



tcmhcc
Texas Child Mental
Health Care Consortium

CPAN
Child Psychiatry
Access Network

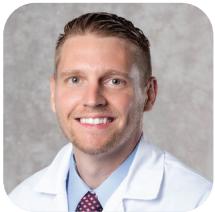
PeriPAN
Perinatal Psychiatry
Access Network



UT Tyler
**HEALTH SCIENCE
CENTER**

Child & Perinatal Psychiatry Access Network (CPAN/PeriPAN)

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Requesting CPAN and PeriPAN Services

If you are a medical provider in Northeast Texas, you can request CPAN or PeriPAN services by calling **888-901-2726**, choose option **1**, then option **3**.

Hotline



Scan the QR code provided to have our **CPAN/PeriPAN Hotline** number saved as a contact in your phone.

Text Only



Enrolled providers and their staff may also request services via text at **903-502-1351**. Scan the QR code provided to have our **CPAN/PeriPAN Text Only** number saved as a contact in your phone. No patient PHI should be shared via text.

CPAN/PeriPAN does not provide emergency care. If a patient is in crisis, call 988 instead.

The following information will be required from callers requesting services:

- **Enrolled provider's name**
- **Clinic name**
- **Reason for call** (Example: Questions about medication management, screening, resources, referrals, etc.)
- **Callback telephone number**
 - This is the number the CPAN/PeriPAN team will use when returning a consultation request from a clinician and/or providing follow-up on referral/resource information. This can be a cell phone or clinic/landline number.
 - If a cell phone number is provided, please ensure the phone is turned **ON** to enable us to deliver a quick response. (Using a cell phone for callbacks is preferred.)
 - If a clinic/landline number is provided, please include a contact name to ask for when we call back. We want to ensure the call does not go to voicemail.
- **Preferred method of receiving referral/resource information**
 - This is how we will send resources and/or referral information to you after it has been validated by our team. (Example: email, text, fax) We **do not** include any patient PHI in our responses.
- **Required patient information**
 - First and last name (or initials)
 - Date of birth
 - Medical record number
 - Gender
 - Race/ethnicity
 - Family/home zip code
 - Name of insurance plan, if any (for verifying referrals)

Please note: If a therapy referral is requested, we may ask for additional information to ensure the patient receives the appropriate modality.