

Completing the BHC BH Plan**

<p>Step 1. The BHC BH Plan must be completed at <u>EVERY</u> encounter by an integrated BHC BHCs should respond to all questions and complete all necessary components of the plan as prompted in the EMR</p>																			
<p>Step 2. Indicate key issue(s) addressed in this visit (select all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Hyperactivity, inattention, or disruptive behavior</td> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Chronic disease management (medical)</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Depression</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Social/material needs</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Anxiety</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Other mental health concern</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Eating issues</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Developmental concern</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Substance use/addiction risk</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Free text to provide more detail if necessary</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Trauma/violence</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Parent/caregiver mental health concern</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Family stress and/or stress reaction</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Early childhood concern (BRANCH)</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Emergency services (Section 12, ESP, DCF filing)</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Safety/SI concern</td> </tr> <tr> <td></td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> School related concern</td> </tr> </table>		<input type="checkbox"/> Hyperactivity, inattention, or disruptive behavior	<input type="checkbox"/> Chronic disease management (medical)	<input type="checkbox"/> Depression	<input type="checkbox"/> Social/material needs	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Other mental health concern	<input type="checkbox"/> Eating issues	<input type="checkbox"/> Developmental concern	<input type="checkbox"/> Substance use/addiction risk	<input type="checkbox"/> Free text to provide more detail if necessary	<input type="checkbox"/> Trauma/violence	<input type="checkbox"/> Parent/caregiver mental health concern	<input type="checkbox"/> Family stress and/or stress reaction	<input type="checkbox"/> Early childhood concern (BRANCH)	<input type="checkbox"/> Emergency services (Section 12, ESP, DCF filing)	<input type="checkbox"/> Safety/SI concern		<input type="checkbox"/> School related concern
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<p>Step 6. If you select “new/additional services needed” or “continue with current services”, indicate the types of services (check all that apply) and follow the subsequent prompts to describe those services:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> PCP management (medication management, etc.)</td> <td style="width: 50%; vertical-align: top; padding: 2px;"><input type="checkbox"/> Off-site BH services (CBHI, etc.)</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> Integrated BH services (continue with BHC, etc.)</td> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> EI, IEP, 504 Plan</td> </tr> <tr> <td style="vertical-align: top; padding: 2px;"><input type="checkbox"/> On-site (non-integrated) BH services (psychiatric provider, etc.)</td> <td></td> </tr> </table>		<input type="checkbox"/> PCP management (medication management, etc.)	<input type="checkbox"/> Off-site BH services (CBHI, etc.)	<input type="checkbox"/> Integrated BH services (continue with BHC, etc.)	<input type="checkbox"/> EI, IEP, 504 Plan	<input type="checkbox"/> On-site (non-integrated) BH services (psychiatric provider, etc.)													
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**Please Note: This document is a simple checklist meant to supplement the more comprehensive BHC BH Plan Training Guide which can be found at <https://www.teamupforchildren.org/resources>.