

Intensive Home-Based Treatment Fidelity Rating Tool Version I

Rating	1	2	3	4	5
1) Intensity of service	Averages less than 1 contact per week <u>&</u> 1 or less service hours per week for each IHBT consumer.	Averages 1 contact per week <u>and</u> 2 or less service hours per week for each IHBT consumer.	Averages 2 contacts <u>and</u> 3 or more service hours per week, for each IHBT consumer.	Averages a minimum of 3 contacts <u>and</u> 4 to 5 service hours per week for each IHBT consumer.	Averages a minimum of 4 contacts <u>and</u> 6 or more service hours per week for each IHBT consumer.
2) Location of service	25% or less of IHBT services delivered in home & community	26 to 50% of IHBT delivered in home and community	51% to 74% of IHBT service is delivered in home & community	75% to 89% of IHBT service is delivered in home & community	90 to 100% of IHBT service is delivered in home & community.
3) Caseload	Over 12	9 to 11	7 to 8	5 to 6	3 to 4
4) Crisis response and availability	IHBT service not on-call; No outreach availability. Coordination of crisis response is delegated to a third party.	24 hour agency on-call system or county-wide on-call system with collaborative on-call agreement. Limited outreach ability.	24 hour on-call availability of IHBT provider and team. If program utilizes agency on-call system or Crisis Agency, there is a protocol for accessing the provider or team for the family. Face to face response as needed.	Provider on-call 24/5 with IHBT team rotating weekend on-call. IHBT team backup available. Face to face response as needed.	24/7 on-call by provider; primary provider responsible for crisis response and support. IHBT team backup available. Face-to-face response available as needed.
5) Safety planning	Safety planning is present as evidenced by one or less of five criteria (a –e) being met.	Safety planning is present as evidenced by two out of five criteria (a –e) being met.	Safety planning is present as evidenced by three out of five criteria (a –e) being met.	Safety planning is present as evidenced by four out of five criteria (a –e) being met.	<p>a) Program has comprehensive crisis protocols & policies.</p> <p>b) Safety needs are assessed for all youth and families.</p> <p>c) Family is full participant in safety planning; crisis intervention steps are clearly defined.</p> <p>d) Written safety plans & safety monitoring is evidenced in the ICR.</p> <p>e) Safety plans incorporate natural supports & do not rely exclusively on professional resources.</p>

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6) Family involvement	<p>Family is not viewed as an equal partner and services are provider- driven in the majority of cases reviewed.</p> <p>No evidence that youth and parents are included in treatment planning.</p> <p>Youth and parents are not invited to community meetings about youth.</p> <p>No evidence of parent or youth goals on service plan.</p> <p>Documentation is not strength-based and no evidence of partnership with youth or parents.</p>	<p>Family is equal partner and services are family-driven as evidenced by one out of four of criteria (a-d).</p>	<p>Family is equal partner and services are family-driven as evidenced by two out of four of criteria (a-d).</p>	<p>Family is equal partner and services are family-driven as evidenced by three out of four of criteria (a –d).</p>	<p>Services are family driven and family is equal partner in all aspects of service delivery as evidenced by:</p> <p>a) Interactive involvement of youth and parents in treatment planning as evidenced by inclusion of youth and parent-driven goals.</p> <p>b) Consumer signatures on all treatment plans and progress notes.</p> <p>c) Inclusion of youth and family in all community team meetings.</p> <p>d) Progress notes reflect strength-based family partnership</p>
7) Supervisory support and availability	<p>Supervisory support as evidenced by one or fewer criteria met.</p>	<p>Supervisory support as evidenced by 2 out of 5 criteria (a-e).</p>	<p>Supervisory support as evidenced by 3 out of 5 criteria (a-e).</p>	<p>Supervisory support as evidenced by 4 out of 5 criteria (a –e).</p>	<p>a) Two hours of clinical supervision per week by independently licensed supervisor.</p> <p>b) Supervisor is available 24/7 to IHBT staff; available for emergency consultation and supervision as needed.</p> <p>c) Designated supervisor for program.</p> <p>d) Weekly time for supervision and case review is scheduled, structured and protected.</p> <p>e) Team employs a structured case review process.</p>

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8) Professional training and development	Professional training and development as evidenced by one or less of the five criteria (a-e)	Professional training and development as evidenced by two out of five criteria (a-e)	Professional training and development as evidenced by three out of five criteria (a-e)	Professional training and development as evidenced by four out of five criteria (a-e)	<p>a) Each staff receives an assessment of initial training needs within 30 days of hire;</p> <p>b) Each IHBT staff has an individualized training plan based on an assessment of his or her specific training needs</p> <p>c) Each staff has documented competency or core IHBT training in 8 core areas within six months of hire.</p> <p>d) Each IHBT supervisor receives training specific to the clinical & administrative supervision of IHBT</p> <p>e) Ongoing quarterly trainings specific to the identified training needs of IHBT staff as it relates to the population they serve.</p>
9) Collaboration and service coordination	Comprehensive system collaboration and service coordination is present as evidenced by one or less of the five criteria (a-e).	Comprehensive system collaboration and service coordination is present as evidenced by two out of five criteria (a-e).	Comprehensive system collaboration and service coordination is present as evidenced by three out of five criteria (a-e).	Comprehensive system collaboration and service coordination is present as evidenced by four out of five criteria (a-e)	<p>a) IHBT clinician assumes lead clinical role and coordinates all mental health services for youth.</p> <p>b) IHBT staff develops & maintains positive relationships with other system of care professionals.</p> <p>c) IHBT provider facilitates the development of youth and family informal supports and resources.</p> <p>d) IHBT provider is proactive in system advocacy for youth and family.</p> <p>e) IHBT provider takes lead role in scheduling & facilitating collaborative meetings in the community.</p>
10) Comprehensive mix of service	IHBT routinely provides one type of service (a-e).	IHBT program routinely provides two out of the five services (a-e)	IHBT program routinely provides three out of the five services (a-e)	IHBT program provides a comprehensive mix of services inclusive of four out of the five services (a-e)	<p>IHBT program provides a comprehensive mix of services, including:</p> <p>a) Crisis response & management;</p> <p>b) CPST;</p> <p>c) Individual and family counseling;</p> <p>d) Behavioral management & skill training; and</p> <p>e) Social services (meeting basic needs)</p>

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11) Outcomes Monitoring and Utilization	Outcomes monitoring and utilization as evidenced by none of the criteria (a-d) being met	Outcomes monitoring and utilization as evidenced by one of the four criteria (a-d) being met	Outcomes monitoring and utilization as evidenced by two of the four criteria (a-d) being met	Outcomes monitoring and utilization as evidenced by three of the four criteria (a-d) being met	<p>a) Outcomes are collected & submitted for all cases</p> <p>b) IHBT staff use outcomes in treatment planning and monitoring of treatment progress</p> <p>c) IHBT supervisor or administrator uses outcomes for IHBT performance improvement</p> <p>d) 6 month post discharge data is collected and reviewed</p>
12) Fidelity monitoring	No fidelity process is utilized	Fidelity data is gathered every 12 months but not used for program improvement	Fidelity data is gathered every 12 months & used for program improvement	Fidelity data is gathered every 6 months & used for program improvement	Fidelity data is gathered quarterly & used for program improvement

Fidelity Rating Period: Every 12 months

Definitions for IHBT Fidelity Rating Tool

1) Intensity of Service

Intensity is the amount of IHBT service delivered in an average service week for each **youth and their family**. Intensity is measured in terms of **frequency**, the average amount of contacts per week, and **duration**, the average amount of service time in hours per week, for each youth and their family.

2) Location of Service

Location of Service describes where the IHBT service is delivered as expressed as a percentage of total service time per week delivered in the natural environment of the youth and their family. Home and community locations may include schools, court facilities, child welfare facility, churches, extended family, etc. Services delivered in the office (including counseling and CPST phone) are not considered natural environment of the youth and family and are not included in this percentage.

3) Caseload:

Caseload is defined as the amount of IHBT consumers served on average at any point in time. A “case” is defined as each IHBT consumer and their family.

4) Crisis Response and Availability

Crisis response and availability reflects the accessibility and availability of the IHBT team for emergency response to the consumer as evidenced by:

- a) 24/7 on-call availability of IHBT provider/team
- b) Ability of IHBT team to respond by phone and face-to-face if required by the crisis situation;
- c) IHBT team back up

5) Safety Planning

Safety planning refers to the extent that IHBT staff assesses for safety needs and design individualized safety plans for each youth and their family as evidenced by:

- a) Program has comprehensive crisis protocols and policies.
- b) Evidence in ICR’s of assessment for safety needs for each youth and their family.
- c) Written safety plans as evidenced in the ICR.
- d) Family is full participant in safety planning; crisis intervention steps are clearly defined.
- e) Safety plans incorporate natural supports and do not rely exclusively on professional resources.

6) Family Involvement

Services are family driven and family is equal partner in all aspects of service delivery as evidenced by:

- a) Interactive involvement of youth and parents in treatment planning as evidenced by inclusion of youth and parent-driven goals.
- b) Consumer signatures on all treatment plans and progress notes.
- c) Inclusion of youth and family in all community team meetings.
- d) Progress notes reflect strength-based family partnership

7) Supervisory Support and Availability

IHBT teams have adequate supervisory support and availability as evidenced by:

- a) Two hours of clinical supervision per week by independently licensed supervisor.
- b) Supervisor is available 24/7 to IHBT staff for emergency consultations and supervision as needed.

7) Supervisory Support and Availability (continued)

- c) Designated supervisor for program.
- d) Weekly time for supervision and case review is scheduled, structured and protected.
- e) Team employs a structured case review process.

8) Professional Training and Development

Agencies ensure each IHBT staff is appropriately trained in core IHBT areas as evidenced by:

- a) Each staff receives an assessment of initial training needs within 30 days of hire;
- b) Each IHBT staff has an individualized training plan based on an assessment of his or her specific training needs
- c) Each staff has documented competency or core IHBT training in 8 core areas within six months of hire (Family systems; risk assessment and crisis stabilization; parenting skills; cultural competency; intersystem collaboration; educational and vocational functioning; IHBT service philosophy; and differential diagnoses).
- d) Each IHBT supervisor receives training specific to the clinical & administrative supervision of IHBT
- e) Ongoing quarterly trainings specific to the identified training needs of IHBT staff as it relates to the population they serve.

9) Collaboration and Service Coordination

IHBT services ensure high levels of collaboration and service coordination as evidenced by:

- a) IHBT clinician assumes lead clinical role and coordinates all mental health services. Coordination of services is inclusive of youth and family's significant others, and system of care providers including, but not limited to, education, juvenile justice, and child welfare as identified in ICR.
- b) IHBT provider develops positive relationships with other system of care professionals.
- c) IHBT provider facilitates the development of youth and family informal supports and resources.
- d) IHBT provider is proactive in system advocacy for youth and family.
- e) IHBT provider takes lead role in scheduling & facilitating collaborative meetings in the community.

10. Comprehensive Mix of Services

IHBT program provides a comprehensive mix of services designed to comprehensively meet the mental health needs of the youth as evidenced by the availability and implementation of the following services:

- a) Crisis response & management
- b) CPST
- c) Individual and family counseling
- d) Behavioral management and skill training
- e) Social services (basic needs)

11) Outcomes Monitoring and Utilization

IHBT outcomes are routinely collected and utilized in both treatment planning and performance improvement activities as evidenced by:

- a) Outcomes are collected & submitted for all cases
- b) IHBT staff use outcomes in treatment planning and monitoring of treatment progress
- c) IHBT supervisor or administrator uses outcomes for IHBT performance improvement
- d) 6 month post discharge data is collected and reviewed

12) Fidelity Monitoring: IHBT supervisors and administrators monitor the IHBT program's adherence to the IHBT standards and use this information for program improvement.