

# Clinical UM - When to Contact



## **Behavior Health Coordinators**

**MDT staffing** Any child who may need a higher level of care - STFC, STGH or SIPP - must have an MDT staffing. BHCs facilitate the staffing and coordinate the suitability process. They participate in clinical treatment team meetings when children are in a higher level of care and assist in discharge planning. Any party can request an MDT staffing.

**PSS Staffing (Placement Support Staffing)** BHC's facilitate all PSS staffings to assist in stabilizing the placement. Intake and Placement will schedule the staffing. Anyone - caregiver, CSA, CMA, external partners - can request a staffing at any time.

**Clinical Consultation** Prior to making a referral for a psychological, neuropsychological, or psychosexual for a child or adult, consult with the County BHC to see if that is the most appropriate clinical service available. The BHC will review the assessment once completed to ensure all the recommendations are in line with our system of care and to determine if the report needs to be revised. Once completed, then the report can be submitted to the Court.

**CPA (Child Placing Agreement)** Any child who needs a CPA or behavior plan, the BHC will write the guidelines and give to the worker. The worker will discuss with the caregiver and then have them sign the document. The worker then uploads the document in FSFN and gives a copy to the BHC.

## **Clinical Coordinators**

**Psychotropic Medications** - Prior to a child being placed on psychotropic medications the worker needs to staff with the Clinical Coordinator. They will assist with potential psychiatric referrals by making provider recommendations. They also will contact the UF Consent Line when a child is prescribed 2 or more medications. They also review the 5339 form and the status report submitted by the worker to the Clinical Coordinator and forward to CLS.

**Baker Act MDT** Facilitates an MDT while a child is currently in a Baker Act or within 24 hours of notice of discharge to review treatment needs and discuss discharge plans.

**CSEC (Commercial and Sexual Exploitation of Children)** When youth are identified as confirmed CSEC, Clinical Coordinators participate and/or facilitate an MDT to determine treatment and placement needs of the youth. They will complete a 180 re-assessment tool that determines risk at that time.

**CBHA** All children in OHC have a Comprehensive Behavior Assessment that makes recommendations for children regarding well-being, mental health and physical health. The Clinical Coordinator makes the referral for the assessment and reviews the completed report and then sends to the CMA/CSA.

## **Nurse Care Coordinators**

Assist in coordination of care for children with **complex medical needs**; assists in PCP assignment or insurance plan changes, oversees HEDIS measures and HRAs. Participates in SMU staffings to ensure appropriate medical care is in place for community children or In Home Judicial children.