Intensive Home-Based Treatment Fidelity Rating Tool Version I

Rating	1	2	3	4	5
1) Intensity of service	Averages one or less service hours per week and less than 1 contact per week for each IHBT consumer. Intensity is insufficient to meet mental health needs of youth	Averages 2 or less service hours per week and 1 face-to-face contact per week for each IHBT consumer.	Averages 3 service hours per week and 2 face-to-face contacts per week, one of which has to be with the youth and family. Intensity is adequate in meeting mental health needs of youth.	Averages 4 service hours per week and a minimum of 2 face-to face contacts with the youth and family per week.	Meets or exceed 5 service hours per week and an average of 3 or more face-to-face contacts with the youth and family per week. Intensity matches presenting needs of youth and family and is modified during course of treatment according to level of care need.
2) Location of service	49% or less of IHBT services delivered in home & community	50 to 74% of IHBT delivered in home and community	75% to 84% of IHBT service is delivered in home & community	85% to 94% of IHBT service is delivered in home & community	95 to 100% of IHBT service is delivered in home & community.
3) Caseload	Averages 12 or more cases over a six month sampling period Caseloads fluctuate based on productivity. Usually exceed set program caseload standard	Averages 9 to 11 cases over a six month sampling period	Averages 7 to 8 cases over a six month sampling period. May have up to 10 cases during times of transitioning cases	Averages 4 to 6 cases over a six month sampling period May have up to 8 cases during times of transition	Averages 4 to 6 cases over a six month sampling period Caseload rarely exceeds 6 cases at one time Caseloads are small and matched to the length of stay of the program.
4) Crisis response and availability	IHBT service not on-call; No outreach availability. Coordination of crisis response is delegated to a third party. Agency does not supply cell phones to workers.	24 hour agency on-call system or county-wide on-call system. IHBT not immediately available for crisis response. Limited outreach ability. Agency encourages use of worker's personal cell phone	24 hour crisis response is available through agency on-call system or through a written agreement with another agency, as long as, at least one IHBT staff is accessible to the crisis provider agency and is available to client and family around the clock. Face to face response as needed. Agency supplies or reimburses cell phone use	Provider on-call 24/5 with IHBT team rotating weekend on-call. IHBT team backup available. Face to face response as needed. Agency supplies or reimburses cell phone use	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. Agency supplies or reimburses cell phone use.

Intensive Home-Based Treatment Fidelity Rating Tool Version 1

Rating	1	2	3	4	5
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.	Safety planning is present as evidenced by five out of five criteria (a –e) being met. **a)** Program has comprehensive crisis protocols & policies. **b)** Safety needs are assessed for all youth and families. **c)** Family is full participant in safety planning; crisis stabilization steps are clearly defined. **d)** Written safety plans & safety monitoring is evidenced in the IPC/ISSP. **e)** Safety plans incorporate natural supports & do not rely exclusively on professional resources.
6) Family Involvement	IHBT services are youth guided and family-driven as evidenced by one or less out of five criteria (a-e)	IHBT services are youth guided and family-driven as evidenced by two out of five criteria (a-e).	IHBT services are youth guided and family- driven as evidenced by three out of five of criteria (a-e).	IHBT services are youth guided and family-driven as evidenced by five out of four of criteria (a–e).	IHBT services are youth-guided and family-driven as evidenced by five out of five of criteria (a –e). **a)** Involvement of youth and family in treatment planning as evidenced by inclusion of youth-guided and family-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 **e)** Family is equal partner in all aspects of service delivery

Rating	1	2	3	4	5
7) 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)	IHBT program provides a comprehensive mix of services as evidenced by five out of five criteria: **a)** Crisis response & management; **b)** Community Support; **c)** Individual and family counseling; **d)** Behavioral management & skill training; and **e)** Social services (meeting basic needs)
8) Supervisory support and availability	Supervisory support as evidenced by one or fewer criteria met.	Supervisory support as evidenced by 2 out of 5 criteria (a-e).	Supervisory support as evidenced by 3 out of 5 criteria (a-e).	Supervisory support as evidenced by 4 out of 5 criteria (a –e).	Supervisory support as evidenced by 5 out of 5 criteria: **a)** Two hours of clinical supervision per week by independently licensed supervisor. **b)** Supervisor is available 24/7 to IHBT staff for emergency consultation and supervision as needed. **c)** Supervisor regularly assists staff in the field **d)** Weekly time for supervision and case review is scheduled and protected. **e)** Team employs a structured case review process.
9) 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)	Professional training and development as evidenced by five out of five criteria: **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. **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.

Intensive Home-Based Treatment Fidelity Rating Tool Version 1

Rating	1	2	3	4	5
10) 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)	Comprehensive system collaboration and service coordination is present as evidenced by five out of five criteria (a-e) **a)** IHBT provider assumes lead clinical role and coordinates all mental health services for youth**.** **b)** IHBT staff develop & maintain 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.
11) Treatment duration & continuing care planning	IHBT service is time limited with policies that clearly define parameters for treatment duration, IHBT extensions, and continuing care planning, as evidenced by one out of the five criteria.	IHBT service is time limited with policies that clearly define parameters for treatment duration, IHBT extensions, and continuing care planning, as evidenced by two out of the five criteria.	IHBT service is time limited with policies that clearly define parameters for treatment duration, IHBT extensions, and continuing care planning, as evidenced by three out of the five criteria.	IHBT service is time limited with policies that clearly define parameters for treatment duration, IHBT extensions, and continuing care planning, as evidenced by four out of the five criteria.	IHBT service is time limited with policies that clearly define parameters for treatment duration, IHBT extensions, and continuing care planning, as evidenced by five out of the five criteria. **a)** IHBT service is time limited, with the length of stay matched to the presenting mental health needs of the youth. **b)** IHBT program length of stay is clearly defined in agency policies **c)** Programs have written guidelines & procedures for granting extensions **d)** IHBT treatment exceeds 6 months length of stay in less than 10% of total cases served. **e)** Continuing care needs are collaboratively planned for in partnership with the youth and family and include informal supports and resources.

Rating	1	2	3	4	5
12) Accessibility & flexibility IHBT services	Evidence of accessible and flexible services in one or less of the five criteria. .	Evidence of accessible and flexible services in two out of the five criteria.	Evidence of accessible and flexible services in three out of the five criteria.	Evidence of accessible and flexible services in four out of the five criteria.	Evidence of accessible and flexible services in five out of the five criteria. **a)** The IHBT providers are dependable, reliable, and accessible to the youth and family **b)** IHBT program has written policies that accommodate for flex time and encourage flexible scheduling and service delivery **c)** Agency supplies cell phones or reimburses for work use of cell phone **d)** Flexible scheduling as evidenced by appointments made at a time that is convenient to the family, including weekends & evenings if necessary **e)** Agency polices support the use of IHBT provider vehicles for the purpose of assisting youth & family's access to important community linkages & appointments
13) Strength-based assessment and treatment planning	Evidence of strength-based assessment & treatment planning in one or less of the five criteria.	Evidence of strength-based assessment & treatment planning in two out of the five criteria.	Evidence of strength-based assessment & treatment planning in three out of the five criteria.	Evidence of strength-based assessment & treatment planning in four out of the five criteria.	Evidence of strength-based assessment & treatment planning in five out of the five criteria**.** **a)** Services are individualized to the unique needs, strengths, and culture of the youth and family **b)** Treatment plan and notes incorporate youth's and parent's strengths and abilities. **c)** Treatment plan and notes reflect the unique culture and values of the youth and family. **d)** Evidence of identification and use of informal support system in treatment planning **e)** Evidence of identification & development of youth & family resiliency, assets, resources, and protective factors

Intensive Home-Based Treatment Fidelity Rating Tool Version 1

Rating	1	2	3	4	5
14) Team composition	1 FTE IHBT staff Bachelor level staff. Unable to provide all the IHBT services required. IHBT supervisor 24% or less of time dedicated to IHBT program IHBT provider operates in isolation	2 FTE IHBT staff but located in separate sites. Bachelor's level staff provides the service. Unable to provide all the IHBT services required. IHBT supervisor 25% to 49% of time dedicated to IHBT program IHBT providers lack team support	2 FTE IHBT staff located at same site Mix of bachelor's and master's level staff, assigned individually to IHBT cases IHBT supervisor 50 to 74%.of time dedicated to IHBT program	3 or more FTE IHBT staff Mix of master's and bachelor's level staff assigned as a team to each IHBT case. Operate as team Diversity of staff and expertise matches population served. IHBT supervisor 75 to 99% of time dedicated to IHBT program	IHBT program comprised of 4 or more full-time dedicated staff Master's level clinicians provide all IHBT services. Diversity of staff and expertise matches population served. IHBT supervisor 100% of time dedicated to the IHBT program IHBT staff operate as a team with regular team meetings for case consultation & service coordination Team members are mutually supportive

Intensive Home-Based Treatment Fidelity Rating Tool Version 1

Rating	1	2	3	4	5
15) 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	Outcomes monitoring and utilization as evidenced by four of the four criteria (a-d) being met **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
16) Fidelity monitoring	Fidelity monitoring and utilization is evidenced in one or less of the five criteria	Fidelity monitoring and utilization is evidenced in two of the five criteria	Fidelity monitoring and utilization is evidenced in three of the five criteria	Fidelity monitoring and utilization is evidenced in four of the five criteria	Fidelity monitoring and utilization is evidenced in five of the five criteria **a)** IHBT fidelity rating tool completed yearly **b)** Supervisor and therapist adherence to a specific model are gathered and utilized **c)** Fidelity and adherence data is used for program improvement **d)** Fidelity evaluation completed by independent source. **e)** Program utilizes weekly consultant coaching process to facilitate fidelity to service.

Definitions for IHBT Fidelity Rating Tool

Instructions: Fidelity ratings to be completed for each IHBT program every 12 months

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. The intensive phase of service is defined as the period of active treatment and engagement of the family and does not include transitional phases of IHBT treatment.

2) Location of Service
Location of Service describes where the IHBT service is delivered as expressed as a percentage of total face to face 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 are not considered natural environment of the youth and family.

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

IHBT services are youth-guided and family-driven as evidenced by:

a) Involvement of youth and family in treatment planning as evidenced by inclusion of youth-guided and family-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
e) Family is equal partner in all aspects of service delivery

7). 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)

8) 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.
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.

9) 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.

10) 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.

11) Treatment Duration & Continuing Care Planning
In IHBT services treatment duration is time-limited with an average length of stay between 3 and 5 months. Treatment duration is tracked by averaging the length of stay of all IHBT cases served in a given period of time.
a) IHBT service is time limited, with the length of stay matched to the presenting mental health needs of the youth.
b) IHBT program LOS is clearly defined in agency policies
c) Programs have written guidelines & procedures for granting extensions
d) IHBT treatment exceeds 6 months LOS in less than 10% of total cases served.
e) The youth and family's IHBT aftercare service needs are addressed. Continuing care planning shall be collaborative between the youth, family, and IHBT staff.

12) Accessibility & Flexibility IHBT services
IHBT services are flexibly delivered and accessible to the youth and family as evidenced by:
a) The IHBT providers are dependable, reliable, and accessible to the youth and family
b) IHBT program has written policies that accommodate for (flex time) and encourage flexible scheduling and service delivery
c) Program supplies cell phones.
d) Flexible scheduling as evidenced by appointments made at a time that is convenient to the family, including weekends & evenings if necessary.
e) Agency polices support the use of IHBT provider vehicles for the purpose of assisting youth & family's access to important community linkages & appointments

13) Strength-based Assessment and Treatment Planning
IHBT services focus on strengths, as well as needs, and utilize strength-based assessment and treatment planning as evidenced by:
a) Services are individualized to the unique needs, strengths, and culture of the youth and family
b) Treatment plan and notes incorporate youth's and parent's strengths and abilities.
c) Treatment plan and notes reflect the unique culture and values of the youth and family.
d) Evidence of identification and use of informal support system in treatment planning

e) Evidence of identification & building of youth & family resiliency, assets, resources, and protective factors

14) Team composition
IHBT programs function as teams and provide mutual support to other team members, and seamless services to families. Team composition is comprised of five components:

1) The size of the program as defined by the number of full time dedicated staff;
2) The credentials of the providers on the IHBT team;
3) The percentage of time the IHBT supervisor is dedicated to the IHBT program; and
4) How well the IHBT program operates as a team as measured by the frequency of regular and informal team meetings, case consultation & case coordination.
5) Evidence of climate of mutual support by team members and supervisor

15) 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

16) Fidelity Monitoring: IHBT supervisors and administrators monitor the IHBT program's adherence to the IHBT standards and use this information for program improvement.
a) IHBT fidelity rating tool completed yearly
b) Supervisor and therapist adherence to a specific model are gathered and utilized
c) Fidelity and adherence data is used for program improvement
d) Fidelity evaluation completed by independent source.
e) Program utilizes weekly consultant coaching process to facilitate fidelity to service.