

5122-29-28

Intensive home based treatment (IHBT) service.

- (A) Intensive home based treatment (IHBT) service is a comprehensive service that bundles mental health services into a single coordinated service which includes community psychiatric supportive treatment (CPST) service, mental health assessment service, crisis response, behavioral health counseling and therapy service, and social services which support the basic needs and functioning of the youth and family. IHBT incorporates components of resilience and system of care principles into all aspects of treatment.

The purpose of IHBT is to provide the necessary services and supports that enable a client with serious emotional disturbance (SED) to live and function successfully in his or her home, school, and community in the least restrictive, most normative environment. These intensive mental health services are designed to prevent the out-of-home placement of youth with SED and to facilitate the successful transition of a youth with SED being reunified to their homes from a more restrictive placement. IHBT is provided in the home, school, and community settings where the youth lives and functions, and is designed to address and improve the mental health functioning of the youth in each of these domains. IHBT services are culturally, ethnically, racially, and linguistically appropriate, and respect and build on the strengths of the child 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) "Consumer outcomes" means indicators of health or well-being for an individual or family as measured by statements or observed characteristics of the consumer/family, not characteristics of the system. These measures provide an overall status measure with which to better understand the life situation of a consumer or family. Consumer outcomes are further described in rule 5122-28-04 of the Administrative Code.
- (3) "Consumer Outcomes Procedural Manual" means the most recent version of the document in the following current citation: "The Ohio Mental Health Consumer Outcomes System: Procedural Manual (sixth edition, revised) (2004)." It is available at <http://www.mh.state.oh.us/initiatives/outcomes/outcomes.html>.
- (4) "Continued stay review" means a review of a client's functioning to determine the need for further services to achieve or maintain service goals and objectives.

- (5) "Crisis response" means the immediate access and availability of the IHBT provider, by phone and face-to-face, as clinically indicated, to the youth and family, which may include crisis stabilization, safety planning, and the alleviation of the presenting crisis.
 - (6) "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 behalf.
 - (7) "Fidelity" means the degree to which the service meets the practice standards for IHBT as scored on the Ohio department of mental health (ODMH) IHBT fidelity rating scale.
 - (8) "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.
 - (9) "Out-of-home placement" means any removal of the youth 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.
 - (10) "Service contact note" means written documentation in lieu of a progress note, and shall include a brief description of the therapeutic intervention(s) provided, the date, time and duration of service, and signature and credentials of the staff that provided the service.
 - (11) "UCI" means the unique client identifier assigned to each client enrolled in the community mental health information system.
- (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.
- (D) An agency applying for certification for IHBT shall, in addition to the certification procedure requirements of rule 5122-25-04 of the Administrative Code, submit an application to the department that includes the agency's IHBT service description, and IHBT policies and procedures.
- (E) Agencies shall determine who is eligible to receive the service and must document how the client 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)(67) of rule 5122-24-01 of the Administrative Code;
 - (2) Meets one or more of the following criteria as documented in the ICR:
 - (a) Is at risk for out-of-home placement;
 - (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; 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;
 - (b) Meets all of the criteria for SED, except the age criteria established in paragraph (B)(67) of rule 5122-24-01 of the Administrative Code; and
 - (c) Meets one or more of the following:
 - (i) Attends school working toward a high school diploma or its equivalent;
 - (ii) Is under the jurisdiction of juvenile court;
 - (iii) is in the custody of a public child serving agency; or
 - (iv) Receives services from a department or board of mental retardation and developmental disabilities.
- (F) The agency must demonstrate that:
- (1) IHBT includes a minimum of three hours per week of the IHBT services specified in paragraph (C) of this rule per client, which must include a minimum of two separate face-to-face contacts, and at least one contact with

the child or family. Total service time may include phone contacts and collateral face-to-face contacts as long as each relates to the mental health needs of the youth as documented in the ICR;

- (2) IHBT is strength-based and family-driven, with both the youth 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 lives and functions, with no more than twenty-five percent 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, with the caseload per full-time equivalent staff not to exceed ten at any point in time;
- (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 client and family receiving IHBT is assessed for risk and safety issues, and has a jointly written safety plan that is available to the client and family and is instructive of steps to take in the event of a crisis;
- (7) Collaboration occurs with other child-serving agencies or systems, e.g., school, court, mental retardation and developmental disabilities, job and family services, and health care providers that are providing services to the client and family, as well as family and community supports identified by the youth and family;
- (8) The service is flexible and individually tailored to meet the needs of the client and family. Appointments are made at a time that is convenient to the client 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 youth. 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 client receiving IHBT beyond six months, and every forty-five days thereafter. The continued stay review must include the criteria in paragraph (E) of this rule; and

- (10) The youth and family's IHBT aftercare service needs are addressed. Continuing care planning shall be collaborative between the client, family and IHBT staff.
- (G) 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 and family. Each client shall have a staff assigned with lead responsibility.
 - (2) Each staff person shall receive a minimum of two hours of clinical supervision per week per full-time equivalent staff by the IHBT supervisor, unless the staff person is independently licensed. The IHBT supervisor shall have a designated responsibility to IHBT.
 - (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 paragraph (Q)(4) of this rule.
- (H) The agency must demonstrate that each IHBT staff has an individualized training plan based on an assessment of his or her specific training needs. The following professional training and development criteria must be met:
- (1) Each staff receives an assessment of initial training needs within thirty days of hire; and
 - (2) Each staff has documented competency or core IHBT training on the following areas, completed within six months of hire:
 - (a) Family systems;
 - (b) Risk assessment and crisis stabilization;

- (c) Parenting skills and supports for children 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-serving entities;
 - (f) 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) IHBT philosophy, including strength-based assessment and treatment planning; and
 - (h) Differential diagnosis with special needs youth for staff credentialed to diagnose.
- (I) The agency must demonstrate that, at a minimum of every six months, it provides or arranges for ongoing training specific to the identified training needs of the staff as it relates to the population they serve.
- (J) The agency must demonstrate that each IHBT supervisor receives training specific to the clinical and administrative supervision of the service.
- (K) The agency must demonstrate that consumer outcomes are collected according to the schedule in paragraph (L) of this rule for each client who receives IHBT services.

- (1) Consumer outcomes shall be collected in accordance with the "Consumer Outcomes Procedural Manual;" and
 - (2) In addition to the data specified in the "Consumer Outcomes Procedural Manual," the following data shall be collected:
 - (a) Whether the child lived in out-of-home placement for more than a total of fourteen days during the measurement period;
 - (b) Whether the child is living at home at time of discharge from IHBT; and
 - (c) Whether the child is attending school and getting passing grades in school as measured by question twelve from the Ohio scales functioning scale.
- (L) The agency must demonstrate that the IHBT consumer outcomes data described in paragraph (K) of this rule are submitted to the department or its designee for each child and youth who receives publicly-funded IHBT services. The data shall be collected and submitted according to the following schedule. Data that are not submitted through the mental health board in accordance with rule 5122-28-04 of the Administrative Code shall be submitted in writing or electronically directly to the department or its designee:
- (1) Within thirty days of admission to IHBT:
 - (a) Data specified in the "Consumer Outcomes Procedural Manual;" and
 - (b) Whether the child lived in out-of-home placement for more than a total of fourteen days in the six month period prior to IHBT admission; and
 - (2) Every six months thereafter, if applicable:
 - (a) Data specified in the "Consumer Outcomes Procedural Manual;" and
 - (3) Upon discharge from IHBT:
 - (a) Data specified in the "Consumer Outcomes Procedural Manual;"
 - (b) Whether the child lived in out-of-home placement for more than a total of fourteen days from IHBT admission to discharge; and

- (c) Whether the child is living at home at time of discharge from IHBT.
- (M) The agency must demonstrate that IHBT meets the consumer outcomes thresholds established in appendix A to this rule.
- (N) The agency must demonstrate that IHBT consumer outcomes data are used for IHBT performance improvement.
- (O) For the purpose of state-wide IHBT evaluation, the agency:
 - (1) Shall submit to the department or its designee consumer outcomes data as described in paragraphs (K) and (L) of this rule for each IHBT client who receives publicly-funded IHBT services. The data submitted shall identify the client UCI; and
 - (2) Shall complete the ODMH IHBT fidelity rating tool and report the scores and results to the department or its designee every twelve months.
 - (3) May submit the following data for the period six months following discharge from IHBT:
 - (a) Whether the child lived in out-of-home placement for more than a total of fourteen days since IHBT discharge; and
 - (b) Whether child is attending school and getting passing grades in school since IHBT discharge.
- (P) The agency must demonstrate that IHBT is documented in the ICR. For each service contact, the IHBT staff shall:
 - (1) Record a progress note in accordance with rule 5122-27-06 of the Administrative Code; or
 - (2) Record a service contact note. In addition, a minimum of once a week, a review and update of progress shall occur, and shall include the requirements in rule 5122-27-06 of the Administrative Code.
- (Q) The following identifies those individuals who are eligible to provide and supervise IHBT service. Licensed, certified or registered individuals shall comply with current, applicable scope of practice and supervisory requirements identified by

appropriate licensing, certifying or registering bodies:

(1) Activities consistent with behavioral health counseling and therapy service shall be provided by individuals eligible according to paragraph (F)(1) of rule 5122-29-03 of the Administrative Code. To provide the service:

(a) Medical doctor or doctor of osteopathic medicine;

(b) Registered nurse;

(c) Master of science in nursing;

(d) Clinical nurse specialist;

(e) Nurse practitioner;

(f) Social worker trainee;

(g) Social worker;

(h) Independent social worker;

(i) Counselor trainee;

(j) Professional counselor;

(k) Professional clinical counselor;

(l) Psychology intern/fellow;

(m) Psychology assistant/assistant; or

(n) Psychologist.

(2) Activities consistent with mental health assessment service shall be provided by individuals eligible according to paragraph (C)(1) of rule 5122-29-04 of the Administrative Code. To provide the service:

(a) Medical doctor or doctor of osteopathic medicine;

- (b) Physician assistant;
 - (c) Registered nurse;
 - (d) Master of science in nursing;
 - (e) Clinical nurse specialist;
 - (f) Nurse practitioner;
 - (g) Licensed occupational therapist;
 - (h) Social worker trainee;
 - (i) Social worker;
 - (j) Independent social worker;
 - (k) Counselor trainee;
 - (l) Professional counselor;
 - (m) Professional clinical counselor;
 - (n) Licensed school psychology assistant;
 - (o) Licensed school psychologist;
 - (p) Psychology intern/fellow;
 - (q) Psychology assistant/assistant; or
 - (r) Psychologist.
- (3) Activities consistent with CPST service or IHBT activities exclusive of paragraph (Q)(1)(2) of this rule shall be provided by individuals eligible according to paragraph (F)(1) of rule 5122-29-17 of the Administrative Code. To provide the service:

- (a) Medical doctor or doctor of osteopathic medicine;
- (b) Physician assistant;
- (c) Licensed practical nurse;
- (d) Registered nurse;
- (e) Master of science in nursing;
- (f) Clinical nurse specialist;
- (g) Nurse practitioner;
- (h) Licensed occupational therapy assistant;
- (i) Licensed occupational therapist;
- (j) Social work assistant;
- (k) Social worker trainee;
- (l) Social worker;
- (m) Independent social worker;
- (n) Counselor trainee;
- (o) Professional counselor;
- (p) Professional clinical counselor;
- (q) Licensed school psychology assistant;
- (r) Licensed school psychologist;
- (s) Psychology intern/fellow;

- (t) Psychology assistant/assistant;
- (u) Psychologist;
- (v) Activity therapist;
- (w) Art therapist;
- (x) Certified therapeutic recreation specialist;
- (y) Music therapist/board certified; or
- (z) Trained other.

(4) To supervise the service:

- (a) Medical doctor or doctor of osteopathic medicine;
- (b) Master of science in nursing;
- (c) Clinical nurse specialist;
- (d) Nurse practitioner;
- (e) Independent social worker;
- (f) Professional clinical counselor; or
- (g) Psychologist.

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