INTENSIVE HOME-BASED BEHAVIORAL HEALTH TREATMENT (IHBT) FOR CHILDREN, YOUTH, AND FAMILIES

PROGRAM and PRACTICE STANDARDS

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Intensive Home-Based Behavioral Health Treatment (IHBT) for Children, Youth, and Families
Program Standards
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Clinical Program Categories	Description
A program that provides high-quality in-home behavioral health services for children and youth with serious emotional and behavioral needs and their families includes:	
1) Competent staff	**1.1** *Role clarity*: Regardless of composition of teams (i.e., solo practitioners; two or three-person teams), there are clear roles and responsibilities for the IHBT practitioners, including detailed job descriptions for each role [e.g., therapists, other qualified mental health professionals (QMHPs), peer support workers, supervisors]. **1.2** *Practitioner credentials:* All members of IHBT teams (i.e., therapists, QMHPs, peer support workers, supervisors) have a clear set of credentials (i.e., relevant degree, training, and experience) appropriate to their role. Moreover, regardless of composition of teams (i.e., solo practitioners; two or three-person teams), IHBT teams as a whole have credentials that allow them to provide the complete array of services included in IHBT (i.e., if the program utilizes a single practitioner model, staff need to have the necessary credentials to provide the full continuum of services). **1.3** *Qualified personnel:* Practitioners must possess the ability to engage youth and caregivers and build and maintain relationships, as well as demonstrate skills appropriate to their role (e.g., therapist, QMHP, peer support worker, supervisor). Ideally, IHBT practitioners have prior experience and/or training (2000+ hours) working with youth with intensive needs and their caregivers. Practitioners with little to no previous experience in IHBT are required, before taking on a full caseload, to shadow a more experienced practitioner or supervisor and practice under observation with feedback until they demonstrate competence. **1.4** *Stable workforce:* The organization or team will take specific steps (e.g., evaluate adequacy of compensation and benefits, assess and attend to organizational climate), to ensure that turnover among staff is maintained at a level that does not negatively impact youth and caregivers or detrimentally affect the performance of the IHBT program. Ideally, staff turnover is maintained at less than 25% annually. **1.5** *Rigorous hiring processes:* The IHBT provider organization has written interviewing and hiring protocols for each of the relevant positions. Protocols are rigorous and aimed at recruiting and selecting staff who are ideal for the position (e.g., presentation of scenarios that allow candidates to demonstrate skills/value base). **1.6** *Reflective hiring process*: The IHBT program undertakes all steps possible to ensure staff recruitment and hiring reflects the racial, cultural, and linguistic diversity of the population(s) being served.

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	1.7 *Effective training:* IHBT staff and supervisors are required to participate in initial training and continuing education relevant to their roles and responsibilities. There are written training protocols that include behavioral rehearsal and direct observation of skills-based practice. **1.8** *Ongoing skills-based coaching:* IHBT practitioners have access to regular (at least once a week) clinical supervision or consultation by a supervisor who observes the practitioner's skills, reviews plans of care and other documentation, and provides feedback aimed at improving practice. **1.9** *Intensive supervision:* Supervisor to practitioner ratio meets relevant guidelines (ideally, no higher than 1:8) and supervisors allocate adequate time to the IHBT team (ideally, 50% FTE for up to 4-person team; and 100% for 5 to 8 person team). In addition, the IHBT supervisor convenes weekly team meetings/group supervision to coordinate treatment, supports, review safety plans, and coordinate crisis on-call between team members. **1.10** *Quality of supervision:* Supervisors review initial and updated IHBT treatment plans, treatment notes, and progress for each youth and caregiver as part of the process of overseeing IHBT implementation. **1.11** *On call Support*: Programs arrange for 24/7 on-call support for their staff.
2) Defined practice model	**2.1** *Clear eligibility criteria:* Population of focus is limited to youth with intensive behavioral health needs (e.g., multiple diagnoses, multiple action items on a standardized assessment, and/or significant safety or risk concerns) and who are at risk of out-of-home placement or transitioning home from an out-of-home placement due to their behavioral health needs. **2.2** *Practice protocol(s):* A standardized protocol is used by program staff with all youth and caregivers that guides an individualized selection of IHBT interventions to be provided relative to youth and caregivers' strengths, needs, goals, and preferences. **2.3** *Service coordination:* In situations where there is no care coordination program or provider, IHBT provider integrates case/care management into the practice model, including a well-operationalized approach to coordinating and overseeing multiple therapeutic services and supports (formal and informal) for each youth and caregiver. **2.4** *24/7 availability:* Ideally, crisis response is available at all times by IHBT program staff. If/when coverage is not available from the IHBT provider, the youth and caregivers have knowledge of and access to services such as Mobile Crisis Response. **2.5** *Commitment to flexibility and accessibility:* IHBT sessions are delivered at times and in places that are flexible, accessible, and convenient to the youth and caregivers, including evening and weekend appointment times, and sessions at the location of the youth and caregivers' choice. **2.6** *Ecological focus:* IHBT is based on a holistic and comprehensive assessment of youth and caregiver needs. Treatment planning conceptualizes the youth and caregivers as part of an ecological system.

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	2.7 *Comprehensiveness of intervention:* Whether delivered via one individual or by members of a team, the youth and caregivers have access to comprehensive behavioral health treatment, including, but not limited to: behavioral management training, skills-enhancement, individual therapy, family therapy, psychiatric evaluation and medication management, 24/7 crisis response, family and peer-to-peer support, and care coordination. **2.8** *Safety planning:* Safety plans are completed collaboratively with the youth, caregivers and IHBT team, and include: assessment of safety concerns, escalation patterns, and crisis triggers; incorporation of natural supports; actionable crisis stabilization and de-escalation strategies that are easily understood; and prevention strategies. Plans are monitored regularly, with revisions and additions occurring as clinically indicated. **2.9** *Small caseloads:* The number of youth and caregivers per practitioner is appropriate to the practice model and intensity (ideally, 6:1, 8:1, and 12:1 for one, two, and three-person teams respectively). **2.10** *Intensity of intervention:* Frequency and hours of intervention are tailored to the level of need for support of the youth and caregivers and their status in the intervention process. Average intensity for youth and their caregivers, however, should be no less than 3-6 hours per week. In some cases, factors such as phase of treatment may warrant flexibility. **2.11** *Focused treatment duration:* Youth and caregivers are engaged in IHBT until intervention goals are met and progress has been documented via ongoing assessment. However, the intervention should aim to address the youth and caregivers' priority needs and transition out of formal IHBT within 6 months. IHBT provider organizations' average length of treatment should be 3-6 months. **2.12** *Post-transition services*: The program includes a procedure for checking in with the youth and caregivers for six months after transition from formal IHBT.
3) Accountability mechanisms	**3.1** *Outcome monitoring:* Baseline and repeated measurement of outcomes is routinely and reliably measured and shared with the youth and caregivers, including: emotional and behavioral functioning of the youth, living situation, school outcomes, juvenile justice involvement, and progress toward individualized goals for the youth and caregivers. Youth and caregiver satisfaction with the team and process should also be assessed. **3.2** *Quality monitoring:* IHBT practice adherence and quality of care is routinely and reliably measured with the goal of providing feedback and opportunity for skill development for the practitioner as well as continuous program improvement. **3.3** *Effective data management:* The IHBT provider organization uses information systems that serve as a mechanism for maintaining information for each youth and caregiver. Data systems can generate reports that are routinely used to monitor individual youth and caregiver progress, assist in supervision, and manage the IHBT program. **3.4** *Review of care plans:* Each youth and caregiver's initial treatment plan is reviewed by an expert (i.e., supervisor) in the IHBT practice model. Updated treatment plans should also be regularly reviewed.

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4) Leadership	**4.1** *Comprehensive system collaboration:* The IHBT provider establishes and maintains effective partnerships with community partners including representatives of all child serving systems, caregiver- and youth-run organizations, and other provider organizations. IHBT provides proactive system advocacy for youth and caregivers. **4.2** *Positive work environment:* Supervisor and program administrators monitor and address staff morale and encourage a high sense of collective mission, open communication, and cohesion among all staff. **4.3** *Effective leadership:* Supervisors and higher-level leadership are receptive to the ideas and concerns of staff, have well-defined organizational performance goals, and effectively address barriers.
5) Facilitative organizational support	**5.1** *Adequate compensation:* IHBT practitioners and their supervisors are adequately compensated and given the physical resources needed (e.g., office space, laptops, transportation support) to do the job. **5.2** *Routine oversight of key operations:* The IHBT organization has individuals responsible for (1) overseeing human resources (i.e., recruitment, training, coaching, performance assessment, staff retention); (2) data collection and use; and (3) IHBT implementation, including review of youth and caregiver enrollment patterns and plans of care.

Intensive In-Home Behavioral Health Treatment (IHBT) for Children, Youth, and Families
Practice Standards
January 2021

Clinical Practice Categories	Description
Engagement ***A skilled in-home behavioral health therapist (or team):***	
1) Engagement	**1.1** *Describes IHBT.* Ensures that the process of IHBT is described clearly for youth and caregivers, including: roles, boundaries, strengths and limitations, particularly as they differ from other treatment settings and modalities. Orients, in plain language, the expectations of all team members, including youth and caregivers. **1.2** *Explains confidentiality* (and its limitations) specific to the IHBT model, including how and why information may be shared with individuals within the team (e.g., caregivers) and outside the team (e.g., for supervision). **1.3** *Engages the youth/caregivers/family* utilizing evidence-based techniques. These include: A. Promotes youth and caregiver voice and choice. B. Identifies potential future barriers to participating in treatment and actively brainstorms solutions. C. Reframe or clarify youth and caregiver perspectives in a way that avoids criticism or judgement. D. Utilize strength-based language and practices. **1.4** *Employs motivational enhancement strategies* (e.g., open-ended questioning, affirmations, solution-focused, and reflections), based on the youth and caregivers' readiness for change.
2) Cultural competence	**2.1** *Actively seeks to understand* and demonstrate respect for the unique and diverse backgrounds of the youth and caregivers (e.g., roles, values, beliefs, races, ethnicities, sexual orientations, gender expressions, gender identities, languages, traditions, communities, and cultures). **2.2** *Uses language that is accessible* to the youth and caregivers and, where necessary, translates clinical terminology (e.g., diagnoses and acronyms) used by professionals into content that is clear and promotes understanding.

Clinical Practice Categories	Description
Risk Identification, Safety Planning, & Crises Response ***A skilled in-home behavioral health therapist (or team):***	
3) Risk identification	**3.1** *Identifies risks.* Works with the youth and caregivers to identify and address risk and safety concerns at home, in school, and in the community.
4) Safety planning	**4.1** *Co-creates safety plan.* Ensures that the youth and caregivers have an individualized safety plan. Safety plans should be co-created by the youth and caregivers, and include the identification of safety concerns, potential crises, triggers, de-escalation and coping strategies utilizing functional strengths, actionable stabilization steps, prevention measures, and youth- and caregiver-identified supports. **4.2** *Regularly monitors and updates the safety plan* in partnership with the youth, caregivers, and other team members.
5) Crisis response and stabilization	**5.1** *Responds to crises*. Is available as an initial crisis responder, responding to calls immediately and providing on-site stabilization as necessary, depending on the youth and caregivers' preferences and other options within the system of care. Makes other arrangements for coverage when IHBT team members or supervisor is unavailable (e.g., Mobile Crisis Services). **5.2** *Uses crisis de-escalation* skills and demonstrates ability to effectively prevent or stabilize crisis situations. Works with the youth and caregivers to develop their own crisis de-escalation skills.
Assessment, Clinical Conceptualization, & Treatment Planning ***A skilled in-home behavioral health therapist (or team):***	
6) Comprehensive contextual assessment	**6.1** *Identifies needs and current functioning.* Works with youth and caregivers to comprehensively assess current strengths, behavioral health needs, and functioning across key life domains (e.g., school, vocation, family, social, and community). **6.2** *Identifies functional strengths*. Works with the youth and caregivers to identify strengths that can be used as the basis for elements of the treatment plan in the areas of: school, vocational, family, social, and community functioning as well as towards meeting developmental skills/abilities. **6.3** *Assesses for trauma*. Assesses for the presence and impact of trauma (e.g., personal, intergenerational, community, and historical) in the youth and caregivers.
7) Clinical conceptualization process	**7.1** *Prioritizes needs.* Works with the youth and caregivers to prioritize the most critical behavioral health needs and concerns that will be the focus of treatment planning and delivery. If care planning includes other team members, such as in team-based wraparound or other care coordination models, prioritization will be conducted in collaboration with other team members as well.

Clinical Practice Categories	Description
	7.2 *Conducts a functional analysis*. Works with the youth and caregivers to conduct a functional analysis of antecedents and consequences of the youth's behavior to yield a functional understanding of behavior. Ideally, an external expert (supervisor, coach, or model consultant) reviews and provides feedback on these factors and their applicability to treatment planning.
8) Collaborative Treatment Planning	**8.1** *Develops treatment plan*. Works with the youth and caregivers to develop a treatment plan, written in the language of the family, with a manageable number (e.g. 1-4) of priority needs and goals. Strategies for addressing the needs and goals are based use evidence-based techniques wherever appropriate. **8.2** *Develops indicators of progress*. Works with the youth and caregivers to develop individualized indicators of progress that are concrete and measurable for each priority treatment need/goal in the plan of care.
Comprehensive Treatment ***A skilled in-home behavioral health therapist (or team):***	
9) Psychoeducation	**9.1** *Provides Psychoeducation.* Engages the youth and caregivers in initial and continued psychoeducation surrounding the youth's diagnoses and/or behavioral health needs, as well as applicable intervention strategies.
10) Measuring and monitoring treatment progress	**10.1** *Conducts standardized assessment*. Collaborates with youth and caregivers to use BOTH standardized forms of assessment and indicators that are individualized to the youth/caregivers to measure progress from baseline to regular follow-up intervals. Such assessment is also used near treatment plan completion to determine the youth and caregivers' readiness for discharge.
11) Skill building - Youth: Functional competencies and coping strategy development	**11.1** *Builds youth skills.* Works with youth and caregivers to develop adaptive and emotional coping skills across settings, such as emotional regulation, problem solving, communication, conflict management, and decision-making.
12) Skill building – Parent: Behavior Management and Positive Parent-Child Relationships	**12.1** *Builds caregiver skills*. Works with caregivers to help them acquire and use behavior management skills as indicated by the treatment plan. Examples include: consistency and follow through, use of meaningful rewards and consequences, problem solving, praise and positive communication, conflict resolution, and the development of child supervision and monitoring plans. **12.2** *Promotes positive relationships.* Works with caregivers to develop supportive and nurturing relationships with the youth that promote resiliency and wellness.

Clinical Practice Categories	Description
13) Cognitive behavioral interventions - Youth	**13.1** *Uses cognitive-behavioral strategies.* Demonstrates competency in cognitive behavioral interventions, including assisting the youth and caregivers in identifying underlying emotions and emotional triggers, and in developing cognitive flexibility, emotional regulation, and/or adaptive thinking patterns.
14) Family and systemic interventions: Structural, solution focused, strategic	**14.1** *Promotes positive family interactions*. Works with the youth and caregivers to identify non-adaptive interactional patterns, and is able to develop and implement family system interventions that increase the youth and caregivers' adaptive responses and functioning.
Cross-System Collaboration, Care Coordination, and Advocacy ***A skilled in-home behavioral health therapist (or team):***	
15) Collaborative planning and care coordination	**15.1** *Ensures collaboration*. Ensures that there is cross-system collaboration and service coordination, including regular cross-system collaboration meetings. **15.2** *Assesses for substance abuse treatment needs*. Works with the youth and caregivers to assess for substance use needs and, if appropriate, integrates treatment into the plan of care (unless assessment indicates a need for a different treatment approach or setting). **15.3** *Assesses for social service needs*. Works with the youth and caregivers to assess for the need of social services (e.g., food subsidies, housing and utilities assistance, and job training) and, if appropriate, engage services.
16) Contextual Interventions	**16.1** *Promotes positive relations with systems*. Supports and empowers the youth and caregivers to develop positive working relationships with other systems and providers who are engaged with the youth and/or caregivers. **16.2** *Arrange for supports from systems*. Works with the youth and caregivers to consult with other system providers to develop and implement relational supports and accommodations (e.g., support developing an IEP or 504 plan in school) based on the youth and caregivers' abilities and challenges.
17) Strategic advocacy	**17.1** *Provides system navigation*. Works with the youth and caregivers to understand each of the systems they are involved in, as well as shares and models how they can effectively navigate those systems. Where there is a care coordination provider and/or family/youth partner, shares responsibility for system understanding and navigation.

Clinical Practice Categories	Description
Developmental Asset and Resilience Promotion, and Functional Supports ***A skilled in-home behavioral health therapist (or team):***	
18) Resilience/ developmental asset/wellness promotion	**18.1** *Builds community assets*. Works with youth and caregivers in linking youth with pro-social activities and peers. **18.2** *Builds a future orientation.* Works with youth and caregivers to build a future orientation (e.g., optimism and goals).
19) Resource and support building: identification and linkage	**19.1** *Identifies current family resources and supports*. Works with the youth and caregivers to identify their current support network (informal and formal) across areas such as instrumental (e.g. childcare, transportation, etc.), informational, and emotional supports, as well as the availability of the supports, and the size and stability of the support network. **19.2** *Builds family resources and supports*. Works with the youth and caregivers to determine if additional supports are needed. When appropriate, the practitioner helps to facilitate the development and linkage of a safety net of supports for the youth and caregivers.
Transitioning from IHBT ***A skilled in-home behavioral health therapist (or team):***	
20) Transition planning	**20.1** *Establishes transition criteria*. Works with the youth and caregivers, early in the intervention, to develop a plan for transition from IHBT by establishing criteria for successful transition/discharge. **20.2** *Develops post-IHBT crisis plan*. Works with the youth and caregivers to develop a post-IHBT crisis management plan that includes prevention strategies, action steps, specific responsibilities, and communication protocols. **20.3** *Develops skill maintenance plan*. Works with the youth and caregivers to develop a plan for ongoing maintenance of skills and progress. **20.4** *Develops linkages with post-IHBT resources*. Works with the youth and caregivers to develop linkages to post-IHBT resources and supports (informal and formal), as appropriate. **20.5** *Discusses access to future IHBT services*. Discusses with the youth and caregivers how they can access future IHBT services, as needed.
21) Transition	**21.1** *Schedules a closing session* to review progress towards meeting needs/goals, celebrate successes, and discuss the youth and caregivers' experiences of the treatment process.