

***Primary Care Provider
Behavioral Health Plan***

Training Guide



Disseminated 2.26.2020

*Updated 07/08/2021: incorporated new
version of the Key Issues section of the PCP
BH Plan*

TEAM UP
FOR CHILDREN

Transforming and
Expanding
Access to
Mental Health Care in

Urban
Pediatrics

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INTRODUCTION

What is the Primary Care Provider Behavioral Health Plan?

- The Primary Care Provider Behavioral Health Plan (aka PCP BH Plan) is a documentation template core to the TEAM UP pediatric behavioral health integration model that has been incorporated within your health center's EMR.

What is the purpose of the PCP BH Plan?

- The PCP BH Plan documents in a standardized and extractable way the primary care providers' behavioral health plan for each patient's behavioral and developmental health care (including if there are no BH issues addressed at the visit, or if the caregiver declines services).

Who completes the PCP BH Plan?

- The pediatric primary care provider attending to the patient during a medical visit. Can be any medical provider seeing the patient, and not only the patient's assigned PCP.

When is the PCP BH Plan completed?

- The PCP BH Plan is completed at EVERY pediatric medical visit, including well child visits, sick visits, follow up visits, etc., regardless of whether there are behavioral health or developmental issues identified/addressed at the visit, and regardless of the reason for the visit.

The PCP BH Plan documents the following three core elements:

1. Whether a behavioral health or developmental concern was identified during the visit.
2. The plans for addressing an identified behavioral health or developmental concern.
3. The key issues underlying the identified behavioral health or developmental concern.

Documenting with the PCP BH Plan to indicate whether a behavioral health or developmental concern was identified during the visit is required at every visit.



BH/DEV ISSUES RAISED

Identification of Behavioral Health or Developmental Issue

BH/Dev issue raised at visit? (select ONE option)

- No BH/Dev issues raised at this visit – ***no further documentation needed***

Selection indicates no BH or developmental concerns were identified during routine screening or in discussion with patient or parent/caregiver.

- Yes BH/Dev issue raised; services declined – ***additional documentation needed***

Selection indicates BH or developmental concerns were identified, but patient and/or parent/caregiver declined offer of BH or developmental services.

- Yes BH/Dev issue raised and addressed – ***additional documentation needed***

Selection indicates BH or developmental concerns were identified and plan for BH or developmental services was discussed and initiated/is in place.

There are many ways in which a BH or developmental issue could get identified during a visit, some examples include:

- A positive screening (SWYC, PSC, PHQ-9, etc.) at a well-child visit
- A caregiver/patient raising a concern about emotional wellbeing and/or developmental problem
- A caregiver/patient mentioning a recent traumatic event
- Presenting symptoms indicating potential BH concern, e.g., frequent headaches or child going to school nurse daily for stomach aches
- A provider asking about child or parent emotional wellbeing

It is also possible that BH or developmental issues may not come up during a focused visit, for example:

- A sick visit for a patient experiencing fever and URI symptoms
- A routine follow up visit for a patient with asthma

In such instances, providers are asked to use their clinical judgement in determining whether to assess further for a behavioral or developmental issue.

There may also be scenarios in which a screening result hints at a concern, but further investigation leads the provider to determine there are no BH/Dev issues.

The PCP BH Plan simply documents whether or not a BH or developmental issue was raised or identified during the current visit.

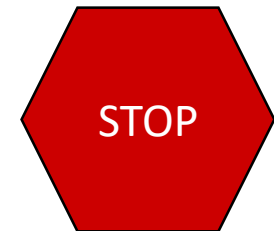
It is completed at each visit.

Scenario #1 – No issues raised

5-year-old male presents for sick visit with fever and flu-like symptoms. Parent does not report behavioral health, developmental, or material need concerns. PCP documents no issues raised at visit – PCP BH Plan complete.

BH/Dev issue raised at visit? (select ONE option)

- No BH/Dev issues raised at this visit
- Yes BH/Dev issue raised; services declined
- Yes BH/Dev issue raised and addressed

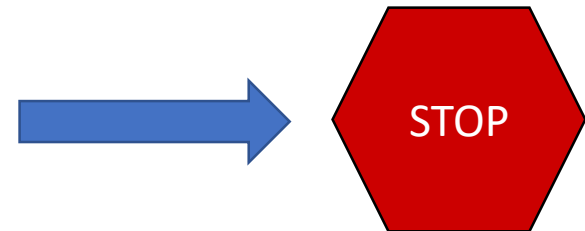


Scenario #2 – No issues raised, take two

6-year-old female presents for well child visit and scores a 7 on the PSC-17 externalizing scale. Following discussion with parent and observation of the child, the PCP determines there is no behavioral health concern despite the slightly elevated score. PCP documents no issues raised at visit – PCP BH Plan complete.

BH/Dev issue raised at visit? (select ONE option)

- No BH/Dev issues raised at this visit
- Yes BH/Dev issue raised; services declined
- Yes BH/Dev issue raised and addressed

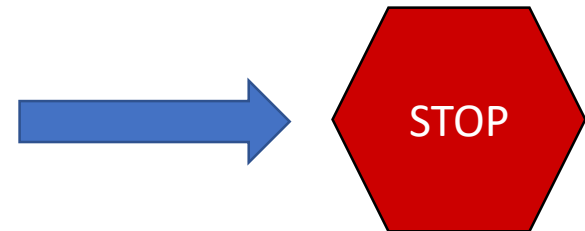


Scenario #3 – No issues raised, take three

10-year-old male with ADHD presents for sick visit due to asthma flare-up. PCP addresses asthma symptoms and provides appropriate treatment for the presenting issue, ADHD treatment plan is not discussed. PCP documents no issues raised at visit – PCP BH Plan complete.

BH/Dev issue raised at visit? (select ONE option)

- No BH/Dev issues raised at this visit
- Yes BH/Dev issue raised; services declined
- Yes BH/Dev issue raised and addressed



When a BH/Dev issue is raised but services are declined, additional documentation is required to indicate the level of follow-up the PCP determines is necessary to ensure adequate monitoring of issue.

PCP follow-up plan includes: (check ONE option)

More frequent follow-up with PCP

– *PCP plans a follow-up visit within a shorter time-frame than routine care*

Routine follow-up with PCP

– *PCP plans to monitor issue at next routine appointment, e.g. well-child visit*

Scenario #4 – Services declined

16-year-old female presents for routine well visit, scores an 8 on the PSCY-17 internalizing scale and a 14 on the PHQ-9. In discussion with PCP, patient reports occasionally feeling sad and the occasional use of alcohol with friends, but declines offer of behavioral health services stating she does not want to talk about behavioral health concerns. PCP schedules follow up visit in one month to monitor patient closely for changes in behavioral health concerns. PCP documents steps taken to address concerns raised as well as the two key issues identified – PCP BH Plan complete.

BH/Dev issue raised at visit? (select ONE option)

No BH/Dev issues raised at this visit

Yes BH/Dev issue raised; services declined

Yes BH/Dev issue raised and a

PCP follow-up plan includes: (check ONE option)

More frequent follow-up with PCP

Routine follow-up with PCP

Scenario #4 – Services declined

16-year-old female presents for routine well visit, scores an 8 on the PSCY-17 internalizing scale and a 14 on the PHQ-9. In discussion with PCP, patient reports occasionally feeling sad and the occasional use of alcohol with friends, but declines offer of behavioral health services stating she does not want to talk about behavioral health concerns. PCP schedules follow up visit in one month to monitor patient closely for changes in behavioral health concerns. PCP documents steps taken to address concerns raised as well as the two key issues identified – PCP BH Plan complete.

Key issue(s).... (check ALL THAT APPLY)

Hyperactivity, inattention, or disruptive behavior

Depression

Anxiety

Eating issues

Substance use/addiction risk

Trauma/violence

Family stress and/or stress reaction

Emergency services (Section 12, ESP, DCF filing, etc.)

Chronic disease management (medical)

Social/materials needs

Other mental health concern

Developmental concern

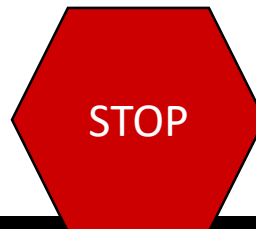
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Parent/caregiver mental health concern

Early childhood concern (BRANCH)

Safety/SI concern

School related concern





ISSUES RAISED AND ADDRESSED

When a BH/Dev issue is raised and addressed, additional documentation is required to indicate whether there will be a continuation of existing services, new services needed, or a combination of both, to address the presenting issue.

For BH/Dev issue raised and addressed.... (check ALL THAT APPLY)

New/additional services needed – type(s) of new/additional service(s):

– *Services added to the treatment plan to address the presenting issue*

Continue with current services – the patient already receives:

– *Continuation of services the patient has been engaged in within the past 12 months, even if they were not originally initiated to address the presenting issue*

For BH/Dev issue raised and addressed.... (check ALL THAT APPLY)

✘ New/additional services needed – type(s) of new/additional service(s):

Continue with current services – the patient already receives:

PCP management

– *PCP to manage BH/Dev issues*

Integrated BH services

– *Patient to receive BH/Dev care provided by the integrated behavioral health team*

On-site (non-integrated) BH services

– *Patient to receive BH/Dev care provided on-site, but in a non-integrated setting*

Off-site BH services

– *Patient to receive BH/Dev care in an off-site setting, e.g., outpatient mental health, developmental specialist*

EI or IEP

– *Patient to receive BH/Dev support through Early Intervention or an Individualize Education Program*

For BH/Dev issue raised and addressed.... (check ALL THAT APPLY)

New/additional services needed – type(s) of new/additional service(s):

Continue with current services – the patient already receives:

PCP management

– *PCP managing BH/Dev issues*

Integrated BH services

– *Patient receiving BH/Dev care provided by the integrated behavioral health team*

On-site (non-integrated) BH services

– *Patient receiving BH/Dev care provided on-site, but in a non-integrated setting*

Off-site BH services

– *Patient receiving BH/Dev care in an off-site setting, e.g., outpatient mental health, developmental specialist*

EI or IEP (established)

– *Patient receiving BH/Dev support through Early Intervention or an Individualize Education Program*

Scenario #5 – New and continued service needs

2-year-old female presents for well child visit. No BH/Dev concerns are identified on the SWYC, though during the exam the PCP notices subtle signs of delayed speech and expresses concern about a possible developmental delay. Family already engaged in integrated BH services for support with social needs; continuation of services planned. PCP refers to EI for additional support and assessment. PCP documents steps taken to address concerns raised as well as the two key issues identified – PCP BH Plan complete.

BH/Dev issue raised at visit? (select ONE option)

- No BH/Dev issues raised at this visit
- Yes BH/Dev issue raised; services declined

Yes BH/Dev issue raised

For BH/Dev issue raised and addressed.... (check ALL THAT APPLY)

- New/additional services needed
- Continue with current services

Scenario #5 – New and continued service needs

2-year-old female presents for well child visit. No BH/Dev concerns are identified on the SWYC, though during the exam the PCP notices subtle signs of delayed speech and expresses concern about a possible developmental delay. Family already engaged in integrated BH services for support with social needs; continuation of services planned. PCP refers to EI for additional support and assessment. PCP documents steps taken to address concerns raised as well as the two key issues identified – PCP BH Plan complete.

Type(s) of new/additional service(s): (check ALL THAT APPLY)

- PCP management
- Integrated BH services
- On-site (non-integrated) BH services
- Off-site BH services
- EI or IEP

The patient already receives (check ALL THAT APPLY)

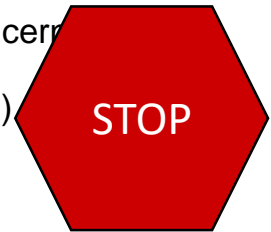
- PCP management
- Integrated BH services
- On-site (non-integrated) BH services
- Off-site BH services
- EI or IEP

Scenario #5 – New and continued service needs

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Key issue(s).... (check ALL THAT APPLY)

- Hyperactivity, inattention, or disruptive behavior
- Depression
- Anxiety
- Eating issues
- Substance use/addiction risk
- Trauma/violence
- Family stress and/or stress reaction
- Emergency services (Section 12, ESP, DCF filing, etc.)
- Chronic disease management (medical)
- Social/materials needs
- Other mental health concern
- Developmental concern
- _____ for more detail as necessary
- Parent/caregiver mental health concern
- Early childhood concern (BRANCH)
- Safety/SI concern
- School related concern



For BH/Dev issue raised and addressed.... (check ALL THAT APPLY)

New/additional services needed – type(s) of new/additional service(s):

Continue with current services – the patient already receives:

Type of PCP management: (check ALL THAT APPLY)

Medication management

Care coordination

Psychoeducation

Scenario #6 – PCP management

16-year-old female presents for routine well visit, scores an 8 on the PSCY-17 internalizing scale and a 14 on the PHQ-9. In discussion with PCP, patient reports occasionally feeling sad and the occasional use of alcohol with friends. She agrees to discuss behavioral health concerns but does not want to speak with anyone other than the PCP. PCP plans to manage the patient's behavioral health concerns through psychoeducation. PCP documents steps taken to address concerns raised as well as the two key issues identified – PCP BH Plan complete.

BH/Dev issue raised at visit? (select ONE option)

- No BH/Dev issues raised at this visit
- Yes BH/Dev issue raised; services declined

Yes BH/Dev issue raised

For BH/Dev issue raised and addressed.... (check ALL THAT APPLY)

- New/additional services needed
- Continue with current services

Scenario #6 – PCP management

16-year-old female presents for routine well visit, scores an 8 on the PSCY-17 internalizing scale and a 14 on the PHQ-9. In discussion with PCP, patient reports occasionally feeling sad and the occasional use of alcohol with friends. She agrees to discuss behavioral health concerns but does not want to speak with anyone other than the PCP. PCP plans to manage the patient's behavioral health concerns through psychoeducation. PCP documents steps taken to address concerns raised as well as the two key issues identified – PCP BH Plan complete.

Type(s) of new/additional service(s): (check ALL THAT APPLY)

PCP management

Integrated BH services

On-site (non-integrated) BH services

Off-site BH services

EI or IEP

Type of PCP management: (check ALL THAT APPLY)

Medication management

Care coordination

Psychoeducation

Scenario #6 – PCP management

16-year-old female presents for routine well visit, scores an 8 on the PSCY-17 internalizing scale and a 14 on the PHQ-9. In discussion with PCP, patient reports occasionally feeling sad and the occasional use of alcohol with friends. She agrees to discuss behavioral health concerns but does not want to speak with anyone other than the PCP. PCP plans to manage the patient's behavioral health concerns through psychoeducation. PCP documents steps taken to address concerns raised as well as the two key issues identified – PCP BH Plan complete.

Key issue(s).... (check ALL THAT APPLY)

Hyperactivity, inattention, or disruptive behavior

Depression

Anxiety

Eating issues

Substance use/addiction risk

Trauma/violence

Family stress and/or stress reaction

Emergency services (Section 12, ESP, DCF filing, etc.)

Chronic disease management (medical)

Social/materials needs

Other mental health concern

Developmental concern

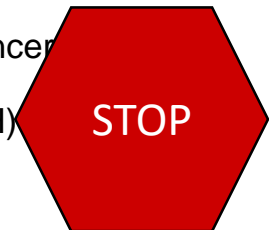
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Parent/caregiver mental health concern

Early childhood concern (BRANCH)

Safety/SI concern

School related concern



For BH/Dev issue raised and addressed.... (check ALL THAT APPLY)

✘ New/additional services needed – type(s) of new/additional service(s):

Continue with current services – the patient already receives:

✘ **Type of integrated BH care services:** (check ALL THAT APPLY)

- Warm handoff to BH provider
- Warm handoff to CHW
- Warm handoff to psychiatric provider
- Cold handoff to BH provider
- Cold handoff to CHW
- Cold handoff to psychiatric provider

Scenario #7 – Warm handoff to integrated team

14-year-old male presents for well child visit. PSCY-17 and material needs screening results are not concerning, but caregiver mentions a recent death in the family that has been difficult for child. PCP suggests child and caregiver connect with integrated BH clinician for additional support processing loss and both agree to speak with clinician before leaving. PCP documents steps taken to address concerns raised as well as the key issue identified – PCP BH Plan complete.

BH/Dev issue raised at visit? (select ONE option)

- No BH/Dev issues raised at this visit
- Yes BH/Dev issue raised; services declined

Yes BH/Dev issue raised

For BH/Dev issue raised and addressed.... (check ALL THAT APPLY)

- New/additional services needed
- Continue with current services

Scenario #7 – Warm handoff to integrated team

14-year-old male presents for well child visit. PSCY-17 and material needs screening results are not concerning, but caregiver mentions a recent death in the family that has been difficult for child. PCP suggests child and caregiver connect with integrated BH clinician for additional support processing loss and both agree to speak with clinician before leaving. PCP documents steps taken to address concerns raised as well as the key issue identified – PCP BH Plan complete.

Type(s) of new/additional service(s): (check ALL THAT APPLY)

- PCP management
- Integrated BH service
- On-site (non-integrated)
- Off-site BH services
- EI or IEP

Type of integrated BH care services: (check ALL THAT APPLY)

- Warm handoff to BH provider
- Warm handoff to CHW
- Warm handoff to psychiatric provider
- Cold handoff to BH provider
- Cold handoff to CHW
- Cold handoff to psychiatric provider

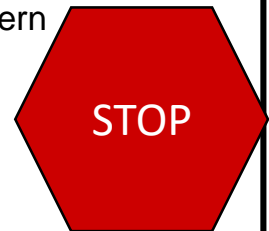
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Key issue(s).... (check ALL THAT APPLY)

- Hyperactivity, inattention, or disruptive behavior
- Depression
- Anxiety
- Eating issues
- Substance use/addiction risk
- Trauma/violence
- Family stress and/or stress reaction
- Emergency services (Section 12, ESP, DCF filing, etc.)

- Chronic disease management (medical)
- Social/materials needs
- Other mental health concern
- Developmental concern
- _____ for more detail as necessary
- P Recent death in family with concern
- Early childhood concern (BRANCH)
- Safety/SI concern
- School related concern



For BH/Dev issue raised and addressed.... (check ALL THAT APPLY)

New/additional services needed – type(s) of new/additional service(s):

Continue with current services – the patient already receives:

Type of on-site (non-integrated) BH services: (check ALL THAT APPLY)

- BH provider
- Psychiatric provider
- Enabling services/care management support
- Substance use disorder Tx/MAT
- BH services for parent/caregiver

Scenario #8 – Referral to non-integrated BH

12-year-old male with a history of anxiety presents for sick visit for recent recurrent stomach aches. Caregiver reports child has also been upset frequently when arriving home from school. Child completes the PSCY-17 scoring a 10 on the internalizing scale. PCP recommends BH services to address anxiety symptoms and makes a referral to the on-site BH department where the child has received services before. PCP documents steps taken to address concerns raised as well as the key issue identified – PCP BH Plan complete.

BH/Dev issue raised at visit? (select ONE option)

- No BH/Dev issues raised at this visit
- Yes BH/Dev issue raised; services declined

Yes BH/Dev issue raised

For BH/Dev issue raised and addressed.... (check ALL THAT APPLY)

- New/additional services needed
- Continue with current services

Scenario #8 – Referral to non-integrated BH

12-year-old male with a history of anxiety presents for sick visit for recent recurrent stomach aches. Caregiver reports child has also been upset frequently when arriving home from school. Child completes the PSCY-17 scoring a 10 on the internalizing scale. PCP recommends BH services to address anxiety symptoms and makes a referral to the on-site BH department where the child has received services before. PCP documents steps taken to address concerns raised as well as the key issue identified – PCP BH Plan complete.

Type(s) of new/additional service(s): (check ALL THAT APPLY)

- PCP management
- Integrated BH
- On-site (non-integrated) BH
- Off-site BH services
- EI or IEP

Type of on-site (non-integrated) BH services: (check ALL THAT APPLY)

- BH provider
- Psychiatric provider
- Enabling services/care management support
- Substance use disorder Tx/MAT
- BH services for parent/caregiver

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Key issue(s).... (check ALL THAT APPLY)

Hyperactivity, inattention, or disruptive behavior

Depression

Anxiety

Eating issues

Substance use/addiction risk

Trauma/violence

Family stress and/or stress reaction

Emergency services (Section 12, ESP, DCF filing, etc.)

Chronic disease management (medical)

Social/materials needs

Other mental health concern

Developmental concern

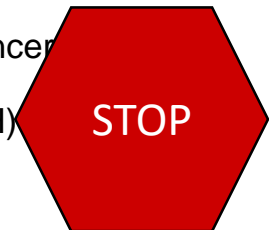
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Parent/caregiver mental health concern

Early childhood concern (BRANCH)

Safety/SI concern

School related concern



For BH/Dev issue raised and addressed.... (check ALL THAT APPLY)

✘ New/additional services needed – type(s) of new/additional service(s):

Continue with current services – the patient already receives:

✘ **Type of off-site BH services:** (check ALL THAT APPLY)

- School services/therapy
- CBHI (Children's Behavioral Health Initiative)
- Home-based therapy
- BH provider (could include developmental specialist, etc.)
- Psychiatric provider
- Substance use disorder Tx/MAT
- BH services for parent/caregiver
- Developmental behavioral pediatrics

Scenario #9 – Referral to off-site BH

3-month-old male presents for well child visit. Mother scores a 16 on the EPDS and reports feeling isolated and overwhelmed. PCP talks with her about the possibility of getting support to manage her feelings and recommends a local community organization that provides adult BH services and a social group for new parents. She agrees to a referral for services. PCP documents steps taken to address concerns raised as well as the key issues identified – PCP BH Plan complete.

BH/Dev issue raised at visit? (select ONE option)

- No BH/Dev issues raised at this visit
- Yes BH/Dev issue raised; services declined

Yes BH/Dev issue raised

For BH/Dev issue raised and addressed.... (check ALL THAT APPLY)

- New/additional services needed
- Continue with current services

Scenario #9 – Referral to off-site BH

3-month-old male presents for well child visit. Mother scores a 16 on the EPDS and reports feeling isolated and overwhelmed. PCP talks with her about the possibility of getting support to manage her feelings and recommends a local community organization that provides adult BH services and a social group for new parents. She agrees to a referral for services. PCP documents steps taken to address concerns raised as well as the key issues identified – PCP BH Plan complete.

Type(s) of new/additional services

- PCP management
- Integrated BH services
- On-site (non-integrated) BH services
- Off-site BH services
- EI or IEP

Type of off-site BH services: (check ALL THAT APPLY)

- School services/therapy
- CBHI (Children's Behavioral Health Initiative)
- Home-based therapy
- BH provider (could include developmental specialist, etc.)
- Psychiatric provider
- Substance use disorder Tx/MAT
- BH services for parent/caregiver

Scenario #9 – Referral to off-site BH

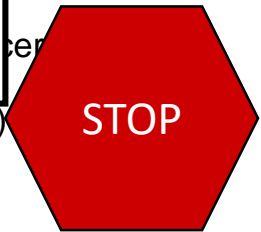
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Key issue(s).... (check ALL THAT APPLY)

- Hyperactivity, inattention, or disruptive behavior
- Depression
- Anxiety
- Eating issues
- Substance use/addiction risk
- Trauma/violence
- Family stress and/or stress reaction
- Emergency services (Section 12, ESP, DCF filing, etc.)

- Chronic disease management (medical)
- Social/materials needs
- Other mental health concern
- Developmental concern
- _____ for more detail as necessary
- Parent/c... Parental depression ...
- Early childhood concern (BRANCH)
- Safety/SI concern
- School related concern

Parental depression





QUESTIONS



The PCP BH Plan was developed in partnership by TEAM UP Implementation and Evaluation Teams at Boston Medical Center and participating community health centers.

For questions regarding the PCP BH Plan, please contact:

[INSERT NAME OF CHC CONTACT]

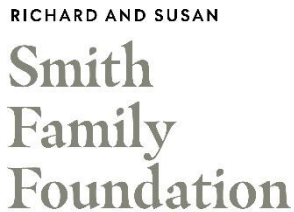
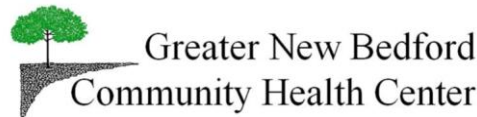
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TEAM UP
FOR CHILDREN

BOSTON
MEDICAL
CENTER