

BHC Behavioral Health Plan Training Guide



Disseminated 07/12/2021

TEAM **UP**
FOR CHILDREN

Transforming and
Expanding
Access to
Mental Health Care in

Urban
Pediatrics

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INTRODUCTION

What is the Behavioral Health Clinician Behavioral Health Plan?

- The Behavioral Health Clinician Behavioral Health Plan (aka BHC BH Plan) is a documentation template developed as part of the TEAM UP pediatric behavioral health integration model and incorporated within your health center's EMR.

What is the purpose of the BHC BH Plan?

- The BHC BH Plan documents in a standardized way the key issues addressed, interventions delivered, and plan of care for services delivered by BHCs in the integrated environment. Data from the BHC BH Plan will be included in TEAM UP data sets and incorporated into evaluation and quality improvement metrics to better understand clinical decision making by BHCs and patterns in BH service delivery.

Who completes the BHC BH Plan?

- All BHCs seeing patients within the Pediatrics (and sometimes Family Medicine) Department should complete the BHC BH Plan as part of their standard documentation.

When is the BHC BH Plan completed?

- The BHC BH Plan is completed for all encounters (e.g., in person, phone, virtual) between a BHC and a patient, family member, or collateral, regardless of the need identified or addressed, or the reason for the encounter. Do not fill the plan out when you do not have direct contact with an individual (i.e., leaving a voicemail or sending a text).

The BHC BH Plan documents the following core elements:

1. The key issues addressed during the encounter
2. The interventions or techniques utilized or delivered during the encounter
3. The assessment tools completed during the encounter
4. The treatment plan following completion of the encounter, i.e., next steps identified to support patient/family



DOCUMENTING ELEMENTS OF THE ENCOUNTER

These questions document specific components of the encounter.

Follow the prompt to complete each questions by checking either all that apply or checking one. All questions should be answered.

Key issues addressed in this visit (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/material needs
- Other mental health concern
- Developmental concern
- Free text to provide more detail if necessary
- Parent/caregiver mental health concern
- Early childhood concern (BRANCH)
- Safety/SI concern
- School related concern

*Interventions or techniques utilized in this visit
(check ALL that apply):*

- Psychoeducation
- Cognitive restructuring
- Behavioral activation
- Problem solving
- Interpersonal and communication skills
- Therapeutic exposure
- Coaching/parent support
- Motivational interviewing
- Emotion regulation
- Psychotherapy/other modalities
- Clinical care coordination/navigation
- Collateral encounter
- BRANCH – Phase 1
- BRANCH – Phase 2
- BRANCH – Phase 3
- Free next to provide more detail if necessary

Measurement tools completed in this visit (check ALL that apply):

- PSC 17
- PHQ 9
- GAD 7
- MFQ
- ASQ
- MCHAT
- SCARED
- Vanderbilt/Connors
- BRANCH trauma screener
- BRANCH symptom screener
- Beck
- None completed
- Free text to provide more detail if necessary



Free text to indicate positive or negative:*

**Free text for all measurement tools except PSC 17 and PHQ 9*



DOCUMENTING
TREATMENT PLAN
FOLLOWING ENCOUNTER


This section focuses on the treatment plan following this encounter.

The first question asks what the treatment plan is following your encounter; depending on that answer, you may go on to answer a few additional questions.

Treatment plan following this visit (check ALL that apply):

- New/additional services needed
- Continue with current services (defined as services in the past 12 months)
- Further services needed but declined
- BH/Dev issue resolved; routine follow up

Treatment plan following this visit (check ALL that apply):

✘ New/additional services needed 

- Continue with current services (defined)
- Further services needed but declined
- BH/Dev issue resolved; routine follow up

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, IEP, 504 Plan

Treatment plan following this visit (check ALL that apply):

New/additional services needed

- Continue with current services (defined)
- Further services needed but declined
- BH/Dev issue resolved; routine follow up

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, IEP, 504 Plan



Type(s) of PCP management (check ALL that apply):

- Medication management
- Referral/care coordination

Treatment plan following this visit (check ALL that apply):

New/additional services needed 

Continue with current services (defined)

Further services needed but declined

BH/Dev issue resolved; routine follow up

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, IEP, 504 Plan



Type(s) of integrated BH service (check ALL that apply):

Continue care with integrated BHC


Warm handoff to psychiatric provider

Warm handoff to CHW/FP

Cold handoff to psychiatric provider

Cold handoff to CHW/FP

Treatment plan following this visit (check ALL that apply):

New/additional services needed 

Continue with current services (defined)

Further services needed but declined

BH/Dev issue resolved; routine follow up

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, IEP, 504 Plan



Type(s) of on-site (non-integrated) BH service (check ALL that apply):

BH provider

Psychiatric provider

Enabling services/care management support

Other on-site specialty service

Substance Use Disorder Tx/MAT

BH services for parent/caregiver

Treatment plan following this visit (check ALL that apply):

New/additional services needed

- Continue with current services (defined)
- Further services needed but declined
- BH/Dev issue resolved; routine follow up

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

Type(s) of off-site BH service (check ALL that apply):

- EIP, IOP, or other structured program
- School services/therapy
- CBHI
- Home-based therapy
- BH provider
- Psychiatric provider
- Substance Use Disorder Tx/MAT
- Emergency services
- BH services for parent/caregiver
- Other social program

Treatment plan following this visit (check ALL that apply):

New/additional services needed

Continue with current services (defined)

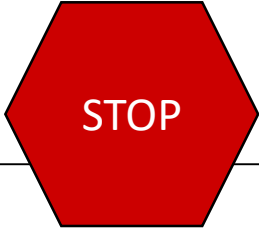
Further services needed but declined

BH/Dev issue resolved; routine follow up

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, IEP, 504 Plan



Treatment plan following this visit (check ALL that apply):

New/additional services needed

Continue with current services (defined as services in the past 12 months)

Further services needed but declined

BH/Dev issue resolved; routine follow up



The patient already receives (check ALL that apply):

PCP management

Integrated BH services

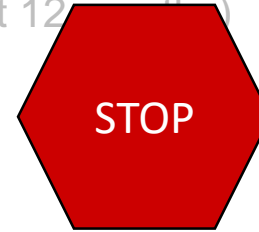
On-site (non-integrated) BH services

Off-site BH services

EI, IEP, 504 Plan (established)

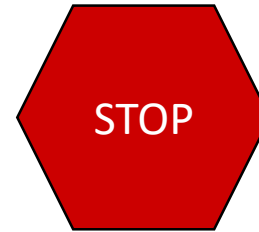
Treatment plan following this visit (check ALL that apply):

- New/additional services needed
- Continue with current services (defined as services in the past 12 months)
- Further services needed but declined
- BH/Dev issue resolved; routine follow up



Treatment plan following this visit (check ALL that apply):

- New/additional services needed
- Continue with current services (defined as services in the past 12 months)
- Further services needed but declined
- BH/Dev issue resolved; routine follow up





SCENARIOS

BHC is called in for a warm handoff following an elevated PHQ-9 score for a 15 yo patient during a WCC. The BHC introduces themselves and their role on the care team, explores what has been going on the patient recently, and completes the Beck Depression Inventory to further assess depressive symptoms. The results of the Beck indicate borderline clinical depression and the patient says that they have been feeling sad and having a hard time concentrating at school. The BHC provides some initial psychoeducation to the patient and caregiver and suggests setting up another session later in the week. The patient says they do not want to do another session, so BHC spends time exploring their hesitation and sharing some of the ways in which they might be able to help the patient feel better. At the end of the visit the patient agrees to meet again, and they schedule a time for later in the week.

Key issues addressed in this visit (check ALL that apply):

- Hyperactivity, inattention, or disruptive behavior
- Depression
- Anxiety
- Eating issues
- Substance use/addiction risk

Interventions or techniques utilized in this visit (check ALL that apply):

- Psychoeducation
- Cognitive restructuring
- Behavioral activation
- Problem solving
- Interpersonal and communication skills
- Therapeutic exposure
- Coaching/parent support
- Motivational interviewing

**Options shown here are just an excerpt from the full list of options*

BHC is called in for a warm handoff following an elevated PHQ-9 score for a 15 yo patient during a WCC. The BHC introduces themselves and their role on the care team, explores what has been going on the patient recently, and completes the Beck Depression Inventory to further assess depressive symptoms. The results of the Beck indicate borderline clinical depression and the patient says that they have been feeling sad and having a hard time concentrating at school. The BHC provides some initial psychoeducation to the patient and caregiver and suggests setting up another session later in the week. The patient says they do not want to do another session, so BHC spends time exploring their hesitation and sharing some of the ways in which they might be able to help the patient feel better. At the end of the visit the patient agrees to meet again, and they schedule a time for later in the week.

Measurement tools completed in this visit (check ALL that apply):

- PSC 17
- PHQ 9
- GAD 7 (*free text to indicate + or -*)
- MFQ (*free text to indicate + or -*)
- ASQ (*free text to indicate + or -*)
- MCHAT (*free text to indicate + or -*)
- SCARED (*free text to indicate + or -*)
- Vanderbilt/Connors (*free text to indicate + or -*)
- BRANCH trauma screener (*free text to indicate + or -*)
- BRANCH symptom screener (*free text to indicate + or -*)
- Beck (*free text to indicate + or -*) **Positive (+)**

**Options shown here are just an excerpt from the full list of options*

BHC is called in for a warm handoff following an elevated PHQ-9 score for a 15 yo patient during a WCC. The BHC introduces themselves and their role on the care team, explores what has been going on the patient recently, and completes the Beck Depression Inventory to further assess depressive symptoms. The results of the Beck indicate borderline clinical depression and the patient says that they have been feeling sad and having a hard time concentrating at school. The BHC provides some initial psychoeducation to the patient and caregiver and suggests setting up another session later in the week. The patient says they do not want to do another session, so BHC spends time exploring their hesitation and sharing some of the ways in which they might be able to help the patient feel better. At the end of the visit the patient agrees to meet again, and they schedule a time for later in the week.

Treatment plan following this visit (check all that apply):

- New/additional services needed
- Continue with current services (defined as the past 12 months)
- Further services needed but declined
- BH/Dev issue resolved; routine follow up

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, IEP, 504 Plan

Type(s) of integrated BH service (check ALL that apply):

- Continue care with integrated BHC
- Warm handoff to psychiatric provider
- Warm handoff to CHW/FP
- Cold handoff to psychiatric provider
- Cold handoff to CHW/FP

**Options shown here are just an excerpt from the full list of options*

BHC has been meeting with a parent and 2 yo patient for a few weeks following parent's expressing concern over their child's behavior at the WCC. BHC has been using BRANCH with the family and spent the recent visit with parent alone to complete the BRANCH trauma checklist and symptom screener, both of which were positive. BHC also noted that at the WCC, the parent endorsed some depressive symptoms when completing the SWYC. At the same time that the BHC began meeting with the family, they were referred to EI for support around delayed language development and the CHW has been supporting this connection to services. Concerns about the patient's development were also noted when the BHC completed the ASQ in a previous session with the parent and patient together. BHC suggests continued support for the family by the entire care team with CHW supporting navigation to EI and the PCP considering potential referral to DBP for evaluation. BHC invites parent back for another session together to talk about additional next steps to support the family.

Key issues addressed in this visit (check ALL that apply):

- Developmental concern
- Free text to provide more detail if necessary
- Parent/caregiver mental health concern
- Early childhood concern (BRANCH)
- Safety/SI concern
- School related concern

**Options shown here are just an excerpt from the full list of options*

Interventions or techniques utilized in this visit (check ALL that apply):

- Psychoeducation
- Cognitive restructuring
- Behavioral activation
- Problem solving
- Interpersonal and communication skills
- Therapeutic exposure
- Coaching/parent support
- BRANCH – Phase 2

BHC has been meeting with a parent and 2 yo patient for a few weeks following parent's expressing concern over their child's behavior at the WCC. BHC has been using BRANCH with the family and spent the recent visit with parent alone to complete the BRANCH trauma checklist and symptom screener, both of which were positive. BHC also noted that at the WCC, the parent endorsed some depressive symptoms when completing the SWYC. At the same time that the BHC began meeting with the family, they were referred to EI for support around delayed language development and the CHW has been supporting this connection to services. Concerns about the patient's development were also noted when the BHC completed the ASQ in a previous session with the parent and patient together. BHC suggests continued support for the family by the entire care team with CHW supporting navigation to EI and the PCP considering potential referral to DBP for evaluation. BHC invites parent back for another session together to talk about additional next steps to support the family.

Measurement tools completed in this visit (check ALL that apply):

- PSC 17
- PHQ 9
- GAD 7 (*free text to indicate + or -*)
- MFQ (*free text to indicate + or -*)
- SCARED (*free text to indicate + or -*)
- Vanderbilt/Connors (*free text to indicate + or -*)
- BRANCH trauma screener (*free text to indicate + or -*) **Positive (+)**
- BRANCH symptom screener (*free text to indicate + or -*) **Positive (+)**

**Options shown here are just an excerpt from the full list of options*

BHC has been meeting with a parent and 2 yo patient for a few weeks following parent's expressing concern over their child's behavior at the WCC. BHC has been using BRANCH with the family and spent the recent visit with parent alone to complete the BRANCH trauma checklist and symptom screener, both of which were positive. BHC also noted that at the WCC, the parent endorsed some depressive symptoms when completing the SWYC. At the same time that the BHC began meeting with the family, they were referred to EI for support around delayed language development and the CHW has been supporting this connection to services. Concerns about the patient's development were also noted when the BHC completed the ASQ in a previous session with the parent and patient together. BHC suggests continued support for the family by the entire care team with CHW supporting navigation to EI and the PCP considering potential referral to DBP for evaluation. BHC invites parent back for another session together to talk about additional next steps to support the family.

Treatment plan following this visit (check ALL that apply):

- New/additional services needed
- Continue with current services (defined the past 12 months)
- Further services needed but declined
- BH/Dev issue resolved; routine follow up

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
- EI, IEP, 504

Type(s) of PCP management (check ALL that apply):

- Medication management
- Referral/care coordination

**Options shown here are just an excerpt from the full list of options*

BHC has been meeting with a parent and 2 yo patient for a few weeks following parent's expressing concern over their child's behavior at the WCC. BHC has been using BRANCH with the family and spent the recent visit with parent alone to complete the BRANCH trauma checklist and symptom screener, both of which were positive. BHC also noted that at the WCC, the parent endorsed some depressive symptoms when completing the SWYC. At the same time that the BHC began meeting with the family, they were referred to EI for support around delayed language development and the CHW has been supporting this connection to services. Concerns about the patient's development were also noted when the BHC completed the ASQ in a previous session with the parent and patient together. BHC suggests continued support for the family by the entire care team with CHW supporting navigation to EI and the PCP considering potential referral to DBP for evaluation. BHC invites parent back for another session together to talk about additional next steps to support the family.

Treatment plan following this visit (check ALL that apply):

- New/additional services needed
- Continue with current services (defined as services in the past 12 months)
- Further services needed but declined
- BH/Dev issue resolved; routine follow up

**Options shown here are just an excerpt from the full list of options*

The patient already receives (check ALL that apply):

- PCP management
- Integrated BH services
- On-site (non-integrated) BH services
- Off-site BH services
- EI, IEP, 504 Plan

BHC receives cold handoff/referral for 10 yo patient with concern for ADHD. Parent and school were each given Vanderbilts to complete, but parent has asked for some support. BHC meets with parent and child by zoom for initial intake and to support completion of the Vanderbilt. During meeting the BHC explores other factors that may be causing challenges and provides some parenting support. BHC also talks to parent about opportunities to improve patient's behavior by making some changes in the routine at home. Based on results of parent Vanderbilt, patient meets criteria for ADHD. Prior to visit, BHC had opportunity to communicate with school and collect Vanderbilt which also indicated possible ADHD. BHC refers back to PCP for final diagnosis, possible medication treatment, and other next steps including possible CHW navigation for IEP.

Key issues addressed in this visit (check ALL that apply)

- Hyperactivity, inattention, or disruptive behavior
- Free text to provide more detail if necessary
- Parent/caregiver mental health concern
- Early childhood concern (BRANCH)
- Safety/SI concern
- School related concern

Interventions or techniques utilized in this visit (check ALL that apply):

- Psychoeducation
- Cognitive restructuring
- Behavioral activation
- Problem solving
- Interpersonal and communication skills
- Therapeutic exposure
- Coaching/parent support
- BRANCH – Phase 2

**Options shown here are just an excerpt from the full list of options*

BHC receives cold handoff/referral for 10 yo patient with concern for ADHD. Parent and school were each given Vanderbilts to complete, but parent has asked for some support. BHC meets with parent and child by zoom for initial intake and to support completion of the Vanderbilt. During meeting the BHC explores other factors that may be causing challenges and provides some parenting support. BHC also talks to parent about opportunities to improve patient's behavior by making some changes in the routine at home. Based on results of parent Vanderbilt, patient meets criteria for ADHD. Prior to visit, BHC had opportunity to communicate with school and collect Vanderbilt which also indicated possible ADHD. BHC refers back to PCP for final diagnosis, possible medication treatment, and other next steps including possible CHW navigation for IEP.

Measurement tools completed in this visit (check ALL that apply):

- PSC 17
- PHQ 9
- GAD 7 (*free text to indicate + or -*)
- MFQ (*free text to indicate + or -*)
- SCARED (*free text to indicate + or -*)
- Vanderbilt/Connors (*free text to indicate + or -*) **Positive (+)**
- BRANCH trauma screener (*free text to indicate + or -*)
- BRANCH symptom screener (*free text to indicate + or -*)

**Options shown here are just an excerpt from the full list of options*

BHC receives cold handoff/referral for 10 yo patient with concern for ADHD. Parent and school were each given Vanderbilts to complete, but parent has asked for some support. BHC meets with parent and child by zoom for initial intake and to support completion of the Vanderbilt. During meeting the BHC explores other factors that may be causing challenges and provides some parenting support. BHC also talks to parent about opportunities to improve patient's behavior by making some changes in the routine at home. Based on results of parent Vanderbilt, patient meets criteria for ADHD. Prior to visit, BHC had opportunity to communicate with school and collect Vanderbilt which also indicated possible ADHD. BHC refers back to PCP for final diagnosis, possible medication treatment, and other next steps including possible CHW navigation for IEP.

Treatment plan following this visit (check all that apply):

- New/additional services needed
- Continue with current services (defined as the past 12 months)
- Further services needed but declined
- BH/Dev issue resolved; routine follow up

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, IEP, 504 Plan

Type(s) of PCP management (check ALL that apply):

- Medication management
- Referral/care coordination

**Options shown here are just an excerpt from the full list of options*



The BHC BH Plan was developed in partnership by TEAM UP Implementation and Evaluation teams at BMC and participating community health centers.

For questions regarding the BHC BH Plan, please contact:

[INSERT NAME OF CHC CONTACT]

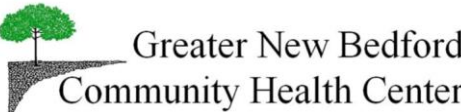
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TEAM UP
FOR CHILDREN

BOSTON
MEDICAL
CENTER