

## Frequently Asked Questions about the Collaborative Care Model

### What is the goal of the Collaborative Care Initiative (CCI) Consult Clinic?

- To improve access to care for children and adolescents with mild to moderate mental health problems.

### How does the Collaborative Care Model (CCM) work?

- Primary care providers (PCPs) refer patients for an outpatient psychiatric consultation and ≤ 3 additional follow up visits.
- After this extended consultation, the patient returns to the PCP who provides ongoing care.

### What types of patients are appropriate for a Collaborative Care consultation?

- The best patients for this model are those with mild to moderate mental health problems (see the Triage sheet)

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### How can I refer a patient to the Collaborative Care Model?

- Make sure patient is in – network with CCI Consult Clinic.
- Fax the Collaborative Care Consultation Request Form, your most recent clinic note, and the face sheet.

### What happens when patients are referred to the Model?

- Our collaborative care child and adolescent psychiatrist (CAP) reviews every consultation request to determine whether case is appropriate for collaborative management.
- If case is appropriate for the Collaborative Care Model, our Intake Coordinator will contact the patient directly to schedule appointment.
- If the patient is not appropriate for Collaborative Care, our Intake coordinator will contact the PCP to suggest appropriate community resources for the patient.

### What happens at the end of a Collaborative Care consultation?

- When patient is stable, s/he will be discharged back to the PCP, with specific instructions for ongoing care (i.e. dose titration for psychotropic medication, recommendations for ongoing follow-up with therapy, etc.)
- The PCP has the opportunity for additional outpatient or telephone consultation with the partnering CAP.

## How do you know if your patient would benefit from the Child Psychiatry Consultation Model?

1. Does your patient have at least one of the following conditions?

- Depression of mild-moderate severity with/out anxiety
- Anxiety that has failed a trial of therapy
- ADHD that has failed 2 trials of medications

NO

Consider alternate level of care

↓ YES

2. Does your patient require emergent care?

- Psychosis
- Mania
- Current suicidal thoughts with intent and/or plan

YES

Refer patient to the emergency room

↓ NO

3. Would your patient be better suited with long-term psychiatric care due to a past history of one of the following?

- Bipolar
- Psychosis
- Suicide attempt
- Psychiatric hospitalization
- Trauma/abuse

YES

Refer patient for long - term psychiatric care

↓ NO

4. Is your patient currently using alcohol and/or drugs multiple times a week?

YES

Substance abuse treatment

↓ NO

**Your patient is appropriate for collaborative management in the CPCM**

## Collaborative Care Model: Psychiatry Providers and Insurance Information

### University of Florida Psychiatry

Please **FAX** referral forms and your most recent clinical note to: (904) 383-1660

Attention: Sharon Richards

**Phone:** (904) 383-1656

**Locations:**

8<sup>th</sup> St

580 West 8th Street  
6th Floor, Tower II  
Jacksonville, FL 32209

DuPont Station

6266 DuPont Station Ct  
Jacksonville, FL 32217

**Now Accepting Referrals:**

- Dr. Elise Fallucco (DuPont Station)
- Dr. Steven Cuffe (8<sup>th</sup> St)
- UF Psychiatry Residents (8<sup>th</sup> St and DuPont Station)

**UF Health is “in-network” for:**

Aetna

BCBS

Capitol Health Plan

Cigna

GatorCare

Humana (commercial plans)

Magellan Complete Care of FL MMA

Medicare/Medicaid (case-by-case)

MHNet

Molina MMA

Tricare (Standard)

United Behavioral Health (Commercial, Healthy Kids, Medicaid)

Wellcare of FL (Medicare, Medicaid, Healthy Kids)

**UF Health is out of network for:**

Sunshine Health



## Collaborative Care Psychiatry Consultation Request Form

### University of Florida Psychiatry

Please **FAX** referral forms and your most recent *clinical note* to (904) 383-1660

Attention: Sharon Richards

**Phone:** (904) 383-1656

Patient Name:

Date of Birth:

Patient Phone #:

Health Insurance:

Service Requested:

**Collaborative Care Model:** consultation and up to 3 follow-up visits with plan for patient to return to PRIMARY CARE provider for long-term psychotropic medication management

**Does the patient have a past history of bipolar, psychosis, or psychiatric hospitalization?**

Yes; *If so, please refer instead to Psychiatry for Traditional Care*  No

**Is the patient currently using alcohol and/or drugs multiple times a week?**

Yes; *If so, please refer instead for substance abuse treatment*  No

**Reason for Consult:**  Depression  Anxiety  Other (describe):

**Current symptoms of mental illness and changes in school/home functioning:**

**Has the patient tried psychotropic medication?**  Yes (please list medications)  No

**Is the patient currently being treated with psychotherapy?**

Yes (by whom)  No

**Score on Patient Health Questionnaire – 9 Item (PHQ9), if relevant:**

**Current Medications and Medical Problems:**

Name of Referring PCP:

Fax# for Referring PCP:

Phone # for Referring PCP: