from the training provider and must include the number of continuing education units (i.e., CEUs) or hours of education/training. ○ Experience providing evaluation/treatment services must be documented and clearly illustrate hours providing services specific to this population.
Staff to Client Ratio	1 clinician to 1 youth

Hours of Operation	Providers are expected to be flexible in scheduling to accommodate the service needs, which may include evening and/or weekend availability
Service Desired Outcomes	The JSH Risk Evaluation will identify any mental health and/or substance use diagnostic impressions, maladaptive sexualized behaviors, risk for sexual re-offense and provide treatment recommendations specifically targeting dynamic risk factors along with the clinical justification for the recommended services.
Unit and Rate	See rate sheet