### 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 <u>with mild to moderate mental</u> <u>health problems</u>.

#### 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?

• <u>The best patients for this model are those with mild to moderate mental health problems</u> (see the Triage sheet)

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

- Make sure patient is in network with CCI Consult Clinic.
- Fax the following info to our Collaborative Care Intake Coordinator:
  - Consultation Request Form
  - The patient's most recent clinic note
  - The patient's 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.

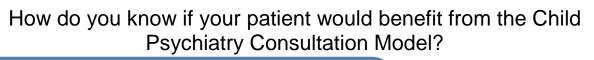
#### What happens at the end of a Collaborative Care consultation?

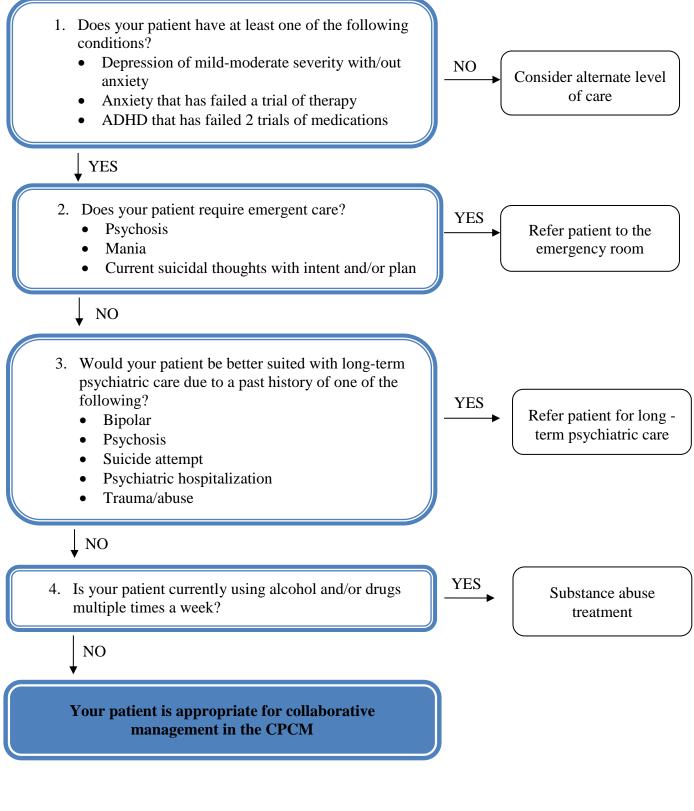
- When patient is stable, s/he will be discharged back to the PCP, with specific instructions for ongoing care (i.e. dose titration for psychotropic medication, recommendations for ongoing follow-up with therapy, etc.)
- The PCP has the opportunity for additional outpatient or telephone consultation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



#### Collaborative Care Psychiatry Consultation Clinic Triage Form







## Collaborative Care Model: Psychiatry Providers and Insurance Information

University of Flor	rida Psychiatry	Daniel
clinical note to: (90 Attention: Sharon Phone: (904) 383 Locations:	Richards	Please FAX referral forms and your most recent clinical note to: (904) 448-7700Attention: Summer DeckertPhone: (904) 296-1055 ext 2752Locations:3725 Belfort Rd Jacksonville, FL 322163100 University Blvd.S. Jacksonville, FL 32216
<ul> <li>Now Accepting Referrals:</li> <li>Dr. Elise Fallucco, MD</li> <li>Dr. Aylin Saner, MD</li> <li>Dr. Victor Santos, MD</li> </ul>		<ul> <li>Now Accepting Referrals:</li> <li>Dr. Elise Fallucco (University Blvd)</li> <li>Elizabeth "Sam" Sampson, ARNP(Belfort Rd)</li> </ul>
UF Health is "in-network" for: Aetna BCBS Capitol Health Plan Cigna GatorCare Humana (commercial plans) MHNet Tricare (Standard) United Behavioral Health (Commercial)		Daniel is "in-network" for: Children's Medical Services (CMS) Title 19+ 21 Magellan Complete Care of FL MMA Medicaid Molina MMA Sunshine Health MMA United Behavioral Health (Medicaid) Wellcare of FL (Medicare, Medicaid)





# Collaborative Care Psychiatry Consultation Request Form

UF Health: Please FAX request form, face sheet and your most recent <i>clinical note</i> to (904) 383-1660	Daniel: Please FAX request form, face sheet and your most recent <i>clinical note</i> to (904)-488-7700		
Attention: Sharon Richards	Attention: Summer Deckert		
<b>Phone</b> : (904) 383-1656	Phone: (904) 296-1055 ext 2752		
Patient Name:	Date of Birth:		
Patient Phone #:	Health Insurance and policy #:		
Service Requested:			
□ <b>Collaborative Care Model</b> : 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?			
$\Box$ Yes; If so, please refer instead for substance abuse treatment $\Box$ 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:			
Score on SCARED, if relevant: Current Medications and Medical Problems:			

Name of Referring PCP:	
Fax# for Referring PCP:	Phone # for Referring PCP: