

Guidance 47 Behavioral Health Consultants

Contract Reference:	Section C-1.2.3.25
Authorities:	Substance Abuse and Mental Health Services Administration (SAMHSA) Grant Number TI087842
Frequency:	Monthly
Due Date:	10 th of every month

I. Purpose

This document provides guidance for Behavioral Health Consultants (BHCs) contracted to the Managing Entity (ME) or a subcontracted funded provider and specifies the responsibilities of each as it relates to tracking and reporting. CFOP Behavioral Health Consultant Standards, CFOP 170-5 Child Protective Investigations, and SOR-3 Resource Guide should also be consulted regarding the implementation and expectation of Behavioral Health Consultants contracted to the ME or their subcontracted providers.

II. Applicability

The purpose of the SOR Grant is to address the needs of individuals with opioid or stimulant misuse and use disorders by increasing access to medication assisted treatment, evidence-based programs, and other necessary recovery support services including expansion and support for Recovery Community Organizations, Oxford Houses, and naloxone saturation. The SOR project is a collaboration between the Department, Managing Entities, subcontracted Network Service Providers, and other nonprofit organizations and system partners to ensure access to services are available to treat opioid and stimulant misuse and use disorders, provide community and school-based prevention services, as well as ensure access to a broad array of recovery support options that follow the principles and values of a Recovery Oriented System of Care.

The goals for Grant Number TI087842 (SOR-4) are:

- A. Reduce numbers and rates of opioid-related deaths.
- B. Increase access to the most effective treatment of opioid and stimulant use disorders.
- C. Increase access to treatment and recovery support services to youth with an opioid or stimulant use disorder.
- D. Expand recovery support services.
- E. Prevent opioid and stimulant misuse.

Additional details on allowable expenses can be found in the SOR Resource Guide. If the Managing Entity is not funded under the State Opioid Response (SOR), then the guidance and requirements associated with SOR funding do not apply.

III. Managing Entity or Subcontracted Provider Responsibilities

The Managing Entity shall require that Behavioral Health Consultants (BHCs), contracted to the Managing Entity or a subcontracted provider, adhere to the service delivery requirements herein, and those outlined in Guidance Document 47 in addition to Guidance Document 42 for non-SOR funded MEs. Each Managing Entity shall work to increase access to treatment for opioid and stimulant misuse and use disorders including increasing access to

medication assisted treatment, evidenced-based prevention programs, and expanding recovery support services.

Participating Managing Entities shall subcontract with Network Service Providers to deliver any service(s) in the array specified in Guidance Document 47 and Guidance Document 42 for non-SOR funded MEs and further detailed in the SOR Resource Guide. The Managing Entity shall include subcontract terms requiring the Network Service Providers comply with all SAMHSA required data collection per Guidance Document 47 and Guidance Document 42 for non-SOR funded MEs and BHC compliance with the applicable CFOP outlining Behavioral Health Consultant Standards.

IV. Behavioral Health Consultant (BHC) Responsibilities

A. Minimum Qualifications

A BHC must have at minimum, a master's degree in a behavioral health or human services-related field. Preference will be given to candidates who hold a Florida license in psychology, social work, mental health counseling, marriage and family therapy, or are registered interns. Certification as a Master's-Level Addiction Professional (MCAP) is also preferred. The BHC must reside in the state of Florida and be co-located with the Child Investigation team. The definition herein and any reference to a BHC throughout includes BHCs employed by the Department and BHCs contracted to the Managing Entity (ME) or subcontracted provider. Additionally, the BHC must have:

- Minimum of three years of experience treating substance use disorders
- Working knowledge of the child welfare and behavioral health systems and knowledge related to the impact of behavioral health conditions on parenting capacity.
- Understanding of the impact of mental health conditions and substance use disorders on parenting ability and child safety.

B. Summary of Duties and Responsibilities

BHCs are master's level, licensed clinicians, or certified substance use professional that provides clinical assistance and consultation to Child Protective Investigators (CPIs) and child welfare staff on the identification of behavioral health conditions, their effects on parenting capacity, and engagement techniques. Using their clinical expertise, they assist CPIs and dependency case managers to build knowledge within front line staff in the identification of substance use disorders and behavioral health conditions, improve engagement with families, and improve access to treatment. BHCs develop contacts, facilitate recommendations for referrals, and assist investigative staff with engaging clients in recommended services.

C. Expectation of Behavioral Health Consultant Contracted to the ME

CFOP Behavioral Health Standards shall be used for reference and all standards must be adhered to by Behavioral Health Consultants contracted to the ME or its subcontracted funded provider. Upon hire and throughout the onboarding process, Behavioral Health Consultants (BHCs) are expected to become familiar with the Department's expectations, including the mandatory use of department approved templates for all consultations and brief assessments. BHCs are also responsible for collecting and documenting service data using the standardized BHC Logs. In addition to entering all required notes and documentation into FSFN/CCWIS, BHCs must complete and submit a monthly BHC Log. Monthly meetings will be facilitated by the Department of Children and Families (DCF) BHC Supervisors and will include participation from all Behavioral Health Consultants (BHCs), including both DCF and the Managing Entities (MEs) as well as one representative on behalf of the ME to provide consistent statewide information and updates across all regions. , The Managing Entity (ME) will provide a quarterly update during the BHC meetings, presenting a report that outlines the BHC services delivered during the preceding quarter.

V. Required Reporting

The Managing Entity or its subcontracted provider must submit the Template 34 SOR Report no later than the 10th of each month to the assigned Contract Manager and Community Social Services Manager. Additionally, the Managing Entity or its subcontracted provider will be responsible for ensuring BHC adhere to all documentation and reporting requirements. This includes oversight of BHC compliance with the timely and accurate completion of the BHC Log and ensuring its submission to the designated BHC Supervisor inbox by the required due date.

VI. Grant Fiscal Year

The SOR Grant fiscal year is September 30th through September 29th. All invoices for services rendered during the grant fiscal year should be submitted on or before November 30th.