STATE OF FLORIDA
DEPARTMENT OF
CHILDREN AND FAMILIES
TALLAHASSEE, October 1, 2025

CF OPERATING PROCEDURE
NO. CFOP 155-66

Mental Health / Substance Abuse

BEHAVIORAL HEALTH CONSULTANT STANDARDS

1. Purpose. This operating procedure provides guidance and standards for the work of Behavioral Health Consultants in partnership with child welfare professionals, in accordance with the Department's CFOP 170-5, Chapters 7, 11, and 12, throughout the State of Florida.

2. Scope. This operating procedure applies to all behavioral health consultants and child welfare professionals within the Department, as well as those behavioral health consultants contracted to the Managing Entity or a subcontracted funded provider.

3. References.

a. Chapter 65E-5, Florida Administrative Code (F.A.C.), Mental Health Act Regulation.

b. Chapter 65C-30, Florida Administrative Code (F.A.C.), General Child Welfare Provisions.

c. CFOP 170-5, Child Protective Investigations

d. Chapter 39, Florida Statutes (F.S.), Proceedings Related to Children.

e. Chapter 394, Florida Statutes (F.S.), Mental Health.

f. Guidance Document 47: Behavioral Health Consultants

g. Template Report # CF-MH-4060

h. Template Report # 34 (SOR Funded BHC Only)

i. SOR-3 Resource Guide

4. Standard Definitions. The following definitions are provided for purposes related to this operating procedure.

a. Behavioral Health Consultant (BHC). 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 is also preferred. They must be co-located with the child welfare professionals. 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:

(1) Minimum of three years of experience treating substance use disorders, and

(2) Working knowledge of the child welfare and behavioral health systems and knowledge related to the impact of behavioral health conditions on parenting capacity; and

(3) Understanding of the impact of mental health conditions and substance use disorders on parenting ability and child safety.

b. Consultation. A formal discussion, in-person or virtual, between the Child welfare professional and the Behavioral Health Consultant (BHC) regarding an open investigation with known or suspected behavioral health concerns to acquire guidance or an expert opinion and make informed decisions about the case under investigation. This discussion may also include the child welfare professional. During a Consultation, if either the child welfare professional or BHC find there is not enough information available to issue a standard recommendation, which consists of guidance, an action plan, and next step that a Behavioral Health Consultant (BHC) provides based on their clinical assessment and the agency's protocols, then the BHC should recommend a field visit. Similarly, if the BHC or child welfare professional after consultation and review of the information available determine a field visit is necessary then a field visit should be scheduled. The BHC recommendations should be utilized to inform child welfare professionals by identifying behavioral health needs and providing information that may be used to support the development and implementation of safety actions by the child welfare professional within the case.

c. Field Visit. – The BHC should complete field visits individually or with a child welfare professional for best practice standards. They can occur either in the family's home, in the office, or virtually. A field visit is a collaborative, in-person engagement with the BHC, the child welfare professional, and the family, designed to assess and address behavioral health concerns within the family. During this visit, the BHC conducts a brief assessment with the caregiver and, when appropriate, other adult family members. The immediate goal of a field response is to partner child welfare professionals with a BHC to assist in identifying impact on caregiver functioning and protective capacities (diminished or present) and any need for safety management and/or behavioral health services. BHCs provide the child welfare professional with clinical insight into how the caregivers behavioral health impacts the potential risk to the child by identifying whether the behavioral health condition is out-of-control to the point of having a direct and imminent effect on child safety, input on what safety actions need to be incorporated into a safety plan, and need for additional treatment options, etc. A field visit must be recommended by the BHC when the case involves a screened-in substance-exposed newborn maltreatment or meets eligibility criteria for Family Navigation.

d. Record Review. A record review will be done in addition to a field visit and/or consult if there are behavioral health records available within the last 12 months. Record reviews will not be used in lieu of a consult and/or field visit. The child welfare professional should obtain available clinical records from past or current treatment as part of the investigation to offer more insight on the impact of any behavioral health issue. The BHC assists the child welfare professional by reviewing these records and providing a summary of key information to aid the child welfare professional in decision-making. A record review must also include a review of statewide electronic database system notes containing clinical information.

e. Staffing. A staffing may come in the form of a less formal conversation or meeting between the BHC and child welfare professionals to discuss the next steps in determining BHC involvement. The child welfare professional will communicate and/or schedule the staffing and extend the invite to the BHC. The BHC will document this type of discussion as a staffing on their monthly log and place a note in FSFN. Engaging the BHC in this manner is considered an informal staffing request and does not require formal written documentation from the BHC.

f. Child Welfare Professionals. These are either a Child Protection Investigators or Family Navigators who work for the Office of Child Welfare through the Department of Children and Families.

5. Expectation of the Behavioral Health Consultant (BHC).

a. The BHC must make every effort to ensure that the child welfare professionals know who they are, what they do, and how to reach them.

b. The BHC is responsible for managing their email inbox and phone, it is expected that BHC will monitor both every hour during working days, disaster response, weekends and evenings.

c. If a child welfare professional determines a Behavioral Health Consultant's involvement is necessary on any open case, the child welfare professional must request and schedule a Consultation within three (3) business days of identifying the need for the BHC's involvement.

d. The BHC will respond/acknowledge a request for a Consultation within one (1) working day and will schedule the consult within three (3) business days of the request.

e. The BHC will respond to a request for participation in the pre-commencement consultation of a Family Navigation case from a child welfare professional within four (4) working hours. If the BHC is unavailable at the time child welfare professional sent pre-commencement consultation invite for, the BHC will respond within 24 business hours.

f. A scheduled Consultation is conducted either in person, by phone, or virtually. When requesting BHC's involvement in a case, the child welfare professional will submit a written referral to the BHC to request a consultation to assist in prioritizing.

g. During the consultation, the BHC shall either recommend that a field visit be initiated or provide standard recommendations, including clinical guidance, an action plan, if necessary, and next steps developed in accordance with the BHCs clinical assessment and the agency's established protocols. If the case involves a screened in substance exposed newborn maltreatment or meets eligibility criteria for Family Navigation, the BHC must recommend a field visit, and the field visit must be scheduled within three (3) business days of the consultation.

h. If other service providers or plans are involved and known to the BHC, the BHC findings will not include a recommendation for services. In this scenario, the BHC will recommend only that the individual continue to follow any existing care, plans, and recommendations provided by community provider or the like. If there are concerns the current services being offered are not effectively managing the behavioral health conditions, BHC will make supplemental recommendations for services that would better meet the caregiver/parent's current/overall needs.

i. In consultation, the BHC and child welfare professional will determine if a joint field response is needed for a field visit. If a consensus is not reached between the BHC and child welfare professional, the decision will be escalated to the supervisor and thus the program administrator.

j. Following a consultation, the BHC will upload their findings and recommendations on the Consultation Note form which is then uploaded to the statewide automated child welfare information system within two (2) business days.

k. During a field visit the BHC will complete a brief clinical assessment of the caregiver, parent/legal guardian, or other adult household member involved. The BHC will document the assessment using the Brief Assessment Note which is then uploaded to electronic data system within two (2) business days.

l. The BHC will document in the electronic data system any contact with the family or provider, and any attempts to complete a field visit (if not a formal Consultation Note or Brief Assessment Note) within two (2) business days.

m. The BHC will complete record reviews once all requested documents from the providers have been received by the child welfare professional and provided to BHC by uploading into electronic data system and/or emailing to BHC.

n. Ongoing correspondence (beyond the initial referral via calendar invite or email) should be conducted through direct communication with the assigned child welfare professional via phone/text/direct email. If no response within two (2) business days, the BHC should reach out to the child welfare professional Supervisor for guidance.

o. If the BHC has critical concerns related to the caregiver, parent/legal guardian, other household member, or children, the BHC will immediately communicate the concerns with the child welfare professional and escalate to a supervisor or Program Administrator. This may be accomplished by a three-way conference call with the child welfare professional, BHC, and Supervisor or Program Administrator.

p. If the BHC attempts a field visit (without or without a joint field response by the child welfare professional) but is met with refusal by the caregiver, parent/legal

guardian, or other household members, etc. the BHC will log the field response as a refusal. If the BHC is not accompanied by the child welfare professional during the field visit, the BHC will immediately inform the child welfare professional of the parent/caregiver's refusal and the BHC and child welfare professional will jointly determine next steps for engagement.

q. Each referral is logged into the BHC log along with the type of response (i.e., field visit, case consultation, staffing, record review, or refusal by caregiver, parent/legal guardian, or other household members, etc.).

r. BHCs employed by the Department will be supervised by the Behavioral Health Consultant Supervisor or designee appointed by the Director of Regional Operations and Initiative.

6. Expectation of the Child Protective Investigator. Based upon a review of the information available, the Child Protective Investigator, also referred to as child welfare professional, will determine if a request for a BHC is feasible and necessary. The Child Protective Investigator is to send a request/referral for a BHC consultation via email within 24 business hours of the identified need.

a. Requests for a BHC consultation must be sent by the Child Protective Investigator or child welfare professional via email utilizing the written referral form, and must include identifying information (i.e., case number, intake number, etc.), and any available supporting documentation outlining specific details the BHC will need in advance of the field visit, where necessary. This may include electronic data system historical information or information available to the child welfare professional on mental health, substance use, criminal history, prior maltreatments, and anything else Child welfare professional deemed necessary to support a comprehensive clinical assessment.

b. The Child Protective Investigator and BHC will coordinate to schedule the consultation within three (3) business days. The BHC will send a calendar invite for the agreed upon date and time. A consultation must be completed prior to a field visit.

c. During the Consultation, if the BHC recommends or Child Protective Investigator requests a field visit, the child protective investigator and BHC will determine if a joint field response with the child welfare professional is necessary. If a joint field response is necessary, the child welfare professional will coordinate with the BHC to schedule a field visit at earliest availability of all parties involved. If the BHC and child welfare professional are not able to agree on the need for a joint field visit, the decision will be escalated to the supervisor, and furthermore the program administrator for a final decision.

d. During the Consultation, the child welfare professional shall share with the BHC any available information on any current services, providers, or programs the caregiver is currently receiving or any past treatment.

e. If the family is being served by the Family Navigation Program, the child welfare professional shall ensure the BHC is included in pre-commencement discussion for case consultation before the initial Family Navigation meeting, whenever possible.

f. The child welfare professional shall document the request for a BHC consultation in the electronic data system chronological notes (uploading the request/referral form to the note may also be appropriate). Additional requests including but not limited to Multidisciplinary Team (MDT) participation, staffing discussions, field visit requests, etc. should also be documented in electronic data system chronological notes within two (2) business days of request.

g. If an MDT is held on a case that a BHC was/is involved in, or where their expertise may be helpful to provide insight and suggestions, the MDT Coordinator/child welfare professional should ensure that the BHC is included on the invitation.

h. Per CFOP 170-5, the child welfare professional Supervisor may waive the requirement for a substance use/misuse consultation (i.e. BHC Consultation), based on sufficiency of information collected to inform the Family Functioning Assessment and identified safety actions. This decision and supporting information shall be documented in a supervisory consultation.

7. Expectation of the Family Navigator. The Family Navigator, also referred to as a child welfare professional, works alongside the child welfare professional and family to help assess, locate, and provide pivotal services to ensure the family unit is stabilized and safe. Through the child welfare professional, the Department will implement a statewide Behavioral Health Care Model to immediately triage cases to provide “early engagement-early treatment” to help high-risk families. The child welfare professional provides support for families actively involved in the child welfare system who are contending with substance abuse, mental illness, behavioral health needs, and/or domestic violence. The goal is to fully assess the family’s needs through meaningful engagement, robust feedback, and intentional coordination and service linkage to promote strong families and prevent deeper or repeat involvement in the child welfare system.

a. The Family Navigation team receives e-mail notification from the hotline indicating a case has been identified as meeting criteria for referral. The notification may come from the child welfare professional or from the electronic data system reports if a maltreatment is added to the case indicating criteria has now been met for Family Navigation assignment.

b. Pre-commencement staffing’s are preferred on all Family Navigation cases that are identified as meeting Family Navigation criteria by the Hotline. The request for a pre-commencement staffing should be initiated by the Family Navigator/child welfare professional and must include the applicable child welfare professionals, BHC, and Domestic Violence Advocate or equivalent, when appropriate. The child welfare professional will lead the discussion and for purposes of engaging a BHC, this would equate to an informal request without written documentation from a BHC.

c. If the BHC was not invited to the pre-commencement staffing, the Navigator will contact them to invite them. In instances where the BHC does not attend or pre-commencement doesn’t happen, the Navigator will reach out to engage them individually.

d. If a case qualifies and is assigned to Family Navigation after a maltreatment is added, the Family Navigator will include the BHC on email to the applicable child welfare professionals and team surrounding initial conversation about the case details and current findings.

e. If the Family Navigator is submitting the BHC referral on behalf of the Child Protective Investigator, this request for a BHC consultation must include all applicable child welfare professionals by ensuring they are copied via email utilizing the written referral form, and must include identifying information (i.e., case number, intake number, etc.), and any available supporting documentation outlining specific details the BHC will need in advance of the field visit, where necessary. Where appropriate, this may include electronic data system historical information or information available to the child welfare professional on mental health, substance use, criminal history, prior maltreatments, and anything else the child welfare professional finds necessary to communicate to the BHC.

f. The Child welfare professional and BHC will coordinate to schedule the consultation within three (3) business days. The BHC will send a calendar invite for the agreed upon date and time. A consultation must be completed prior to a field visit.

g. During the Consultation, the child welfare professional shall share with the BHC any available information on any current services, providers, or programs the caregiver is currently receiving or any past treatment. The Child welfare professional will assist the BHC with coordinating and scheduling a field visit at earliest availability of all parties involved.

h. The Child welfare professional shall document the request for a BHC consultation in the electronic data system chronological notes (uploading the request/referral form to the note may also be appropriate). Additional requests including but not limited to Multidisciplinary Team (MDT) participation, staffing discussions, field visit requests, etc. should also be documented in electronic data system chronological notes within two (2) business days of request.

i. If an MDT is held on a case that a BHC was/is involved in, or where their expertise may be helpful to provide insight and suggestions, the MDT Coordinator/Child welfare professional should ensure that the BHC is included on the invitation.

j. All referrals initiated by Family Navigation shall occur post-commencement of the investigation. Referrals must be made in coordination with the assigned child welfare professional and documented in FSFN. The child welfare professional must be consulted regarding the referral and indicate agreement with the assistance being requested by Child welfare professional.

k. In instances where the child welfare professional does not agree with the request for a BHC, the Child welfare professional and/or the BHC shall document the child welfare professional's stated rationale. The documentation shall include the determination that sufficient information has been obtained to assess child safety without additional assistance in establishing the correlation between parental substance misuse and/or mental health concerns and parenting capacity.

l. In some cases, the Child welfare professional may accompany the BHC on a field visit in lieu of the child welfare professional when a joint field visit is necessary, and Family Navigation is involved with the family.

8. Response Type. The standard definitions section herein defines each type of response (i.e. record review, staffing, consultation, field visit, or joint field response). Certain factors and types of cases require a specific response or recommendation. For example, a Consultation must be completed prior to a field visit and/or joint field response. The child welfare professional will submit a written referral to the BHC to request a consultation. At the Consultation, the BHC will either provide a standard recommendation or the BHC will recommend a field visit. The BHC will make every attempt to prioritize those cases where appropriate. If a case is near closure, the intent should be purposeful when requesting a BHC. BHCs must not be used as a means to close out a case without true consideration of the recommendations prior to closure.

(1) Consultations.

(a) The following factors will be considered when determining whether a BHC consultation is necessary:

i. Cases with children ages 0-5 years old with a corresponding substance use and/or mental health allegation or substance-related maltreatment that is actively occurring and immediately endangering the child(ren).

ii. The parent/caregiver has been referred to treatment services previously without engaging or progressing in conjunction with the Child welfare professional, if there is a prior maltreatment case, historically.

iii. The parent/caregiver has been referred to Judicial or Non-Judicial intervention services previously (or currently) for substance use and/or mental health concerns and there is current, repeat concerns for the same behaviors.

iv. The intake and/or pre-commencement history indicates a current substance use or mental health condition that is severe enough that present danger is likely (i.e., allegations/source information is that mom is home alone with a one-year-old child and using heroin daily).

v. Other potentially severe/significantly occurring substance uses and/or mental health conditions that requires an immediate professional assessment to assist with a present danger determination, regardless of the child's age.

(b) Consultation Process and Timeline.

i. The child welfare professional, or designee, must submit a referral to the assigned BHC via email. All referral requests must be sent within 24 business hours of identifying the need for BHC involvement. The BHC will respond to/acknowledge requests for referrals (outside of a commencement) within one (1) business day.

ii. The BHC will schedule the consultation within three (3) business days of receiving a referral for consultation. Case Consultation can be either in person or by phone. Prior to completion of the written consultation form, BHC will conduct a review of information that is available to them from electronic database systems.

iii. Following completion of a consultation, if the BHC recommends or child welfare professional requests a field visit, the field visit must be scheduled within three (3) business days.

(2) Field Visits.

(a) Criteria for Field Visit. The immediate goal of a field response is to partner child welfare professionals with a BHC to assist in identifying impact on caregiver functioning and protective capacities (diminished or present) and any need for safety management and/or behavioral health services. Typically, the child welfare professional will determine if a field response with a BHC is feasible and necessary, except in those cases where it is required. While a field visit may be necessary to gather additional information and make reasonable recommendations, a field response between the BHC and child welfare professional is not always required. A consultation will occur between the child welfare professional and the BHC to ascertain the family dynamics, safety concerns, and the intended benefits of a field visit.

Investigative staff must consider a field response in the following types of cases:

(I) Any screened in case with a substance exposed newborn maltreatment.

i. The BHC, as the Subject Matter Expert, is to ascertain needed services, supports, and identify potential resources.

ii. The BHC serves to provide the child welfare professional with guidance around potential safety impacts related to the concerning behavior(s) arising from behavioral health disorders.

iii. The BHC must document their findings in the Brief Assessment Note with relevant information obtained during this contact and upload it to the electronic database system within two (2) business days.

(II) All cases that meet eligibility criteria for Family Navigation. The following type of case(s) are considered high-risk and require involvement of a Child welfare professional and BHC:

i. At least one child age 0-5, and;

ii. Allegation includes domestic violence and substance abuse, and;

iii. Allegation includes physical or sexual abuse, or family has DCF history

(III) High-Risk cases

i. A case involving a parent/caregiver with mental health-related concerns, substance use, or co-occurring disorder (i.e., a condition or behavior related to or presumed to relate to their mental health or substance use that is disrupting their ability to parent and/or display deficient parental protective capacities).

ii. Individuals with current, suspected, or historical opioid or stimulant use, who test positive for such on a drug screen panel. In some instances, a parent or caregiver may be in a program for Medication Assisted Treatment for which either the child welfare professional or BHC will need to verify, as the parent may test positive for the medication e.g., Subutex or Suboxone.

(b) All field visits result in the BHC completing a brief assessment note and documenting the assessment within the electronic record within two (2) business days.

(c) During a Consultation, if either the child welfare professional or BHC finds there is not enough information available to issue a standard recommendation then the BHC should recommend a field visit. Similarly, if the BHC or child welfare professional, after consultation and review of the information available, feels a field visit is necessary then a field visit should be scheduled.

(d) The field visit must be scheduled within three (3) business days of the consultation.

(e) While a field visit may be necessary to gather additional information and make reasonable recommendations, a joint field response between the BHC and child welfare professional is not always required. A consultation will occur between the child welfare professional and the BHC to ascertain the family dynamics, safety concerns, and the intended benefits of a joint field visit.

(f) . If the BHC and child welfare professional are not able to agree on the need for a joint field visit, the decision will be escalated to the supervisor, and furthermore the program administrator for a final decision.

9. Facilitating Recommendations.

(a) BHCs are required to assist the child welfare professional with facilitating appropriate recommendations for their families and caregivers. The need for services will derive from the BHC's recommendations subsequent to a consultation or field visit.

(b) BHCs will make specific recommendations for services (provider and specific program as well if one is deemed appropriate), to include a specific provider or program suggestion, including recovery supports and resources.

(c) In collaboration with the Managing Entity, the BHC will reach out to specified providers to ensure access and eligibility if there are identified barriers. The BHCs will provide the child welfare professional the referral process and/or form to fill out and provide the child welfare professional with the point of contact at the provider. The child welfare professional will copy the BHC when the referral is sent out.

(d) When a Behavioral Health Consultant (BHC) and/or the child welfare professional disagree on recommendations or have concerns about the next steps, it is important to escalate the issue to ensure a timely resolution that serves the best interests of the child and family. Escalation is necessary to safeguard the integrity of the clinical recommendations, support child safety and maintain collaborative working relationships between team members. The initial step must involve a direct discussion between the BHC and/or the child welfare professional to clarify the concern and review the rationale for each recommendation. If the issue remains unresolved, both parties must notify their respective supervisors. An informal case staffing should then be conducted involving the BHC Supervisor and child welfare professional Supervisor to review the case collaboratively. If consensus is still not reached, the matter should be escalated to appropriate chain of command for OCFW and SAMH for final determination.

BY DIRECTION OF THE SECRETARY:

(Signed original copy on file)

Vacant
Assistant Secretary
SAMH

SUMMARY OF REVISED, DELETED, OR ADDED MATERIAL

Initial CFOP, October 1, 2025