Magellan HEALTHCARE

Connect Nevada: Strengthening Youth, Empowering Families
Intensive Home-Based Treatment Program and Practice Standards

Clinical Program Standards	EBP Requirements
Competent Staff	**1.1 Role clarity:** Provider will demonstrate job duties and responsibilities for each member of the team through discipline-based job descriptions.
	1.2 Practitioner credentials: Clinicians must hold a master's degree in social work, marriage and family therapy, counseling and/or psychology. Supervisor must maintain a Nevada state LCSW, LMFT, LCPC, PhD or PsyD at minimum. Non-clinicians must maintain certification as required by Nevada Revised Statutes and demonstrate experience appropriate to their role.
	1.3 Qualified personnel practitioners: Provider must demonstrate evidence of prior experience or 2000+ hours of training in working with youth with intensive needs and their caregivers. Prior to taking on a caseload, provider will demonstrate training program for those practitioners with little to no previous IHBT experience.
	1.4 Stable workforce: Provider will demonstrate <25% of turnover annually over the past 2-3 years and plan to maintain < 25% turnover over the next 3 years of staff.
	1.5 Rigorous hiring processes: Provider will demonstrate recruitment plans, interview process, and hiring protocols for positions relevant to the EBP team.
	1.6 Reflective hiring process: Provider demonstrates recruitment and hiring that reflects the racial, cultural, and linguistic diversity of the population(s) being served.
	1.7 Effective training: Provider will demonstrate initial and annual continuing education relevant to their roles and responsibilities of the team. Provider will have written training protocols that include behavioral rehearsal and direct observation of skills-based practice.
	1.8 Ongoing skills-based coaching: Provider will demonstrate through policy and procedure their clinical supervision program to ensure practitioners have access to weekly clinical supervision or consultation by a supervisor who observes the practitioner's skills, reviews plans of care and other documentation, and provides feedback aimed at improving practice.

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	1.9 Intensive supervision: Provider will demonstrate that the supervisor-to-practitioner ratio meets relevant guidelines (no higher than 1:8), and supervisors allocate 0.5 FTE for a 4-person team and 1.0 FTE for a 5-8-person team. The supervisor will convene weekly team meetings/group supervision to coordinate treatment and supports, review safety plans, and coordinate crisis on-call between team members.
	1.10 Quality of supervision: Supervisors will review initial and updated IHBT treatment plans, treatment notes, and progress for each youth and caregiver as part of the process of overseeing IHBT implementation.
	1.11 On-call support program: Provider will demonstrate 24/7 on-call support for their staff.
Defined Practice Model	**2.1 Clear eligibility criteria:** provider will limit IHBT services to IHBT services for youth with intensive behavioral health needs (e.g., multiple diagnoses, multiple action items on a standardized assessment, and/or significant safety or risk concerns) and who are at risk of out-of-home placement or transitioning home from an out-of-home placement due to their behavioral health needs.
	2.2 Practice protocol(s): Provider will utilize a standardized protocol with all youth and caregivers that guides an individualized selection of IHBT interventions to be provided relative to youth and caregivers' strengths, needs, goals, and preferences.
	2.3 Service coordination: Provider will work directly with the care coordination program Connect Nevada. Provider will demonstrate how they will coordinate care with the Connect Nevada care coordination.
	2.5 Commitment to flexibility and accessibility: Provider will demonstrate flexibility of staff schedule to provide IHBT sessions at times and in places that are flexible, accessible, and convenient to the youth and caregivers, including evening and weekend appointment times, and sessions at the location of the youth and caregivers' choice.
	2.6 Ecological focus: Provider will demonstrate in their treatment planning session how services are based on a holistic and comprehensive assessment of youth and caregiver needs.
	2.8 Safety planning: Provider will participate in crisis and safety planning with the Child & Family Team. Provider will carry out strategies assigned in the Plan of Care.
	2.9 Small caseloads: Provider will supply a staffing grid to ensure the number of youth and caregivers per practitioner is appropriate to the practice model and intensity (ideally, 6:1, 8:1, and 12:1 for one, two, and three-person teams respectively).

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	2.10 Intensity of intervention: Providers participate in the Child and Family Team process and will share their plan to ensure frequency and hours of intervention are tailored to the level of need for support of the youth and caregivers and their status in the intervention process. Average intensity for youth and their caregivers, however, should be no < 3-6 hours per week. In some cases, factors such as phase of treatment may warrant flexibility.
	2.11 Focused treatment duration: Youth and caregivers are engaged in IHBT until intervention goals are met and progress has been documented via ongoing assessment. However, the intervention should aim to address the youth and caregivers' priority needs and transition out of formal IHBT within 6 months. IHBT provider organizations' average length of treatment should be 3-6 months.
Accountability Mechanisms	**3.1 Outcome monitoring:** Provider will demonstrate the tool used to measure the baseline and repeated measurement of outcomes. This tool will be shared with the youth and caregivers. Outcomes should be measured routinely and reliably, and include: emotional and behavioral functioning of the youth, living situation, school outcomes, juvenile justice involvement, and progress toward individualized goals for the youth and caregivers. Provider will demonstrate the tool used to assess youth and caregiver satisfaction with the team. Provider will report progress to CFT at least monthly.
	3.2 Quality monitoring: Provider will demonstrate a program improvement plan to ensure the IHBT practice adherence and quality of care is routinely and reliably measured with the goal of providing feedback and opportunity for skill development for the practitioner and team.
	3.3 Effective data management: Provider will demonstrate the information systems used to maintain information for each youth and caregiver. Provider data systems should routinely generate reports to monitor individual youth and caregiver progress, assist in supervision, and manage the IHBT program.
	3.4 Review of care plans: Provider will demonstrate how each youth and caregiver's initial treatment plan is reviewed by an expert (i.e., supervisor) including updated treatment plans. Treatment plans must be in harmony with the Wraparound Plan of Care.
Leadership	**4.1 Comprehensive system collaboration:** Provider will demonstrate how they **e**stablish and maintain effective partnerships with community partners including representatives of all child serving systems, caregiver- and youth-run organizations, and other provider organizations.
	4.2 Positive work environment: Provider will demonstrate the program utilized to monitor and address staff morale and encourage a high sense of collective mission, open communication, and cohesion among all staff.

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	4.3 Effective leadership: Provider will demonstrate how **s**upervisors are monitored for ensuring that ideas and concerns of the staff are received, have well-defined organizational performance goals, and effectively address barriers.
Facilitative Organizational Support	**5.1 Adequate compensation:** Provider will demonstrate that the team has adequate resources, and compensation is aligned with the market.
	5.2 Routine oversight of key operations: The provider will demonstrate who and how the organization manages human resources (i.e., [1] recruitment, training, coaching, performance assessment and staff retention); [2] data collection and use; and [3] IHBT implementation, including review of youth and caregiver enrollment patterns and treatment plan).
Engagement	1. IHBT team will ensure the following is communicated with youth and caregivers: A. Describes IHBT process including roles, boundaries, strengths and limitations, particularly as they differ from other treatment settings and modalities. B. Explains the expectations of all team members, including youth and caregivers. C. Explains confidentiality (and its limitations) specific to the IHBT model, including how and why information may be shared with individuals within the team (e.g., caregivers) and outside the team (e.g., for supervision). 2. IHBT team will engage the youth/caregivers/family utilizing evidence-based techniques including: A. Promotes youth and caregiver voice and choice. B. Identifies potential future barriers to participating in treatment and actively brainstorms solutions. C. Reframe or clarify youth and caregiver perspectives in a way that avoids criticism or judgement. D. Utilize strength-based language and practices. 3. IHBT will employ motivational enhancement strategies (e.g., open-ended questioning, affirmations, solution-focused, and reflections), based on the youth and caregivers' readiness for change.
Cultural Competence	1. IHBT will ensure that respect for unique and diverse backgrounds of youth and caregivers is addressed in treatment, including: roles, values, beliefs, races, ethnicities, sexual orientations, gender expressions, gender identities, languages, traditions, communities and cultures. 2. IHBT will use language that is accessible to the youth and caregiver and translate clinical terminology to promote understanding.

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Risk Identification	1. IHBT will work with youth and caregiver to identify and address risk and safety concerns at home, school and in the community.
Safety Planning	1. IHBT co-creates a safety plan with the youth, caregiver, and Child & Family Team to ensure the plan is individualized and to identify safety concerns, potential crises, triggers, de-escalation and coping strategies using strengths, actions, prevention measures and identified supports. 2.IHBT will regularly monitor and update the safety plan in partnership with the youth, caregiver and team.
Crisis Response and Stabilization	1. IHBT will respond to crises. The IHBT will be an initial crisis responder, respond to calls immediately and provide on-site stabilization as necessary, depending upon youth and caregivers' preference. IHBT will utilize other crisis response systems when IHBT or supervisor is not available. 2. IHBT will utilize crisis de-escalation skills and demonstrate the ability to effectively prevent or stabilize crisis situations. IHBT will teach youth and caregivers how to develop their own crisis de-escalation skills. 3. IHBT provider will report the provision of crisis intervention to HFW Care Coordinator within 48 hours.
Comprehensive Contextual Assessment	1. IHBT will identify youth and caregivers' strengths, needs and current functioning, and report such to the Child & Family Team. 2. IHBT will work with the youth and caregiver to identify strengths that can be used as the basis for elements of the treatment plan in the areas of school, vocational, family, social, and community functioning as well as towards meeting developmental skills/abilities. 3. IHBT will assess for the presence and impact of trauma (e.g., personal, intergenerational, community, and historical) in the youth and caregiver.
Clinical Conceptualization Process	1. IHBT will work with the youth and caregivers to prioritize the most critical behavioral health needs and concerns that will be the focus of treatment planning and delivery. Care planning to include other team members, such as Connect Nevada wraparound and with other team members as well. 2. IHBT will conduct a functional analysis of antecedents and consequences of the youth's behavior to yield a functional understanding of behavior. Ideally, an external expert (supervisor, coach, or model consultant) reviews and provides feedback on these factors and their applicability to treatment planning.
Collaborative Treatment Planning	1. IHBT will develop a treatment plan with the youth and caregiver that is in harmony with the Plan of Care, written in the language of the family, with a manageable number (e.g. 1-4) of priority needs and goals. Strategies for addressing the needs and goals are based use evidence-based techniques wherever appropriate. 2. IHBT will work with the youth and caregiver to develop individualized indicators of progress that are concrete and measurable for each priority treatment need/goal in the plan of care.

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Psychoeducation	1. IHBT will engage the youth and caregiver in initial and continued psychoeducation surrounding the youth's diagnoses and/or behavioral health needs, as well as applicable intervention strategies.
Measuring and Monitoring Treatment Progress	1. IHBT will collaborate with youth and caregiver to use both standardized forms of assessment and indicators that are individualized to the youth/caregivers to measure progress from baseline to regular follow-up intervals. This assessment is also used near treatment plan completion to determine the youth and caregivers' readiness for discharge. 2. IHBT will report progress to HFW Care Coordinator at least monthly.
Skill Building - Youth	1. IHBT works with youth and caregiver to develop adaptive and emotional coping skills across settings, such as emotional regulation, problem solving, communication, conflict management, and decision making.
Skill Building- Parent	1. IHBT will work with the caregiver to help them acquire and use behavior management skills as indicated by the treatment plan. Examples include: consistency and follow through, use of meaningful rewards and consequences, problem solving, praise and positive communication, conflict resolution, and the development of child supervision and monitoring plans. 2. IHBT will work with the caregivers to develop supportive and nurturing relationships with the youth that promote resiliency and wellness.
Cognitive Behavioral Interventions - Youth	1. IHBT demonstrates competency in cognitive behavioral interventions, including assisting the youth and caregivers in identifying underlying emotions and emotional triggers, and in developing cognitive flexibility, emotional regulation, and/or adaptive thinking patterns.
Family and Systemic Interventions	1. IHBT will promote positive family interactions by working with the youth and caregiver to identify non-adaptive interactional patterns, and is able to develop and implement family system interventions that increase the youth and caregiver's adaptive responses and functioning.
Collaborative Planning and Care Coordination	1. IHBT will ensure a cross-system collaboration and service coordination by attending Child & Family Team meetings and remaining in contact with the HFW Care Coordinator. 2. IHBT will work with the youth and caregiver to assess for substance use needs and, if appropriate, integrate treatment into the plan of care (unless assessment indicates a need for a different treatment approach or setting). 3. IHBT will work with the youth and caregiver to assess for the need of social services (e.g., food subsidies, housing and utilities assistance, and job training) and, if appropriate, engage services.

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Contextual Interventions	1. IHBT will support and empower the youth and caregivers to develop positive working relationships with other systems and providers who are engaged with the youth and/or caregivers. 2. IHBT will work with the youth, caregiver, and Child & Family Team to consult with other system providers to develop and implement relational supports and accommodations (e.g., support developing an IEP or 504 plan in school) based on the youth and caregivers' abilities and challenges.
Strategic Advocacy	1. IHBT will work with the youth and caregiver to understand each of the systems they are involved in, as well as share and model how they can effectively navigate those systems. IHBT will share responsibility for system understanding and navigation with Connect Nevada and family/youth partners.
Resilience/Developmental Asset/Wellness Promotion	1. IHBT will work with the youth and caregiver in linking youth with pro-social activities and peers. 2. IHBT will work with youth and caregiver to build a future orientation (e.g., optimism and goals).
Resource and Support Building	1. IHBT will work with the youth and caregivers to identify their current support network (informal and formal) across areas such as instrumental (e.g., childcare, transportation, etc.), informational, and emotional supports, as well as the availability of the supports, and the size and stability of the support network. 2. IHBT will work with the youth and caregiver to determine if additional supports are needed. When appropriate, the practitioner helps to facilitate the development and linkage of a safety net of supports for the youth and caregivers.
Transition Planning	1. IHBT will work with the youth and caregiver, early in the intervention, to develop a plan for transition from IHBT by establishing criteria for successful transition/discharge. 2. IHBT will work with youth and caregiver to develop a post-IHBT crisis management plan that includes prevention strategies, action steps, specific responsibilities, and communication protocols. 3. IHBT will work with the youth and caregiver to develop a plan for ongoing maintenance of skills and progress. 4. IHBT will work with the youth and caregiver to develop linkages to post IHBT resources and supports (informal and formal), as appropriate. 5. IHBT will address with the youth and caregiver how they can access future IHBT services, as needed.
Transition	1. IHBT will schedule a closing session to review progress toward meeting needs/goals, celebrate successes, and discuss the youth and caregiver’s experiences of the treatment process.