

Completing the PCP BH Plan**

Updated 07/08/2021: incorporated new version of the key issues section of the PCP BH Plan

Step 1. The PCP BH Plan must be completed at EVERY pediatric medical visit

Providers should respond to all questions and complete all necessary components of the plan as prompted in the EMR

Step 2. Indicate whether a BH/Dev issue was raised at visit (select one option only):

- No BH/Dev issues raised at this visit (no further documentation)
- Yes BH/Dev issue raised; services declined
- Yes BH/Dev issue raised and addressed

Step 3. For either ‘Yes’ response, complete documentation of next steps taken, options include:

- Services declined (select one option only)
 - More frequent follow-up with PCP
 - Routine follow-up with PCP
- Issue addressed (select all that apply)
 - New/additional services needed
 - Continue with current services

Step 4. Indicate the type(s) of new or continued services when a BH/Dev issue is raised and addressed (select all that apply):

- PCP management (medication management, care coordination, psychotherapy)
- Integrated BH services (warm handoff to BH provider, warm handoff to CHW, etc.)
- On-site (non-integrated) BH services (BH provider, psychiatric provider, etc.)
- Off-site BH services (school services/therapy, home-based therapy, psychiatric provider, etc.)
- EI or EIP

Step 5. Indicate the key issues underlying the BH/Dev issue (required even when services are declined):

- | | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Hyperactivity, inattention, or disruptive behavior | <input type="checkbox"/> Chronic disease management (medical) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Social/materials 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"/> _____ for more detail as 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, etc.) | <input type="checkbox"/> Safety/SI concern |
| | <input type="checkbox"/> School related concern |

****Please Note:** This document is a simple checklist meant to supplement the more comprehensive PCP BH Plan Training Guide which can be found at <https://www.teamupforchildren.org/resources>.