



Mental Health and Behavioral Risk Screening System

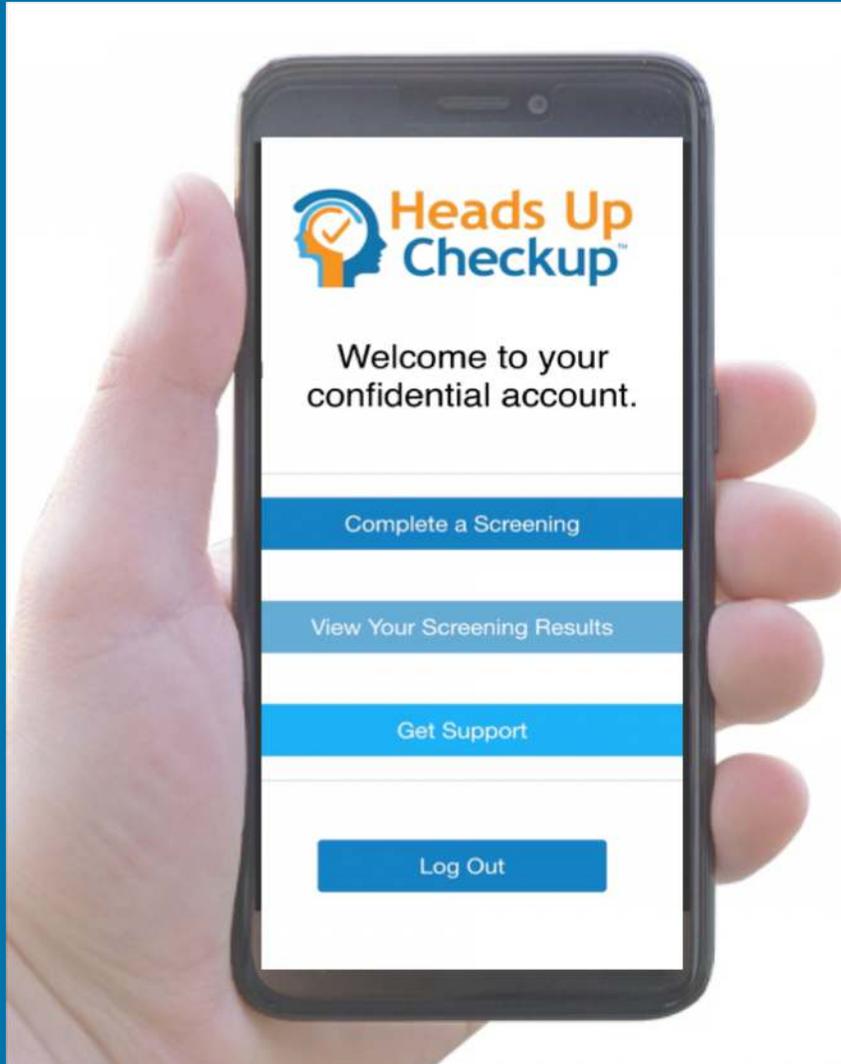
Heads Up Checkup is not a substitute for a diagnostic evaluation by a medical or mental health professional but it can help identify students who may be at risk for mental health concerns and/or violent behaviors.

A Proactive Solution



- The only comprehensive, cloud-based, digitally delivered mental health and behavioral risk screening system designed for school-wide implementation.
- Regular school-wide mental health screenings could identify kids that are hurting before they act out.
- Treatment can improve attendance, grade averages, graduation rates, and school ratings, which, in turn, can increase school funding.

Average 8-10 Minutes to Complete



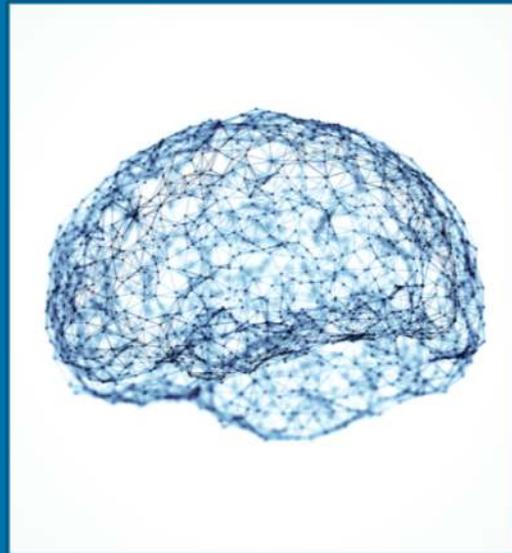
-  Identifies risk of suicide or dangerous behaviors involving weapons
-  Identifies mental ill health
-  Identifies severe stress
-  Connects user to immediate support

Confidential, Secure

Every Heads Up Checkup screening begins with an Informed Consent and Notice of Confidentiality. Responses and results are encrypted to/from and at rest on our HIPAA compliant server.



iOS/Android
Mac/PC



“Smart”
Technology



Cloud-Based
Secure



FERPA
COPPA

Available in 6 Versions, 2 Languages



Parent for Ages 0-5
English, Spanish



Parent for Ages 12-17
English, Spanish



Self-Report Ages 18-21
English, Spanish



Parent for Ages 6-11
English, Spanish



Self-Report Ages 12-17
English, Spanish



Self-Report Adult
English, Spanish

Additional language translations are in development.

How the Screening Tool Works

Describe your sleeping habits:

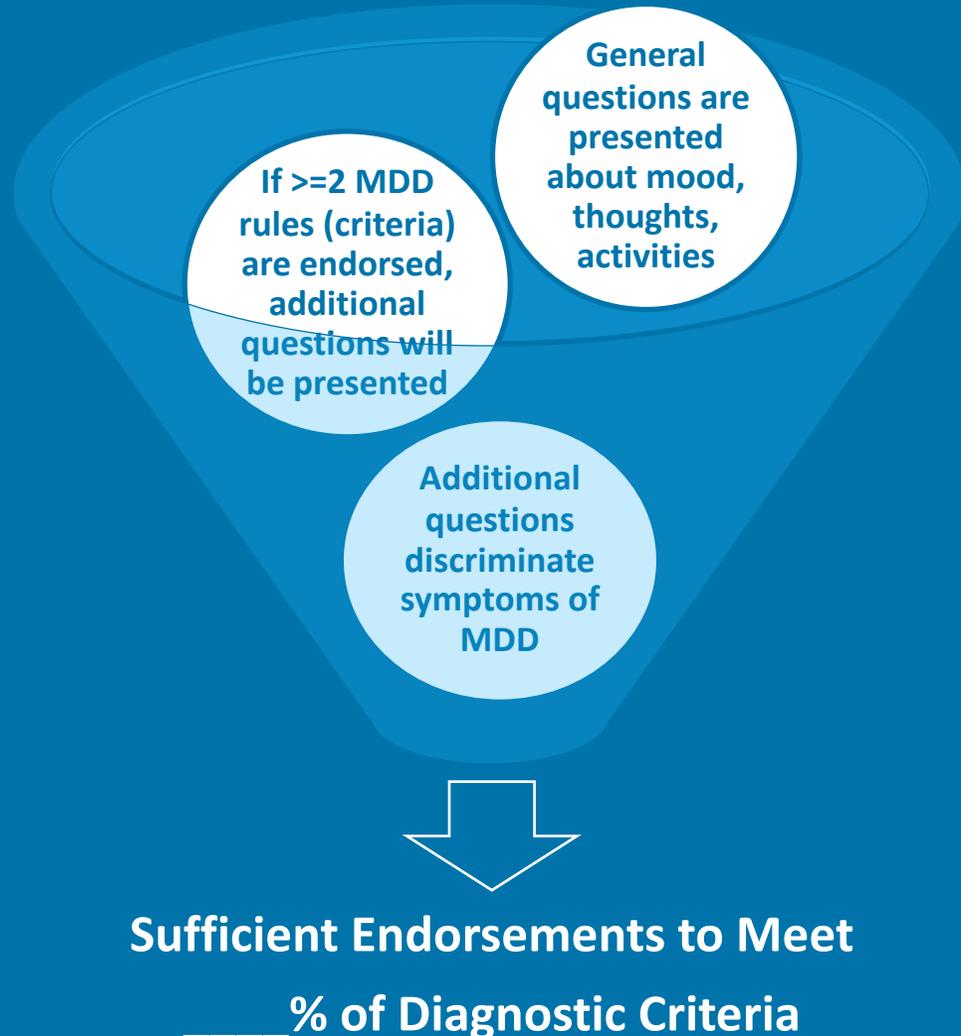
Please choose answers that are true most of the time. If none of the answers are true most of the time, choose **None of the above**.

- I have trouble falling asleep at night.
- I have trouble staying asleep and wake up during the night.
- I don't get enough sleep.
- I feel tired when I wake up and/or feel sleepy during the day.
- I have trouble waking up in the morning.
- I sleep too much.
- None of the above**

- Student or Parent/Caregiver chooses the behaviors and symptoms that are causing concern by answering a series of questions.
- Questions are based on actual diagnostic criteria as published by World Health Organization in *ICD-10 Classification of Mental and Behavioral Disorders: Clinical Descriptions and Diagnostic Guidelines*.

Example Depression Rules Funnel

585 possible combinations



- Responses regarding behaviors and symptoms are funneled into the ICD-10 disorder category associated with that behavior or symptom.
- Like an automated structured interview, questions are presented based on previous responses, every Heads Up Checkup is unique.
- Heads Up Checkup will self-score and return results based on the percentage of diagnostic criteria from the WHO guidelines that has been endorsed.

Immediate Feedback for Student

- Results report accessed through student's user account.
- Gives brief information about areas of concern.
- Encourages student to share with someone they trust
- Provides crisis intervention numbers and links

Areas of Concern: Attention

Attention & Concentration



Significant Concern

The ability to pay attention can be affected by many things - sleep, eating habits, stress, as well as environmental factors. People who have difficulty staying focused often report that they are easily distracted, have a hard time sticking with tasks, are unorganized, and may even avoid certain activities that require sustained mental effort. Sometimes, restlessness and hyperactivity are experienced as well. You may feel like you can't sit still or like you're always "on the move." Everyone gets distracted from time to time and it's common to sometimes feel restless. However, if your struggles with focus, hyperactivity, and attention are negatively affecting your work performance, relationships, self-esteem, everyday functioning, routines, or activities, or holds you back from the things you enjoy - it's time to seek help.

Areas of Concern: Sleep

Lack of Sleep



Moderate to Significant Concern

Getting enough sleep is just as important to your physical health as it is to your mental health. Sleep patterns affect alertness, concentration, mood, performance at work, and ability to cope with daily stress. Those who struggle to fall asleep or stay asleep report feeling excessively tired throughout the day and more irritable than usual. There are a number of reasons why someone may not be getting enough sleep - worry, stress, eating habits, or even certain medications. While it's common to occasionally go to sleep late or wake up in the middle of the night, consistent lack of sleep has many negative consequences. If lack of sleep is negatively affecting your work performance, relationships, mood, everyday functioning,

Heads Up Checkup Results Priority: 3

no-reply@headsupcheckup.com

Reply all | v

Inbox

Dear Dr.,

Your patient has completed the Heads Up Checkup survey. Below is a copy of the results that your patient received.

Please click [here](#) to access your account and view the professional version of the results report.

Based on the answers your patient provided, a priority code was assigned to notify you of possible risks and critical situations. For your convenience, the following table outlines the priority codes and their indications.

Priority Codes

5: Patient has endorsed concerns about harm to self, harm to others, and/or an ongoing traumatic event.

4: Patient has endorsed sufficient criteria to meet 100% of diagnostic considerations for one or more diagnoses.

3: Some diagnostic criteria met for a critical disorder.

2: Some diagnostic criteria met.

1: No diagnostic criteria met, no risk factors.



Priority Notifications

- When a student endorses responses consistent with crisis:
 - At risk of harm to self
 - At risk of harm to others
- An email notification is sent to school's designated clinical staff immediately.
- Email includes convenient link to a secure admin portal to view, print, or save to .pdf the clinical report.
- Includes copy of the report received by student/parent.



Screening Results

Screening Date : Feb 4 2019 2:36PM

Patient Information

Patient's First Name	Patient's Last Name
Date of Birth	03/24/2005
Completed By	Patient/Parent's Name

Endorsed Factors that Increase Risk of Harm to Self

Describe yourself in social situations:	I have been bullied (at school, at work, at home).
Describe your body and health:	I have difficulty controlling my drinking or drug use.
Describe your thoughts and thought processes:	I have thought about seriously hurting myself or have tried to seriously hurt myself.
Describe your sense of self:	My family is not aware of or does not support my gender and/or sexual orientation.

Endorsed Adverse Childhood Experiences (ACES)

Describe your childhood experiences:	My parents are/were divorced or separated.
	There is a family history of mental illness, problems with alcohol or recreational drug use, and/or suicide attempts

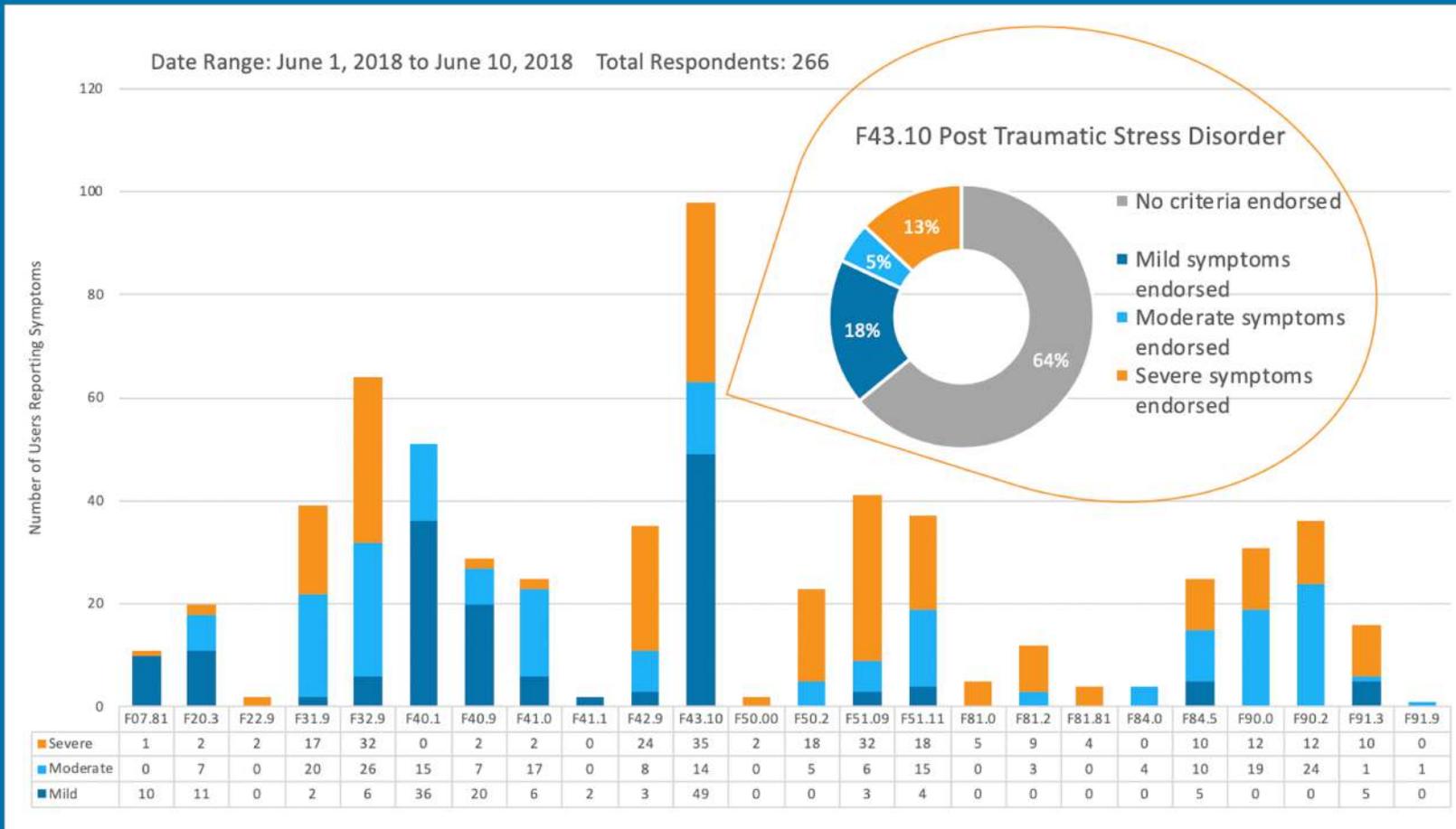
Sufficient Endorsements to Meet Diagnostic Criteria

ICD-10-CM Code	F43.10 - Post-traumatic stress disorder
Criteria endorsed	
Have you experienced, witnessed, or been affected by an upsetting event or situation?	Yes, and sometimes I have upsetting dreams about it.
	Yes, and sometimes I have flashbacks where I feel that it's happening again.
You said you experienced, witnessed, or have been affected by an upsetting event or situation. How long ago did the event or situation happen?	About 6 months.

Clinical Report

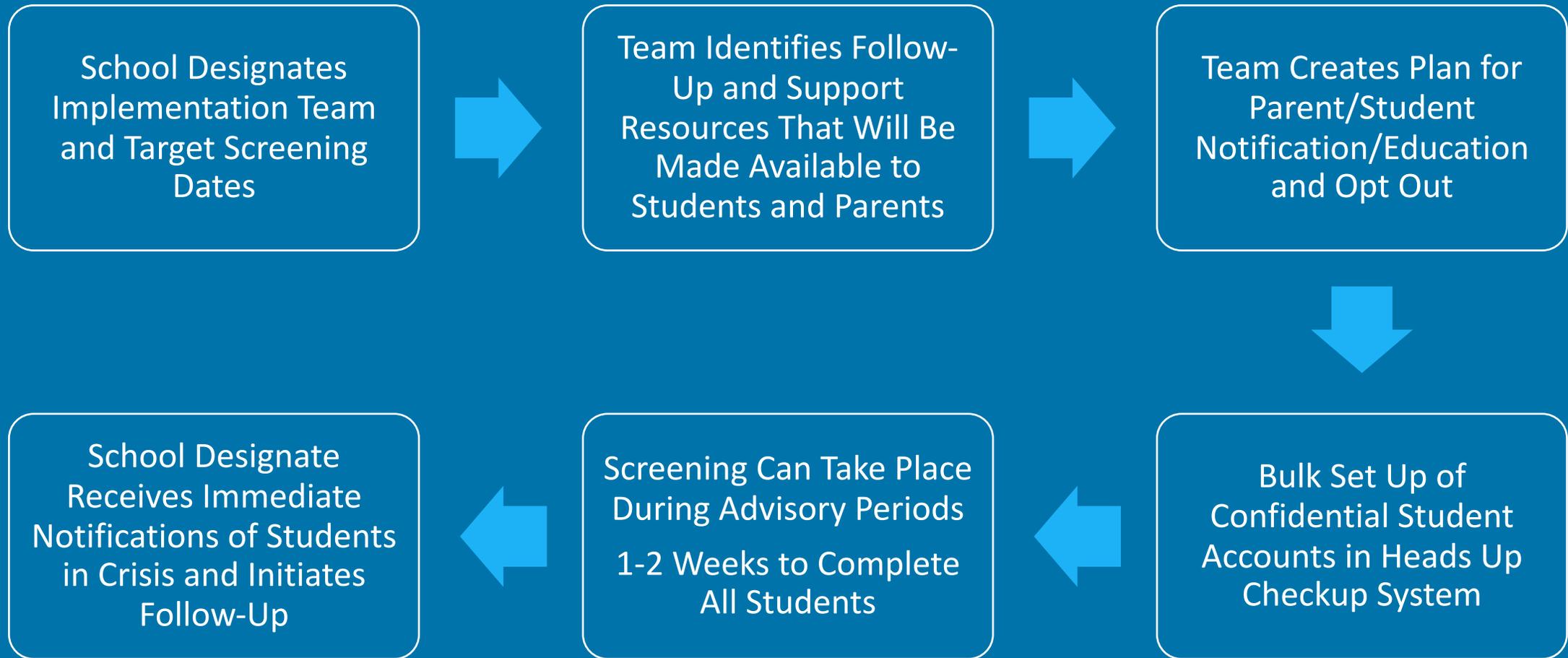
- Available immediately to school's designated clinical staff whenever student endorses responses consistent with crisis.
- Identifies areas of risk that need prompt attention.
- Adverse Childhood Experiences.
- Aggregates the student's responses by the ICD-10 diagnosis code associated with the symptoms the student endorsed.
- Shows percentage of diagnostic criteria student has endorsed

De-identified, Aggregated Data



- View campus mental health trends in real time
- Inform needs for social-emotional education

School-Wide Screening Implementation



Demonstration at <http://headsupcheckup.com/portal>



Welcome to the Heads Up Checkup User Portal.

Login to take a screening, view your results, or get support.

Show Password

[Forgot password?](#)

Login

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Login for Parent of Ages 6-11 Version

Username: **parent**

Login for Self-Report Ages 12-17 Version

Username: **adolescent**

Login for Self-Report Ages 18-21 Version

Username: **youngadult**

Password for all logins is: **demo**

NOTE: Demonstration screenings are NOT confidential. Results are available to view by anyone accessing the demo accounts. Do not use for actual students.

714.716.1617

<http://HeadsUpCheckup.com>

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