

## Sample PCP Care Coordination Script

“Thank you for sharing your concern about \_\_\_\_\_ with me. I’d like to help you find the support you need. Our practice is enrolled in a pediatric mental health consult program through UCSF called CAPP. Through CAPP, we can access additional expert consultation on what is going on, and what resources and services can be of help. Would you be interested in including them on our team? CAPP has a care coordinator, Marielle, who can reach out to you directly in order to talk with you about what you might need and then help you access that extra help. Would you be interested in this? Can I provide your contact information?”

If yes, “Great, I will share your contact info with program and someone may reach out to you have after I speak with them. We will all work together as a team to identify and connect with resources and next steps.” (Document verbal consent to be contacted by CAPP)