

(A) Intensive home based treatment (IHBT) service is a comprehensive service provided to a youth and his or her family that integrates community psychiatric supportive treatment (CPST) service, mental health assessment service, crisis response, behavioral health counseling and therapy service, and social services with the goals of either preventing the out-of-home placement or facilitating a successful transition back to home. These intensive mental health services are provided in the home, school, and community settings, and should address and improve the mental health functioning of the youth in each of these domains.

The purpose of IHBT is to enable a client with serious emotional disturbance (SED) to live successfully in the least restrictive, most normative environment. 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) "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.
- (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 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 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.
- (6) "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.

(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) (68) 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 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;

(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.

(F) The agency must demonstrate that:

(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) (a) 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;

- (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;
- (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. When clinically indicated, a jointly written safety plan shall be developed that is provided to the client and family; ;
- (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) 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;

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

Replaces: 5122-29-28
Effective: 07/01/2009
R.C. 119.032 review dates: 07/01/2014

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 5119.22, 5119.61(A), 5119.611(C)
Rule Amplifies: 5119.22, 5119.61(A), 5119.611(C)
Prior Effective Dates: 7/1/2005, 1/9/06, 8/23/07, 12/13/2007