A Letter from the Medical Directors

PRI believe it is time for a "new" and "innovative" idea.

Thank you for interest in the Psychiatric Research Institute Child
Diagnostic Unit (PRI CDU). The need for a System of Care of
children's behavioral health has been identified as a critical
priority in Arkansas. Families seeking help for their children often
become frustrated and stressed as they navigate their way
through the complexity of their child's school, legal system, and even social service systems. Therefore, we at

At the University of Arkansas for Medical Sciences PRI CDU, a primary goal is to truly understand a child's symptoms and their impact on the child and family functioning. Our mission is to provide child and family centered care that is collaborative, humane, and trauma sensitive, subsequently assist in establishing clarification of diagnoses and development of appropriate treatment planning. As the state's only diagnostic inpatient unit, we use an interdisciplinary approach (psychiatry, psychology, social work, occupational therapy, speech and language, education, nursing, etc.) to assess children ages 2 to 12 years old with a variety of diagnoses. Children considered for admission to the CDU have been unsuccessful in their current outpatient mental health treatment which has created a question of diagnostic clarification.

We believe our interdisciplinary approach will enable us to develop individualized treatment plans for rational (and early) intervention. This approach includes extensive family and/ or care giver involvement including expected participation in weekly family therapy and weekly parent group. Additionally, families/caregivers will receive post discharge case management for 90 days by a Psych TLC mental health professional to integrate CDU treatment plan with community based resources. Other innovative ideas that the CDU provides include an "open hours" visitation policy to encourage families to "partner" in the collaboration of their children, no use of mechanical restraints, and thoughtful use of medication to manage identified psychiatric target symptoms.

The CDU is implementing a new model of care: Collaborative Problem Solving (CPS) originally fashioned by Dr. Ross Greene, a child psychologist at Massachusetts General Hospital. CPS is a method of assisting children and their disruptive behaviors using a cognitive behavioral approach that focuses on how adults interact with children in managing a child's behavior and collaborating with children to solve problems. CPS operates under the basic premise that "kids do well if they can." It is a philosophy about kids, and how we help kids.

The staff of the CDU aspires to provide child and family centered care that establishes respectful, nurturing care and rapport which leads to the development of trust and openness. We at the CDU strive to be teachers, role models, astute observers of behavior, and collaborators with children and their families.

For additional referral packet information and processes, please send an e-mail to childinpatient@uams.edu.

Sincerely,

Toby Belknap, M.D., and Molly Reeves, M.D.

Medical Directors, PRI Child Diagnostic Unit

(Place MR Label Here) MR#: Petlent's Name: Patient's Date of Birth:



Information for Admission to Child Diagnostic Unit

Date:		
Patient Name:		SS#
		County:
City:		
		Race:
		:Weight:
Patient's Medicaid #:		
		Policy #
Person filling out Application Packet	•	
Relationship to patient:		
Parent/Guardian:		
Parent/Guardian:		
Address:		
City:		
Phone #:		
Parent/Guardian DOB:		
Who referred patient to CDU?		
Outpatient Psychiatrist and Clinic:		
Outpatient Therapist:		
PCP:F		

Admitting Physician: Dianna Esmaeilpour - Chief Complaint: Behavioral Problems DX: V40.3 Behavioral Problems NEC -

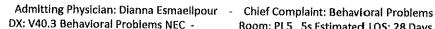
Room: PI 5 5s Estimated LOS: 28 Days



(Place MR Label Here) MR#: Petient's Name: Patient's Date of Birth:



Psychosocial Assess What problems has		been h				·
Are you seeking adn	nission du		current court order? [] yes	s[]no		***************************************
				······································		
By whom?	t h History logical Te	sting?	If so when?			
Child's Mental Health [] history of suicide [] history of threate [] agitation [] feelings of hopele [] recent family/ fri [] disruption of sup [] cruelty to animal [] thoughts of harm [] poor sleep patter Please explain any star	Symptom: attempt ening suicid essness end loss port syster s ing others	s: de m*	[] sexually acting [] delusions/hallu [] hyperactivity [] depression [] weight gain/los [] self-injury [] disorganized sp [] catatonic behav [] panic attack	out* cinations ss	[] trauma*	•
Prior Outpatient Treat	ment: (Inc	uding so	chool-based and day treatme	-		
Facility	Start	End	Reason for Treatment		apist Name, Phone Number	

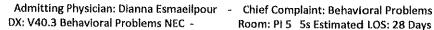


(Place MR Label Here) MR#: Petlent's Name: Patient's Date of Birth:



	Start	End	Reason for Admission	

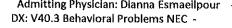
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What is the child's curre	nt living situation	n?		
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gree to inform UAMS P	Ki of any change:	s in status dui	ring the course of tre	atment.
		confirm	that I am the [] bio	ological parent, [] custodian, [
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(Place MR Label Here) MR#: Petient's Name: Patient's Date of Birth:



Family Environment:	4	•	
[] divorce/ separation	[] recent death	[] recent birth	[] family violence
			[] financial problems
[] multiple moves			
Other:			
Academic Information:			
School:	·	Grade:	
School:	Teach	er's #:	
Teacher Email:			•
Current Classroom Type: [] Reg	ular [] Self-contained	d [] Resource	[] ALE [] Day Treatment
Past classroom settings: [] Self-	contained [] Resou	rce []ALE	[] Day Treatment
Current Academic Performance,	/ Grades: [] A's	[]C's []D's	[]F's [] not applicable
Does the child have a(n): [] IEP			
Has the child repeated a grade?	[]yes []no Which g	grade?	
Does the child have a personal a	nde at schoolr [] yes [] r	io [] part of the day: _	
Does the child have friends at so Extra- Curricular activities:	moon [] yes [] no		
Check problematic behaviors in	school:		
•	[] aggression	[]repeat	ed grade
[] disruptive	[] skipping clas	ses []poorp	
[] problems with peers	[] defiance		ded/ expelled
[] meltdowns	[] work refusal		ms on the school bus
[] difficulties with transition			xcessively
Other:	Marilla de la comunicación de la	**************************************	
Legal History:			
Does the child have a FINS pe	etition?[]ves[]no	If ves. provide a o	copy.
What is the name and contac			
Has the child ever been in the			lno
Reason for custody placemer			
Estimated dates in DCFS cust	odv?		
If currently in DCFS custody,	can child return to curre	ent placement? [] ve	sílno
If no, has placement been ide	entified? [] ves [] no		~ () ()
Name of Caseworker:		Phone:	
Child's Medical History			
•			
Medical problems:	amantal).		
Allergies (Food, drug, enviror			
Please check if the child has a	•		
[] Premature birthwe	* •	treatment	
[] Multiple ear infections	[] Flu in the	•	[] Constipation
Severe Strep throat	[] Feeding of		[] Seizures
[] Broken Bones	[] Severe in	- ·	[] Severe head injury
[] Prenatal drug or alcohol e	xposure [] Multiple	medical hospitalization	ons



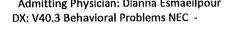
Admitting Physician: Dianna Esmaeilpour - Chief Complaint: Behavioral Problems Room: PI 5 5s Estimated LOS: 28 Days



(Place MR Label Here) MR#: Patient's Name: Patient's Date of Birth:



List of Current Medications:					
Medication:	ation:Dose:				
	cation:Dose:				
dication:Dose:					
dication:Dose:					
Medication:	tion:Dose:				
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Special Needs:					
Does the child have trouble seeing or wear glas	sses?				
If the child wears glasses, do they have difficult	tly seeing distance or reading?				
Does the child have trouble hearing or wear a h	nearing aid?				
Does the child have trouble speaking or use a c	communication device?				
List any concerns you have about the child's he	earing, vision or speaking:				
*Please bring glasses, hearing aids or other dev	vices the child uses.				
Does the child speak English? What	other languages are spoken in the home?				
Has the child ever received:					
Speech Therapy? [] yes [] no	Currently Receiving [] Previously Received []				
Location:	Estimated Dates:				
Physical Therapy? [] yes [] no	Currently Receiving [] Previously Received []				
Location:	Estimated Dates:				
Occupational Therapy? [] yes [] no Location:	Currently Receiving [] Previously Received []Estimated Dates:				
haircuts, dislikes loud noises or bright lights, et	s limited food eaten, bothered by clothing tags or seams, dislikes				
Does the child have difficulty with motor coord handwriting)?	dination (buttons, zippers, tying shoes, riding a bike, poor				
Check if the child can do the following: [] Dress self [] Toilet self Does the child wear diapers? [] yes [] no Does your child have frequent accidents with Do accidents occur [] daily [] or on occasion					
Is there any other information that we need to kno	ow about the patient?				



Admitting Physician: Dianna Esmaeilpour - Chief Complaint: Behavioral Problems Room: PI 5 5s Estimated LOS: 28 Days



(Place MR Label Here) MR#: Patient's Name: Patient's Address:



PRI Early & periodic Screening, Diagnosis & Treatment (EPSDT) PRESCRIPTION / REFERRAL

For Medically Necessary Services / Items not Specifically included in the Medicald State Plan

The primary care physician (PCP) must use this form to prescribe medically necessary services resulting from an EPSDT screen when the services are not specifically included in the Arkansas Medicald State Plan. Please refer to Section 1 of your Arkansas Medicald Child Health Services (EPSDT) manual for a list of covered services. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is defined as follows: a benefit provided for screening, vision, hearing and dental services at intervals which meet reasonable standards of medical and dental practice established after consultation with recognized medical and dental organiszations involved in child health care. EPSDT covers any medically necessary service that will lead to the maximum reduction of medical and physical disabilities and restore the child to his or her best possible functional level. Services that are necessary to treat or smellorate a defect, physical and mental illness, or a condition identified by a screen, must be considered for EPSDT beneficiaries under age 21 regardless of whether the service is otherwise included in the Arkansas Medicald State Plan. Impatient evaluation and observation is medically necessary in order to accurately diagnose and/or develop a treatment plan for this patient.

The PCP must check the appropriate box or boxes and complete and sign the form. A copy of the

EPSDT screen results (form DMS-694) may be attached. [] Prescription / Treatment I | Referral Patient Name: Medicald ID#: Date of Last Physical Exemination: Medical Diagnosis: Developmental Diagnosis: Other Diagnosis: Prescribed Testment: inputient evaluation and observation is medically necessary in order to accurately diagnose and/or develop a treatment plan for this patient Primary Care Physician Name (Please Print) Provider Identification Number / Taxonomy Code By signing as the primary care physician (PCP), I hereby certify that I have carefully reviewed the EPSDT screen result, and that the goals are reasonable and appropriate for this patient. IF this prescription is for a continuing plan, I have reviewed the patient's progress and adjusted the plan based on his or her meeting, or falling to meet, the plan goals. Primary Care Phsyclan (PCP) Signature Date Time



Med Red 1417 (01/10)