

SERVICE CATEGORY: OUTPATIENT SERVICES

SERVICE DEFINITION

Service Name	MENTAL HEALTH ASSESSMENT
Funding Source	Behavioral Health
Setting	Services are rendered in a professional office, clinic, home or other community setting as appropriate to the provision of psychotherapy or substance use services.
Facility or Professional License	As required by DHHS Division of Public Health
Basic Definition	A Mental Health Assessment is a comprehensive biopsychosocial, strengths-based assessment of an individual experiencing mental health and/or co-occurring symptoms. It must be completed prior to the initiation of any non-emergent mental health treatment or rehabilitative service. The mental health assessment is a process of gathering information to assess functioning, determine if the symptoms meet the diagnostic criteria for a mental health or co-occurring disorder, and identify treatment needs. The purpose is to rule in or rule out one or more behavioral health disorders.
Service Expectations	<p>A Mental Health Assessment will include the following areas:</p> <ul style="list-style-type: none"> • Reason the individual is seeking services • Psychosocial history, to include cultural/ethnic influences • Medical history and status, including screening for infectious diseases and follow-up recommendations regarding positive screening • School, military, and/or work history • Mental health and behavioral/cognitive/emotional functioning and history • Maladaptive or problem behaviors, functioning/functional status • Substance use screening and/or psychometric tool, as well as recommendations & referral, as appropriate • History of drug/alcohol/addictive behaviors, including current use

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	<ul style="list-style-type: none"> • Social and peer-group history • Family relationships/circumstances/custody status/environment and home • Strengths, skills, abilities, motivation • Legal history and criminogenic risk • Current and past suicide/homicide risk assessment • Trauma screening and assessment summary recommendations include need for trauma specific follow-up/referral, as applicable, and impact on current functioning/behavior • Collateral information (information about the individual, behaviors, patterns and/or consequences learned from other sources, e.g., family/friends/criminal justice/current and/or previous MH providers) • Summary to include a complete diagnosis which lists mental health and/or substance use needs, as well as all prioritized psychosocial factors (ICD 10 Z codes) and medical needs identified by the consumer • Individualized recommendations with rationale
Length of Services	The Mental Health Assessment may be done annually or as needed related to significant changes in clinical needs/presentation. Subsequent mental health assessments may be appropriate if there has been a break in services of at least several months or a new practitioner assumes the individual's care.
Staffing	Mental Health clinician as allowed within their scope of practice and licensed in the State of Nebraska: <ul style="list-style-type: none"> • Licensed Mental Health Practitioner (LMHP) • Provisionally Licensed Mental Health Practitioner (PLMHP) • Licensed Independent Mental Health Practitioner (LIMHP) • Licensed Psychologist • Provisionally Licensed Psychologist • Psychiatrist • APRN • Nurse Practitioner
Staffing Ratio	1 Therapist to 1 Individual
Hours of Operation	In an office setting during day or evening hours, weekends or by special appointment at other hours, if necessary.

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Individual Desired Outcome	Upon completion of the mental health assessment, a mental health and/or co-occurring diagnosis will be determined, if appropriate, with recommendations for treatment planning including level of care and referrals to appropriate service providers, as needed.