



**Title: Project TEACH – CAP PC - Connecting Primary care providers with Child Psychiatry for projects 3ai and 4aiii**

**Date Created: 10/19/2016**

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**Policy# CGC-CG-30**

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**Purpose:** To promote and introduce Project TEACH as one of the available resources across the PPS in order to support primary care providers who provides care for children and adolescent with mental health disorders. CAP PC (Child and Adolescent Psychiatry for Primary Care) also offers second opinion consultation to prescribing practitioners who are providing continuous treatment to children.

PPS is in the Region 1 - CAP PC and is supported by the Department of Psychiatry at the SUNY Upstate Medical Center, University of Buffalo and University of Rochester. (See attached map)

[https://www.omh.ny.gov/omhweb/project\\_teach/docs/project-teach-map.pdf](https://www.omh.ny.gov/omhweb/project_teach/docs/project-teach-map.pdf)

[https://www.omh.ny.gov/omhweb/project\\_teach/](https://www.omh.ny.gov/omhweb/project_teach/)

**Definitions:** The scope of the CAP PC is pulled directly from their website.

The intent of the CAP PC program is to provide support for PCPs and other pediatric prescribers to assist in the management of children and adolescents with mild-moderate mental health problems and to provide linkage/referral support for those patients who are considered beyond the scope of primary care practice.

To accomplish this, CAP PC will provide phone service Monday-Thursdays 8-7, Fridays 8-5, excluding holidays. In selected cases a CAP PC child psychiatrist will be available to do a face-to-face or tele psychiatric evaluation. To prevent misunderstandings CAP PC wants to make clear that:

1. **CAP PC is not an emergency referral service;** we cannot provide emergency evaluations over the phone or in person. If a PCP calls about a case requiring emergency services a referral will be made to the most appropriate local service.
2. **CAP PC child psychiatrists are not available for ongoing treatment** of referred cases. In situations in which a child needs ongoing child psychiatric care, an appropriate local referral will be made.
3. **Phone support will be provided by 5 CAP PC teams** across the state. Each team consists of a child psychiatrist and a Liaison Coordinator and will cover the phones in rotation one day per week.
4. **When a PCP has a mental health question about a child CAP PC encourages discussion with the caretaker(s) before making a call to CAP PC.** While CAP PC does not require

informed consent from the family to call and discuss a case, it is recommended that the PCP inform a caretaker and perhaps the child or adolescent that he/she will be discussing their situation with a child psychiatrist.

5. **When a PCP calls about a case the Liaison Coordinator will be the initial responder.** The Liaison Coordinator is a Master's level child mental health professional or child psychologist. The LC will respond to any questions within their scope of expertise. If a child psychiatrist is the more appropriate person to respond, then the call will be forwarded to the covering child psychiatrist who will call back within 2 hours.
6. **Because the phone support is educational in nature, the LC will not request identifying information about the child.** CAP PC wants to maintain HIPAA compliance and does not want identifying information about the child. *Please do not provide information that could violate the child's confidentiality!* In responding to the PCP question about a case the CAP PC team may respond with "In cases such as this..." or similar language. We are not trying to be evasive but do wish to emphasize that we have not evaluated the patient and, as a result, our recommendations must be tempered and are educational in nature.
7. **Face to face (or tele psychiatric) evaluations are consultations.** When a CAP PC child psychiatrist does a face to face evaluation personal identifying information will be required and the child psychiatrist will evaluate the patient. In this situation recommendations can be considered a consultation.
8. **At the completion of a face to face (or tele psychiatric) evaluation a written report will be sent to the referring PCP.** There will be no further written communication.

Primary Care Provider Agreement to Participate can be found:

<http://www.cappcnny.org/home/consultation-program/primary-care-provider-agreement-to-participate/>

Overview of the Consultation FAQs: <http://www.cappcnny.org/home/consultation-program/>

"The Program | CAP PC NY." *CAP PC NY*. Child and Adolescent Psychiatry for Primary Care, n.d. Web. 19 Oct. 2016.

*When PPS clinical protocols and pathways are developed through the Clinical Governance Committee(s) of the PPS and approved by the CCN Board of Directors and are applicable to Partner Organization's delivery of health care services and project participation, such protocols and pathways shall not (1) override the professional judgment of Partner Organization and its licensed health care professionals in treating patients in individual cases or (2) interfere with the governing body/established operator of any licensed health care facility or its medical staff in overseeing the provision of clinical services to patients and the quality of care*

**Policy Board Approval History:**

**Policy Revisions:**

Date	Revision Log	Updated by
10/19/2016	Initial	B. Rosetti

**This Policy and Procedure shall be reviewed periodically and updated consistent with the requirements established by the Board of Directors, Care Compass Network’s senior management, Federal and State law(s) and regulations, and applicable accrediting and review organizations.**