

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)

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.

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	Daniel
<p>Please FAX referral forms and your most recent clinical note to: (904) 383-1660</p> <p>Attention: Sharon Richards</p> <p>Phone: (904) 383-1656</p> <p>Locations:</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: 20px;"> <p>DuPont Station 6266 DuPont Station Ct Jacksonville, FL 32217</p> </div>	<p>Please FAX referral forms and your most recent clinical note to: (904) 448-7700</p> <p>Attention: Summer Deckert</p> <p>Phone: (904) 296-1055 ext 2752</p> <p>Locations:</p> <div style="display: flex; justify-content: space-around; margin-left: 20px;"> <div style="border: 1px solid black; padding: 5px; width: 150px;"> <p>3725 Belfort Rd Jacksonville, FL 32216</p> </div> <div style="border: 1px solid black; padding: 5px; width: 150px;"> <p>3100 University Blvd.S. Jacksonville, FL 32216</p> </div> </div>
<p>Now Accepting Referrals:</p> <ul style="list-style-type: none"> Dr. Elise Fallucco, MD Dr. Aylin Saner, MD Dr. Victor Santos, MD 	<p>Now Accepting Referrals:</p> <ul style="list-style-type: none"> Dr. Elise Fallucco (University Blvd) Elizabeth “Sam” Sampson, ARNP(Belfort Rd)
<p>UF Health is “in-network” for:</p> <p>Aetna</p> <p>BCBS</p> <p>Capitol Health Plan</p> <p>Cigna</p> <p>GatorCare</p> <p>Humana (commercial plans)</p> <p>MHNet</p> <p>Tricare (Standard)</p> <p>United Behavioral Health (Commercial)</p>	<p>Daniel is “in-network” for:</p> <p>Children’s Medical Services (CMS) Title 19+ 21</p> <p>Magellan Complete Care of FL MMA</p> <p>Medicaid Molina MMA</p> <p>Sunshine Health MMA</p> <p>United Behavioral Health (Medicaid)</p> <p>Wellcare of FL (Medicare, Medicaid)</p>

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 Attention: Sharon Richards Phone: (904) 383-1656	Daniel: Please FAX request form, face sheet and your most recent <i>clinical note</i> to (904)-488-7700 Attention: Summer Deckert Phone: (904) 296-1055 ext 2752
Patient Name:	Date of Birth:
Patient Phone #:	Health Insurance and policy #:
Service Requested: <input type="checkbox"/> 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?	
<input type="checkbox"/> Yes; <i>If so, please refer instead to Psychiatry for Traditional Care</i>	<input type="checkbox"/> No
Is the patient currently using alcohol and/or drugs multiple times a week?	
<input type="checkbox"/> Yes; <i>If so, please refer instead for substance abuse treatment</i>	<input type="checkbox"/> No
Reason for Consult: <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Other (describe):	
Current symptoms of mental illness and changes in school/home functioning:	
Has the patient tried psychotropic medication? <input type="checkbox"/> Yes (please list medications) <input type="checkbox"/> No	
Is the patient currently being treated with psychotherapy?	
<input type="checkbox"/> Yes (by whom)	<input type="checkbox"/> 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: