

5122-29-28

Intensive home based treatment (IHBT) service.

(A) Intensive home based treatment (IHBT) service is a comprehensive mental health service provided to a ~~youth~~ child/adolescent and his or her family that integrates community psychiatric supportive treatment (CPST) service or health home service for persons with serious and persistent mental illness for a person enrolled in the service, mental health assessment service, mental health crisis response, behavioral health counseling and therapy service, and social services with the goal of either preventing the out-of-home placement or facilitating a successful transition back to home. IHBT service may also be provided to transitional age youth between the ages of eighteen and twenty-one who have an onset of serious emotional and mental disorders in childhood or adolescence. These intensive, time-limited mental health services are provided in the ~~home, school, and community settings, and should address and improve the~~ the child/adolescent's natural environment with the purpose of stabilizing and improving his/her mental health functioning of the youth in each of these domains.

The purpose of IHBT is to enable a ~~client~~ child/adolescent with serious emotional disturbance (SED) to ~~live~~ function successfully in the least restrictive, most normative environment. IHBT services are culturally, ethnically, racially, developmentally and linguistically appropriate, and respect and build on the strengths of the ~~child~~ child/adolescent and family's race, culture, and ethnicity.

(B) In addition to the definitions in rule 5122-24-01 of the Administrative Code, the following definitions apply to this rule:

- (1) "Caseload" means the individual cases open or assigned to each full-time equivalent IHBT staff.
- (2) "Continued stay review" means a review of a ~~client's~~ child/adolescent's functioning to determine the need for further services to achieve or maintain service goals and objectives.
- (3) "Crisis response" means the immediate access and availability ~~of the IHBT provider~~, by phone and face-to-face, as clinically indicated, to the ~~youth~~ child/adolescent and family, which may include crisis stabilization, safety planning, and the alleviation of the presenting crisis.
- (4) "Face-to-face contacts" means in-person IHBT provided in the home, school, and community working directly with the person served and his or her family, or on the ~~youth's~~ child/adolescent's behalf.
- (5) "Home" means any long-term family living arrangement including biological, kinship, adoptive, and non-custodial families who have made a long-term

commitment to the ~~youth~~child/adolescent.

- (6) "Out-of-home placement" means any removal of the ~~youth~~child/adolescent from his or her home. Planned respite, where the child's main residence remains his or her home, is not considered out-of-home placement.
- (C) IHBT certified agencies must be certified to provide behavioral health counseling and therapy service, mental health assessment service, and community psychiatric supportive treatment (CPST) service in accordance with Chapters 5122-24 to 5122-29 of the Administrative Code. Persons receiving IHBT service shall receive the services specified in this paragraph from IHBT staff with the exception of a physician providing mental health assessment service. Staff providing CPST service as part of IHBT shall meet the provider qualifications specified under the IHBT portion of rule 5122-29-30 of the Administrative Code.
- (D) The agency shall determine who is eligible to receive the service and must document how the ~~client~~child/adolescent meets the following criteria necessary to receive IHBT services:
- (1) Is clinically determined to meet the "person with serious emotional disturbance" (SED) criteria in paragraph (B) ~~(68)~~(48) of rule 5122-24-01 of the Administrative Code; IHBT may also be provided to an individual age eighteen through twenty-one who meets all of the other diagnostic criteria for SED, and is still living at home and/or in the custody of a public child serving agency and/or under the jurisdiction of juvenile court and/or in the custody of the Ohio department of youth services; and
- (2) Meets one or more of the following criteria as documented in the ICR:
- (a) Is at risk for out-of-home placement due to his/her behavioral health/mental health condition;
- (b) Has returned within the previous thirty days from an out-of-home placement or is transitioning back to their home within thirty days; or
- (c) Requires a high intensity of mental health interventions to ~~stabilize potential safety concerns~~ safely remain in or return home; and
- ~~(3) Is under the age of eighteen. IHBT may also be provided to a client age eighteen through twenty-one who:~~
- ~~(a) Is still living at home and/or in the custody of a public child serving agency and/or under the jurisdiction of juvenile court and/or in the~~

~~eustody of the Ohio department of youth services;~~

~~(b) Attends school working toward a high school diploma or its equivalent;
and~~

~~(c) Meets all of the criteria for SED, except the age criteria established in paragraph (B)(68) of rule 5122-24-01 of the Administrative Code.~~

(E) ~~The agency must demonstrate that~~The following describes the activities and components of IHBT:

~~(1) IHBT is an intensive service based on the needs of the child and family. IHBT service shall:~~

~~(a) Average a minimum of three hours per week of IHBT service during the time that IHBT service is provided. Total service time may include phone contacts.~~

~~(b) Consist of multiple face-to-face contacts per week with the child and family. Exceptions might include family illness, cancellation, and/or vacation, or when preparing the child and family for discharge from the service; and~~

~~(c) Include collateral contacts when they relate to the mental health needs of the youth as documented in the ICR;~~

(1) IHBT is an intensive service that consists of multiple face-to-face contacts per week with the child/adolescent and family, which includes collateral contacts related to the mental health needs of the child/adolescent as documented in the ICR. The frequency of contacts may fluctuate based on the assessed needs and unique circumstances of the child, adolescent, and family.

(2) IHBT is strength-based and family-driven, with both the ~~youth~~child/adolescent and family regarded as equal partners with the IHBT staff in all aspects of developing the service plan and service delivery;

(3) IHBT is provided in the home, school, and community where the child/adolescent lives and functions, ~~with no more than twenty-five per cent of total service time delivered in an office setting;~~

(4) ~~A maximum caseload, per full-time equivalent staff, averages eight or less over any six-month period sampled;~~Provided by staff with a caseload that averages over any six month period and per full time equivalent staff:

(a) Twelve or less when provided by a team of two, or

(b) Eight or less when provided by an individual staff:

- (5) Crisis response is available twenty-four hours a day, seven days a week. Crisis response may be provided through written agreement with another agency, as long as at least one agency IHBT staff is accessible to the provider agency, and is available to the client and family as needed. ~~The agreement shall specify the responsibilities of the IHBT staff and the provider agency. When crisis response is provided through a written agreement, the procedure for contacting the crisis response provider and responsibilities of both the crisis response provider and IHBT staff shall be shared with the client and family;~~
 - (6) Each clientchild/adolescent and family receiving IHBT is assessed for risk and safety issues. When clinically indicated, a jointly written safety plan shall be developed that is provided to the clientchild/adolescent and family;
 - (7) Collaboration occurs with other child-serving agencies or systems, e.g., school, court, developmental disabilities, job and family services, and health care providers that are providing services to the clientchild/adolescent and family, as well as family and community supports identified by the youthchild/adolescent and family;
 - (8) The service is flexible and individually tailored to meet the needs of the clientchild/adolescent and family. Appointments are made at a time that is convenient to the clientchild/adolescent and family, including evenings and weekends if necessary;
 - (9) The service is time-limited, with length of stay matched to the presenting mental health needs of the youthchild/adolescent. IHBT should not exceed six months length of stay. IHBT certified agencies must have clearly written guidelines for granting extensions and procedures for continued stay of each individual. A continued stay review must be documented for each clientchild/adolescent receiving IHBT beyond six months, and every forty-five days thereafter. The continued stay review must include the criteria in paragraph ~~(D)~~(C) of this rule; and
 - (10) The youthchild/adolescent and family's IHBT aftercare service needs are addressed. Continuing care planning shall be collaborative between the clientchild/adolescent, family and IHBT staff.
- (F) The agency must demonstrate that the following staff requirements and qualifications are met:

- (1) A minimum of two full-time equivalent staff provide the service. Services may be provided by a single person, or team of staff clearly sharing various responsibilities for the same ~~youth~~child/adolescent and family. Each ~~client~~child/adolescent shall have a staff assigned with lead responsibility. IHBT direct care staff must be fully dedicated to the IHBT program and cannot have mixed service caseloads (including behavioral health counseling and therapy, diagnostic assessment and CPST services).
 - (2) The agency must have a documented plan for clinical supervision, which includes:
 - (a) The IHBT supervisor shall have a designated responsibility to IHBT;
 - (b) Each staff person shall receive clinical supervision that is appropriate for the staff person's expertise and caseload complexity; and
 - (c) Consideration of the staff person's assessed training needs.
 - (3) The IHBT supervisor shall have primary responsibility for providing supervision to the IHBT staff twenty-four hours a day, seven days a week. If the IHBT supervisor is unavailable, then supervision must be provided by staff qualified according to rule 5122-29-30 of the Administrative Code.
- (G) The agency must demonstrate that each IHBT staff has an individualized training plan based on an assessment of ~~his or her~~ his/her specific training needs. The following professional training and development criteria must be met:
- (1) Each staff receives an assessment of initial training needs based on the skills and competencies necessary to provide IHBT service prior to providing IHBT service; and
 - (2) The agency shall have a written description of the skills and competencies required to provide IHBT service, which may include the following:
 - (a) Family systems;
 - (b) Risk assessment and crisis stabilization;
 - (c) Parenting skills and supports for children/adolescents with SED;

- (d) Cultural competency;
- (e) Intersystem collaboration with a focus on schools, courts, and child welfare:
 - (i) Knowledge of other systems;
 - (ii) System advocacy; and
 - (iii) Roles, responsibilities, and mandates of other child/adolescent-serving entities;
- (f) Trauma-informed care;
- ~~(f)~~(g) Educational and vocational functioning:
 - (i) Assessment and intervention strategies for resolving barriers to successful educational and vocational functioning;
 - (ii) Knowledge of special education laws; and
 - (iii) Strategies for developing positive home-school partnerships and connections;
- ~~(g)~~(h) IHBT philosophy, including strength-based assessment and treatment planning; and
- ~~(h)~~(i) Differential diagnosis with special needs ~~youth~~children/adolescents, including co-occurring substance use disorders and developmental disabilities, for staff credentialed to diagnose.

(H) The agency's training plan must include provisions for ongoing training specific to the identified training needs of the staff as it relates to the population served, including attention to cultural competency, changing demographics, new knowledge or research, and other areas identified by the agency.

(I) The agency must demonstrate that each IHBT supervisor receives training specific to the clinical and administrative supervision of the service.

(J) The agency shall obtain at least one fidelity review of the agency's entire IHBT

service every twelve months by an individual or organization external to the agency, utilizing the Ohio department of mental health IHBT fidelity rating tool or other rating tool approved by the department. The agency shall incorporate the results of the fidelity review into the agency's performance improvement program, if indicated.

~~(K)~~ Intensive home based treatment service shall be provided and supervised by staff who are qualified according to rule 5122-29-30 of the Administrative Code.

Effective:

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Certification

Date

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