



ALEXANDER YOUTH NETWORK







Alexander Service Array



Our array provides
the **right service**
at the **right time**
In the **right amount**
*and promotes
development of
healing relationships.*

Behavioral
Health

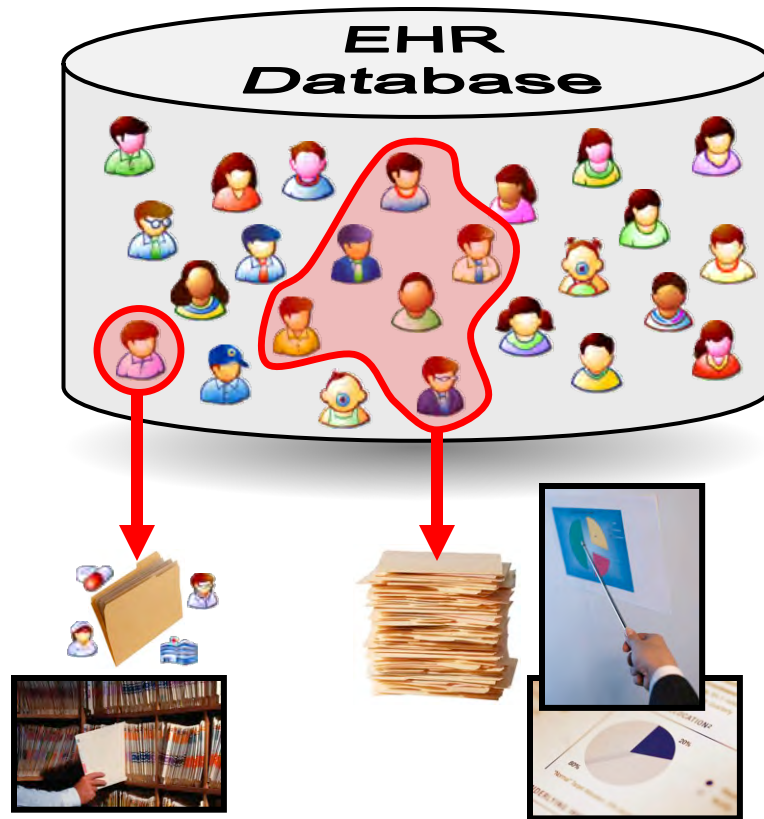


EHR
Incentives

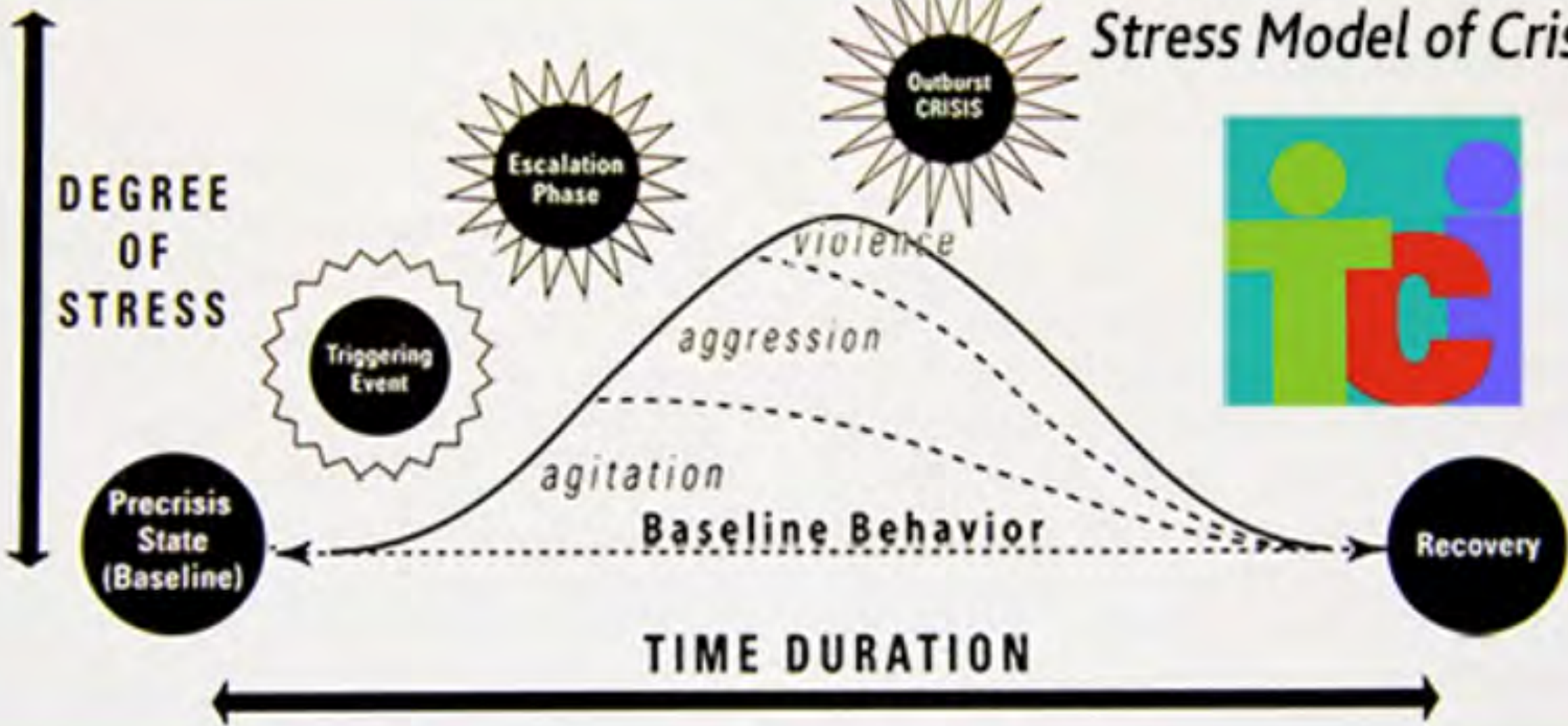


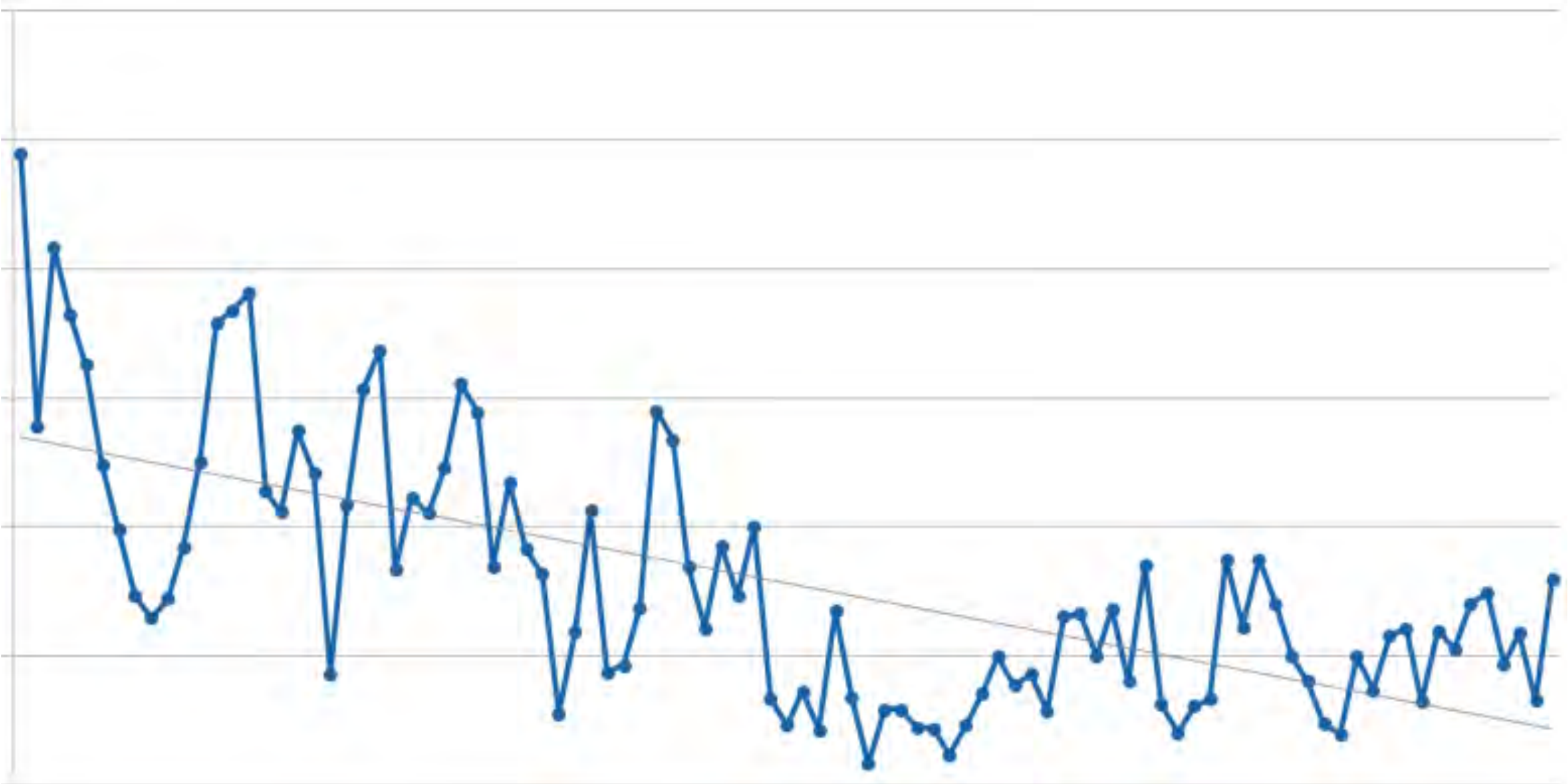


Utilizing Electronic Health Records



Stress Model of Crisis





Program
(Multiple Selections) ▾

Year - Month
All ▾

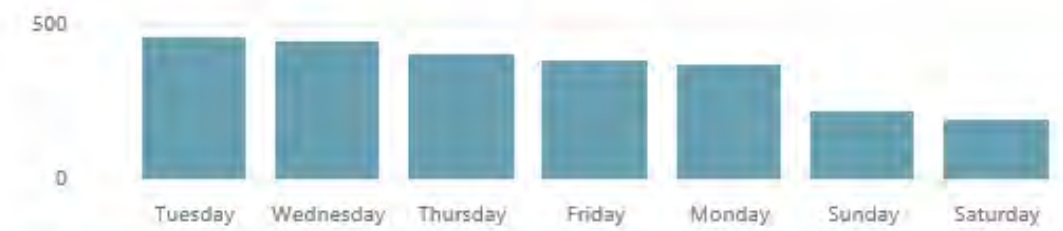
of Incidents
2254

INCIDENTS

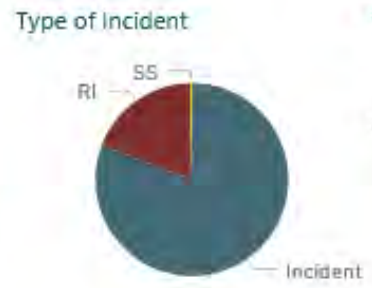
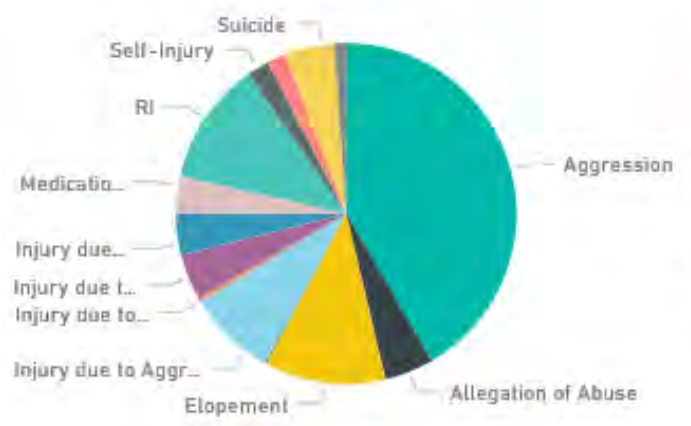
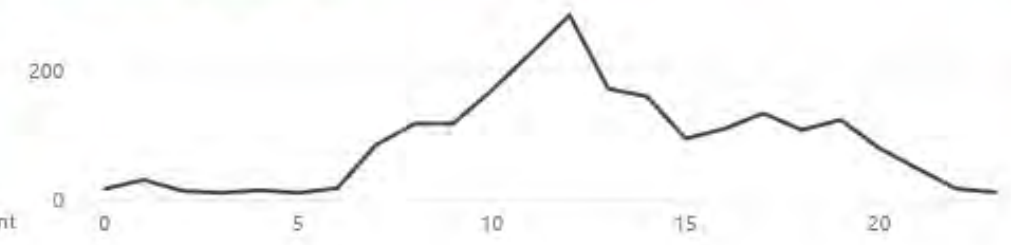
of Incidents by Month



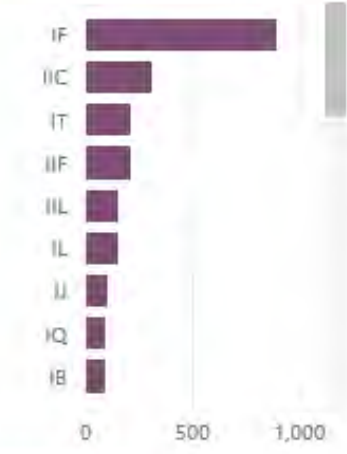
of Incidents by Weekday



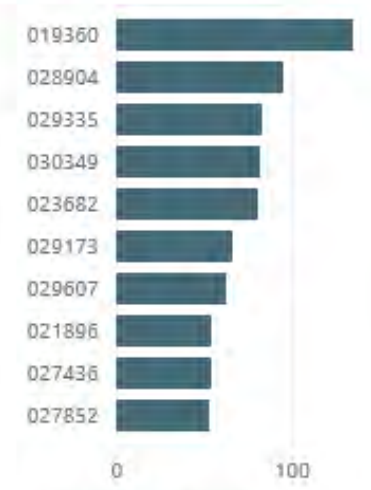
of Incidents by Time of Day



Incidents by Code



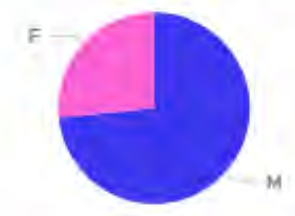
of Incidents by Client



Incidents by Age



Incidents by Gender

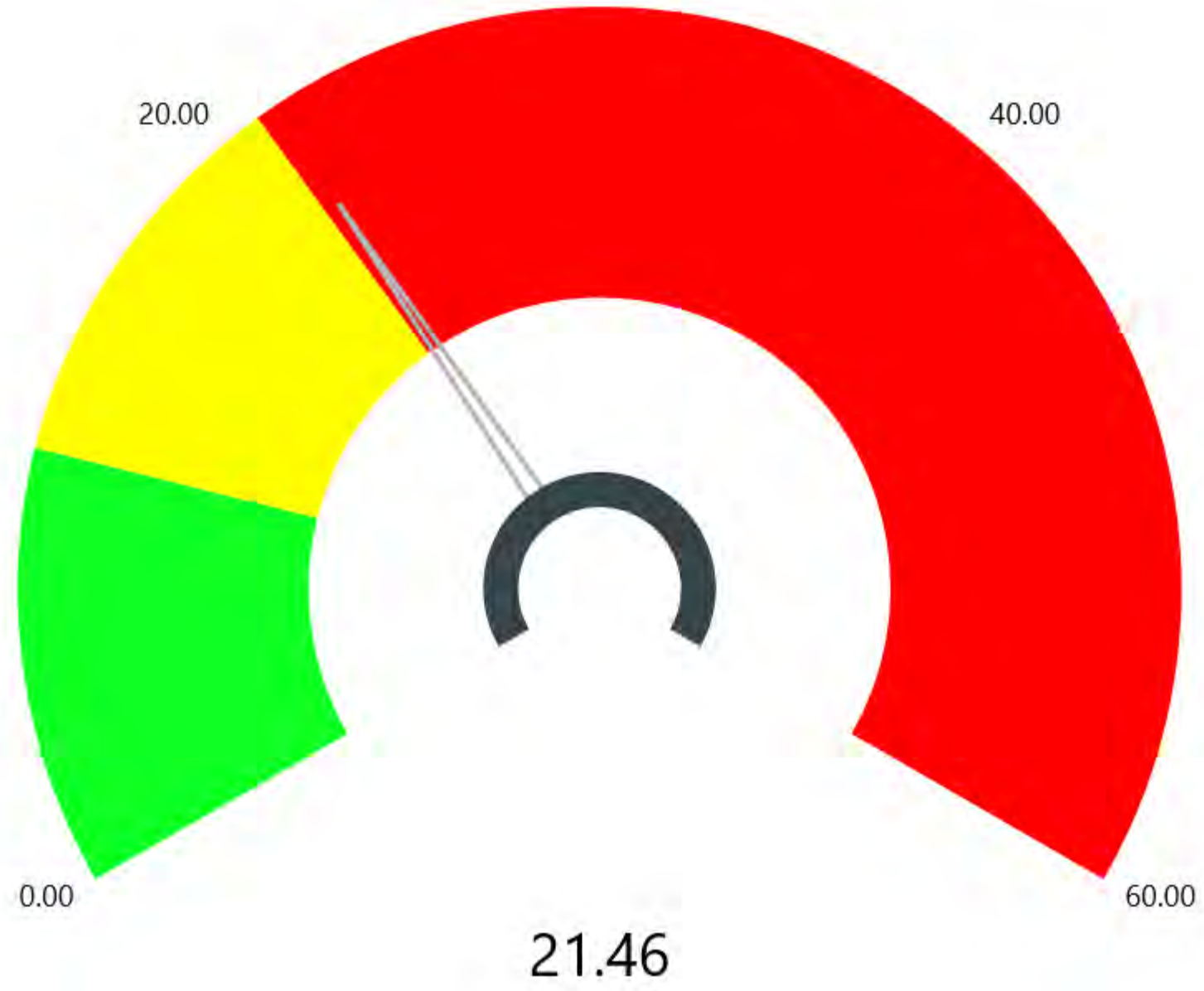








"We need to streamline our Patient Registration.... I want you to fill out these additional forms along with the existing ones and then enter all info manually into the Patient database and then print out multiple copies and distribute to all the necessary departments and Healthcare providers"



Making Technology Work for You





Creative Thinking

THIS IS TOO
MUCH



Client: *Aleisha, ABCD, 002904*

Interpreter Used:

Diagnosis Formulation and Treatment Recommendations are based on information gathered from the following sources:

Interview with Child/family - Specify Participants:

Written Referral Information - Reference Items below

Other:

Reason for Admission - Why Now?

Client has been in DSS custody since she was five years old. Her legal guardian feels like she needs to continue to address to continue to learn to develop coping skills at this time. Alexis has made a lot of improvements over the years but she contin

Client's View

Client shared that she feels like she can continue to use help on her thinking. Aleisha shared that she continues to have pro herself appropriately. She also wants to be able to get along better with her family members.

Other's View

Client shared with therapist today that she has memories of her birth mother beating her with a cord. She shared that she ha therapist because she thought it was her fault.

Client's Ethnicity:

Save Informa

Client: *Aleisha, ABCD, 002904*

- Mental Status Exam
- Risk of Harm
- Problem Areas
- Diagnosis
- Additional Assessments Needed
- Treatment Recommendations

Mental Status Exam
Page 1 | Page 2

Orientation: Time Place Person Situation

Appearance: Appropriate Physically unwell/unclean Clothing inappropriate, dirty Body odor Odd/unusual dress
 Unusual physical appearance Other

Body Movements: Within Normal Limits Involuntary Convulsions, slow Abnormal, increased speed Abnormal, paroxysmal, inappropriate
 Restlessness, fidgety Stare

Eye Contact: Direct Pupil Anisotropic

Speech: Easily Understood Speech difficult to hear

Mood: Calm Labile Flattened Constricted Other

Thought Content: Normal Delusional Persecutory Hallucinations - Egoless

Check on this screen represent a Yes answer.
Check any item that is applicable for this client based on referral information and/or interview.

Age 12 to 18 years

History of depression, mood disorder, schizophrenia, or bipolar disorder

Two or more psychiatric (Axis I) current or past diagnoses

Self-harm/parasuicide (acts of self-harm or physical abuse, sexual, or other significant violence regardless of how long ago it occurred)

Past or present alcohol, drug, gambling or other addiction

Unnecessary risk taking or self-destructive acts in the last year.

Interview the client and parent, asking the following questions, checking the applicable items if either the client or parent answers in the affirmative.
Example introduction: "Sometimes kids who are feeling very upset or sad, have thoughts about hurting themselves. I'd like to ask you a few questions to help us better understand you."

Have you ever witnessed a suicide?

Have you had any recent significant losses or deaths of someone close to you?

Do you lack positive social support? (Positive social support means having at least two family members that you can lean to for help and that you feel safe to be upset.)

Do you have any ongoing physical illness or physical pain?

Have there been any sudden changes in your behavior or attitude?

Have you thought about killing yourself in the last month?

Have you ever known anyone (such as family or friends) who killed him or her self?

Do you or have you ever had a plan for killing yourself or someone else?

Have you ever given away your belongings or made arrangements for giving away your belongings as part of preparing to die?

Have you ever tried to kill yourself? When?

If more than a year ago

If in the past year

Have you ever tried to kill yourself in a hospital or secure setting like jail?

SAVE THIS RISK OF HARM ASSESSMENT AT THIS POINT TO CALCULATE SCORE AND IMPRESSION

Risk of Harm Score: High-Risk

Disposition: Quick Assessment by licensed or provisionally licensed clinician. If Quick Assessment cannot be completed on same day, safety plan with verbal approval by a licensed or provisionally licensed clinician is required.

Problem Areas

Problem Area:	Treatment Focus?	Intensity:
Trauma	Yes	Moderate
Anxiety	Yes	Moderate
Attention	Yes	Moderate

Problem Area: Treatment Focus?: Yes

Behavioral Description

Client reports that her birth mother beat her with a cord from the age of three until she went into DSS custody. Client has never shared this before because she too embarrassed to tell because she believed that it was her fault. Client self-reports a lot of reexperiencing, avoidance and increased

Intensity: Frequency:

When was the last episode:

Details regarding last episode:

Client shared that without her medication she is unable to sleep, or focus. She shared that she gets very upset whenever she thinks about what her mother did to her. She shared that she feels moody a lot of the time and she often wants to be alone



**YES
YOU
CAN!**





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The Leader in Children's Behavioral Healthcare