

**Guidance 31**  
**Children’s Mental Health System of Care (CMHSOC)**  
**Expansion and Sustainability Project**

**Contract Reference:** *Section A-1.1.2 and Exhibit C1*

**Authorities:** *Section 394.491, F.S., Substance Abuse and Mental Health Services Administration (SAMHSA) Grant Number 1H79SM063422*

**Frequency:** *Ongoing*

**Due Date:** *Quarterly, See Table 2*

**I. Purpose**

To ensure the implementation of the Children’s Mental Health System of Care (CMHSOC) Expansion and Sustainability Project pursuant to Substance Abuse and Mental Health Services Administration (SAMHSA) Grant Number 1H79SM063422. The Managing Entity shall require that CMHSOC providers adhere to the service delivery requirements herein. The purpose of the CMHSOC Grant is to create sustainable infrastructure to improve behavioral health outcomes for children, youth and young adults with Serious Emotional Disturbances (SED) and their families. The goal is to minimize use of residential treatment and increase timely access to care by expanding and sustaining a coordinated, comprehensive array of community-based services.

The CMHSOC project is a strategic initiative under which the Department, Managing Entities, subcontracted Network Service Providers, local project teams and other child-serving stakeholders collaborate to expand and sustain access to community-based children’s behavioral health services and supports that are family driven, youth guided and culturally competent in accordance with System of Care core values and guiding principles available at: <http://socflorida.com/>

The goals of the Department’s CMHSOC strategic plan are to:

- A. Demonstrate family and youth engagement,
- B. Expand and sustain a system-driven array of services,
- C. Implement a high-fidelity Wraparound approach to care management, and
- D. Demonstrate system accountability.

**II. Managing Entity Responsibilities**

**A. Project Assignments by County**

Each participating Managing Entity shall implement local CMHSOC projects only in the counties specified in **Table 1**, unless otherwise authorized in writing by the Department.

Table 1 – CMHSOC Project Locations	
Managing Entity	County
Big Bend Community Based Care	Calhoun County
	Gadsden County
	Holmes County
	Jackson County
	Washington County
	Bay County

Table 1 – CMHSOC Project Locations	
Managing Entity	County
Central Florida Behavioral Health Network	Pasco County
	Pinellas County
Lutheran Services Florida	Alachua County
	Flagler County
	Putnam County
	St. Johns County
	Volusia County
Southeast Florida Behavioral Health Network	Okeechobee County
	Glades area of Palm Beach County

**B. Subcontract Requirements**

Participating Managing Entities shall subcontract with Network Services Providers to deliver any service(s) in the array specified in **Section IV. A. or B.** identified as a gap in the community. The Managing Entity shall include subcontract terms requiring the Network Service Providers to:

1. Adopt the High-Fidelity Wraparound Approach, as described in **Section V**, for case management and the coordination of care;
2. Participate in training on the Wraparound Approach provided by trainers designated by the Department;
3. Expand team-based discharge and transition planning processes for youth in residential care and youth transitioning to adult services;
4. Incorporate trauma screening, trauma treatment, and trauma informed approach to care into the service system;
5. Comply with standardized protocols for data collection, reporting and the sharing of relevant client data with CMHSOC project evaluators designated by the Department; and
6. Collect National Outcome Measure data using the Services Tool - Child or Adolescent Respondent Version and Caregiver Respondent Version, available at:

[https://spars.samhsa.gov/sites/default/files/Ref-376\\_CMHS\\_Client-Level%20Services%20Tool\\_Children-Adolescents-Caregivers.pdf](https://spars.samhsa.gov/sites/default/files/Ref-376_CMHS_Client-Level%20Services%20Tool_Children-Adolescents-Caregivers.pdf).

- a. The Network Service Provider shall enter data into SPARS in accordance with the requirements of the CMHS Child Client Level Services Measure Question-by-Question Guide, available at: <https://spars.samhsa.gov/content/data-collection-tool-resources>
- b. The Network Service Provider shall enter data within 30 days of completing the Services Tool.
- c. The Network Service Provider shall complete the Services Tool for each individual at admission, and every six months thereafter, and at discharge. Admission” means the child or family has accepted any grant-funded services, except information and referral services.

**C. Local CMHSOC Project Team**

Central Florida Behavioral Health Network and Southeast Florida Behavioral Health Network will staff or subcontract for the following positions essential to managing the activities of this project. Job descriptions are in **Appendix A:**

1. 1.0 FTE CMHSOC Local Coordinator
2. Minimum of 0.5 FTE SOC Local Family Coordinator
3. Minimum of 0.5 FTE SOC Local Youth Coordinator

#### **D. System Coordination**

In coordination with the System of Care Coordinator, the Managing Entity shall:

1. Engage community partners to create local SOC planning teams or coordinating councils tasked with strategic planning, infrastructure development, and finance planning activities. The strategic plan should include strategies to:
  - a. Increase the adoption of culturally and linguistically relevant principles and practices using the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care available at: <https://www.thinkculturalhealth.hhs.gov/clas>. The plan should be consistent with the statewide SOC Cultural and Linguistic Competence (CLC) plan, but adaptable to regional characteristics;
  - b. Increase adoption of family-driven, youth-guided values including family and youth involvement in policy and program design, monitoring and quality assurance activities, and in the service delivery system; and
  - c. Leverage community resources to support future sustainability and expansion activities.
2. Provide the completed strategic plan and any updates to the Department's CMHSOC Project Director;
3. Collaborate with the CMHSOC Social Marketing Coordinator on statewide and local plans for social marketing or other media activities; and
4. Increase stakeholder awareness of existing funding sources.

### **III. Eligibility for Grant Funded Services**

A. To be eligible for CMHSOC services, individuals must meet all of the following criteria:

1. Be under 21 years of age;
2. Have a diagnosable emotional, socio-emotional, behavioral, or mental disorder under the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or International Statistical Classification of Diseases and Related Health Problems (ICD) equivalents;
  - a. A diagnosis of Autism Spectrum Disorder or other Intellectual Disorder requires a co-occurring behavioral health diagnosis and cannot be the sole diagnosis.
  - b. A substance use disorder requires a co-occurring serious emotional disturbance or mental illness and cannot be the sole diagnosis.
3. Demonstrate serious difficulties in function in their family, school, or community setting or demonstrate a level of functioning such that they require multi-agency intervention; and
4. The identified disorder must have been present for at least a year or is expected to persist for a year or more based on diagnosis or multi-agency involvement.

### **IV. Network Service Provider Array**

The required array of services and supports to be funded by the CMHSOC project is outlined in **Section IV.A**. The required service array is intended to ensure that supports and services are available and accessible to all who are eligible for them.

## **A. CMHSOC-Funded Required Mental Health and Support Services**

Combining pre-existing services and services provided using CMHSOC funds, the service array must consist of, but is not limited to:

1. Diagnostic and evaluation services;
2. Individualized service plan development inclusive of caregivers;
3. Case Management services with focus on cross-systems care management processes;
4. Outpatient services provided in a clinic, office school, family's home or other appropriate community settings) including individual, group and family counseling services; professional consultation; and review and management of medications;
5. Crisis Support/Emergency services available 24-hours a day, seven days a week, including mobile crisis outreach and crisis intervention;
6. Intensive home-based services available 24 hours a day, 7 days a week for the children and their families when the child is at imminent risk of out-of-home placement or upon return from out of home placement;
7. Intensive day treatment services;
8. Respite care;
9. Therapeutic foster care services, services in therapeutic foster family homes or individual therapeutic residential homes, and group homes caring for not more than 10 children;
10. Assisting youth in transitioning to services for adults;
11. Other recovery support services, such as supported employment; and
12. Programs to provide treatment to youth with early onset of SED or Serious Mental Illness (SMI).

## **B. Other CMHSOC-Funded Allowable Services**

In addition, the Managing Entity may subcontract for any of the following optional services and other mental health services not specifically referenced in **Section IV. C.** as Non-CMHSOC-funded Services:

1. Screening assessments to determine whether a child is eligible for services;
2. Therapeutic recreational activities;
3. Incidental Expenses as defined in Ch. 65E-14.021(3)(k), F.A.C., subject to Managing Entity approval procedures, excluding services specifically referenced as not grant fundable in **Section IV. C.**

## **C. Recommended Non-CMHSOC-funded Services**

Funds from this program cannot be used to provide non-mental health services. Nonetheless, non-mental health services play an integral part in the individualized service plan of each child. The Managing Entity must facilitate the provision of such services through coordination, memoranda of understanding or other agreements with relevant agencies and providers. These services include, but are not limited to:

1. Educational services, especially for children and youth who need to be placed in special education programs;
2. Health services, especially for children and youth with co-occurring chronic illnesses;
3. Substance abuse prevention and treatment services, especially for youth with co-occurring substance abuse problems;
4. Out-of-home services such as acute inpatient and residential;

5. Vocational counseling, habilitation, and transition services offered under Individuals with Disabilities Education Act (IDEA); and
6. Protection and advocacy, including informational materials.

## V. The Wraparound Approach

The Wraparound Approach is a care coordination model for children with complex behavioral health needs. The approach involves an intensive, individualized care planning and management process, structured team meetings, and the provision of community-based treatment and support services dictated by the needs and preferences of the child and their family. The ten basic principles of Wraparound are available at: <http://nwi.pdx.edu/>

Providing High-Fidelity Wraparound is a primary goal for utilization of CMHSOC funds. However, if an individual or family declines or is not ready for Wraparound service models, CMHSOC funds may provide the allowable services in Sections IV. A. and B. without multi-agency coordination, provided the individual meets eligibility criteria.

## VI. Required Reporting

The Managing Entity shall submit reports in accordance with Table 2, using Template 20 – CMHSOC Quarterly Report.

Table 2 Required CMHSOC Project Reporting			
Name of Report	Method for Reporting	Who Completes	Due Date
Template 20 – CMHSOC Quarterly Report	Submit Template 20 to <a href="mailto:HOW.SAMH.SOCFlorida@myffamilies.com">HOW.SAMH.SOCFlorida@myffamilies.com</a>	CMHSOC Local Coordinator or Managing Entity	October 12, January 20, April 12, and July 20 (Or the Friday before if the due date falls on a weekend.)

## VII. Resources

More information on the CMHSOC can be viewed at the following web sites:

- A. Toolkit for Expanding the SOC Approach  
[https://gucchd.georgetown.edu/products/Toolkit\\_SOC.pdf](https://gucchd.georgetown.edu/products/Toolkit_SOC.pdf)
- B. The TA Network – The Natl. Technical Assistance Center for Children’s Behavioral Health  
<https://www.chcs.org/project/national-technical-assistance-network-for-childrens-behavioral-health/>
- C. Systems of Care - A Framework for Systems Reform in Children’s Mental Health  
<https://gucchd.georgetown.edu/products/SOCIssueBrief.pdf>
- D. 4. SAMHSA’s 2015 Children’s Mental Health Initiative Report to Congress  
[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/nitt-ta/2015-report-to-congress.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/nitt-ta/2015-report-to-congress.pdf)
- E. University of Maryland School of Social Work – The Institute for Innovation and Implementation  
<https://theinstitute.umaryland.edu/>
- F. The Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances Report to Congress 2016  
<https://store.samhsa.gov/shin/content//PEP18-CMHI2016/PEP18-CMHI2016.pdf>
- G. Building a System of Care, A Primer, 2nd Edition  
[https://gucchd.georgetown.edu/products/PRIMER2ndEd\\_FullVersion.pdf](https://gucchd.georgetown.edu/products/PRIMER2ndEd_FullVersion.pdf)
- H. Trauma-Informed Care  
<https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>

## Appendix A: Job Descriptions

**Position Description:** Florida's Children's Mental Health System of Care (CMHSOC) Local/Site Coordinator

**Coordinates with:** System of Care Project Director, Office of Substance Abuse and Mental Health, Florida Department of Children and Families

**JOB QUALIFICATIONS:** This position requires a Master's degree from an accredited institution of higher learning with a major in the field of counseling, social work, psychology, marriage and family therapy, nursing, rehabilitation or a related field; and, at least three years of collective service delivery, research, or management experience in the behavioral health field, particularly with children and families, or a Bachelor's degree and five years' experience. Experience managing federally funded grant projects and project management is desired.

**JOB RESPONSIBILITIES:** This position is responsible for assisting with all aspects of the Florida Children's Mental Health System of Care Expansion Implementation Grant Project at the local site.

1. Function as the team leader for the CMHSOC pilot site. Activities should support the State System of Care Strategic Plan.
2. Function as the liaison between providers, the Managing Entity, local Department of Children and Families staff, local coordinating council or governance structure, state evaluation team, and state project staff.
3. Engage community partners to participate in local CMHSOC planning teams or coordinating councils tasked with strategic planning, infrastructure development and financing planning activities including discussion on leveraging resources at the community level as described in Guidance Document #31, **Section II. D. 1**.
4. Report performance via Template 20, and referral logs. Ensure that Services Tool instruments are completed and data entered into SPARS, and that referrals are made to the state evaluators for the Quality of Care interviews and WFI EZ Wraparound surveys.
5. Track youth and family referrals to services funded by or coordinated as a result of the grant. Ensure adequate referral sources, number of referrals, and enrollment in services to meet required number for clients served and to spend the grant's service dollars. Work with the Managing Entity to ensure the full array of required services is available.
6. Work with the Wraparound Champion to develop and monitor progress on the Wraparound Implementation Plan. Report progress to State Wraparound Coordinator.
7. Conduct outreach activities to promote System Of Care principles and values and sustain interagency collaboration and communication related to behavioral health infrastructure and services
8. Collaborate with the CMHSOC Social Marketing Coordinator on statewide and local plans for social marketing.
9. Work with state Cultural and Linguistic Competence (CLC) Coordinator to encourage use of CLC self-assessments and planning by behavioral health providers.
10. If a Family-Run Organization exists, work in partnership with that Organization, the Family Coordinator, and other partners to engage families at all levels of the CMHSOC. If no Family-Run Organization exists, work in partnership with the Family Coordinator and local families to create and assist with implementing a work plan to engage families.
11. If a youth advocacy group exists, work in partnership with that group and its sponsors/advisors, the Youth Coordinator, and other partners to engage youth at all levels of the CMHSOC. If no youth advocacy group exists, work in partnership with the Youth Coordinator and local youth to create and assist with implementing a work plan to engage youth.

**Position Description: Florida's Children's Mental Health System of Care (CMHSOC) Local Family Coordinator**

**Coordinates with: State Family and Youth Coordinator, Office of Substance Abuse and Mental Health, Florida Department of Children and Families**

**JOB QUALIFICATIONS:** Successful applicant/candidate must be or have been a caregiver (biological parent, kinship caregiver, foster parent, adoptive parent, etc.) of a child, youth or young adult, who has received or is receiving behavioral health services. Experience includes navigating and advocating within child-serving systems such as mental health, juvenile justice, education or child welfare. Minimum GED or high school diploma.

**Additional Preferred Qualifications include:** Two years of experience working with families or youth; ability to communicate clearly and with cultural and linguistic competence; and an understanding of Peer Support Services.

**Key desired experience includes:** Leadership, advocacy, and assertiveness on behalf of families; social marketing; knowledge of the Wraparound care management approach and community services; and a strong commitment to youth and family centered services. Certification as a Recovery Peer Specialist is not required.

**JOB RESPONSIBILITIES:**

1. Participate as a full member of the local CMHSOC advisory group to provide the family perspective in the local designing, planning and implementation of a local System of Care including continuing family involvement after the grant ends.
2. Partner with the local CHMSOC Site Coordinator, family-run organizations and other partners to engage family participation in local CMHSOC advisory group activities.
3. Participate on the parent advisory committees with the CMHSOC evaluation team and provide feedback from the family perspective.
4. Keep the State Family and Youth Coordinator informed of activities and progress towards meeting goals.
5. Represent the CMHSOC grant project at community meetings to:
  - a. Provide the family viewpoint, promote the System of Care values and principles of family-driven care, and advocate for family-focused planning and program design; and
  - b. Inform the community about barriers related to successful engagement in services, and in accessing resources.
6. Assist the Site Coordinator with the development of a local family or parent peer support group if none exist.
7. Work in partnership with the local Youth Coordinator to ensure that family and youth activities of the CMHSOC initiative take place in a coordinated and complimentary way.

**Position Description: Florida's Children's Mental Health System of Care (CMHSOC) Local Youth Coordinator**

**Coordinates with: State Family and Youth Coordinator, Office of Substance Abuse and Mental Health, Florida Department of Children and Families**

**JOB QUALIFICATIONS:** Successful applicant/candidate must be a young adult who has received behavioral health services. Experience includes navigating and advocating within child-serving systems such as mental health, juvenile justice, education or child welfare. Minimum GED or high school diploma; reliable transportation and appropriate insurance; ability to maintain a flexible schedule; ability to travel and be away from home overnight occasionally.

**Additional Preferred Qualifications include:** Two years of experience working with families or youth; ability to communicate clearly and with cultural and linguistic competence; and an understanding of Peer Support Services.

**Key desired experience includes:** Leadership, advocacy and assertiveness on behalf of youth; up to date social marketing skills; knowledge of the Wraparound care management approach; and a commitment to youth and family centered services. Certification as a Recovery Peer Specialist is not required.

**JOB RESPONSIBILITIES:**

1. Participate as a full member of the local CMHSOC advisory group to provide the youth perspective in the local designing, planning and implementation of a local System of Care including continuing youth involvement after the grant ends.
2. Partner with the local CMHSOC Site Coordinator, youth groups, and other partners to involve youth at all levels of the CMHSOC.
3. Participate on the youth advisory committees with the CMHSOC evaluation team and provide feedback from the youth perspective.
4. Keep the State Family and Youth Coordinator informed of activities and progress towards meeting goals.
5. Represent the CMHSOC grant project at community meetings to:
  - a. Provide the youth viewpoint, promote the System of Care values and principles of youth guided care, and advocate for youth-focused planning and program design; and
  - b. Inform the community about barriers youth may experience related to successful engagement in services and accessing resources.
6. Assist the Site Coordinator with developing a plan for starting a youth group if none exist.
7. Work in partnership with the local Family Coordinator, to ensure that family and youth activities with the CMHSOC initiative take place in a coordinated and complimentary way.