**IHBT**
Intensive Home-Based Treatment

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**Share the Burden, Share the Risk**

- **Reality**: More at-risk youth living in the community
- **Behavioral Health Needs**: Adds to complexity of youth being served, complicating the risk profile
- **Community Need**:
  - Ability to effectively and safely manage risk in the community
  - Shared decision-making process for identifying youth and family needs, strengths, and safety issues, and matching services and supports to meet those needs
  - Intensive services and supports that address multiple functional aspects of youth’s life (family, school, peers, community)
  - Implementation supports (training and technical assistance)
  - Evaluation and quality assurance

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**IHBT and Behavioral Health Redesign**

- Bh.Medicaid.Ohio.Gov
- Develop new services for people with high intensity needs
- IHBT included in Behavioral Health Redesign menu of services
- Prior authorization required
  - May include additional eligibility requirements (more than OMHAS IHBT rule)
  - ODM IHBT fidelity thresholds required
  - OMHAS Certification required

10/7/2016

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**Implications of Behavioral Health Redesign for IHBT**

- Treatment delivered per model fidelity not per agency productivity standard
- Increased access and availability of intensive home and community-based treatments
- Focus on training and supervision
- Need for workforce development at the pre-service level
- IHBT as a level of care/treatment episode
- Fidelity and outcomes emphasized

10/7/2016

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**Rationale for IHBT**

Intensive Home-based Treatment

- Least restrictive, most normative
- Supportive framework for effective treatment
- Cost effective
- High engagement: Access, flexibility, and responsiveness
- Treatment is focused on whole family
- Alternative to custody relinquishment
- Benefits other child-serving systems
- Avoids negative consequences related to placement
- Targets high users of services & resources

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**IHBT is a Pivotal Service**

- Youth and families benefit when families have options in a comprehensive system of care
- IHBT expands the continuum of care, making less restrictive service options available for youth at risk of placement due to BH issues
- IHBT is a viable alternative to out-of-home treatment options
Home-based Service Models

- **Homebuilders (1974):** Original home-based model; often referred to as family preservation; child welfare population; LOS 4-6 weeks
- **MultiSystemic Therapy (MST):** EBP; juvenile justice population; LOS 3-5 months
- **IHBT:** Ohio’s model; SED population; placement issues and/or significant safety/risk issues; LOS 3-6 months
- **Integrated Co-occurring Treatment (ICT):** Ohio’s model; co-occurring substance use and BH population; LOS 3-6 months

Other Home-based Service Models

- **Functional Family Therapy (FFT):** Outpatient EBP
- **I-FAST:** Ohio’s model; family systems
  - Larger caseloads, less intensity, and different on-call requirements

IHBT Evaluation Findings

- **Reduced out of home placements**
  - 86% in 15 site evaluation (total youth served)
  - 100% of youth ages 4 to 6 remained in their homes safely
- **Impact on Juvenile Justice Involvement**
  - At the conclusion of IHBT, there was a 50% drop in:
    - youth arrested (44% to 21%)
    - youth on probation (27.5 to 13%)
    - youth detained (13.5% to 7.1%)
- **Impact on School Success**
  - The percent of youth getting passing grades during IHBT treatment increased from 68 to 77%
  - The percent of youth with disciplinary problems in school decreased greatly from 68 to 49% during IHBT

IHBT Eligibility Criteria

- Youth with serious emotional disorders
- At risk for out-of-home placement; or
- Returning from out of home placement; or
- Requires a high level of mental health interventions to stabilize potential safety concerns
- Is under the age of 18; or
- Youth age 18 through 21 who are still living at home and attending high school or under the jurisdiction of another child serving system

Fiscal Impact for System Stakeholders (2008 Data)

<table>
<thead>
<tr>
<th>Placement Type</th>
<th>Average Cost Per Diem</th>
<th>Annualized Cost</th>
<th>System(s) Impacted</th>
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<tbody>
<tr>
<td>Foster Care Level IV</td>
<td>$124</td>
<td>$45,224</td>
<td>Job and Family Services</td>
</tr>
<tr>
<td>Group Home</td>
<td>$125</td>
<td>$45,625</td>
<td>Job and Family Services; Juvenile Courts</td>
</tr>
<tr>
<td>Residential Treatment (non-secure)</td>
<td>$201</td>
<td>$73,204</td>
<td>Job and Family Services; Juvenile Courts; School Systems</td>
</tr>
<tr>
<td>Residential Treatment (secure)</td>
<td>$335</td>
<td>$122,275</td>
<td>Job and Family Services; Juvenile Courts; School Systems</td>
</tr>
<tr>
<td>Juvenile Commitment</td>
<td>$440</td>
<td>$145,200</td>
<td>ODYS; Juvenile Courts</td>
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</tbody>
</table>

IHBT Average Cost per Treatment Episode

<table>
<thead>
<tr>
<th>System(s) Impacted</th>
<th>Average Cost per Treatment Episode</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>$7,500</td>
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</tbody>
</table>

Aggregate Ohio Scales Scores

At Admission and Discharge—Parent Ratings

<table>
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<tr>
<th>Problems</th>
<th>Functioning</th>
<th>Hopefulness</th>
<th>Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>34.3</td>
<td>21.4</td>
<td>14</td>
<td>8.99</td>
</tr>
</tbody>
</table>

Based on 309 cases

All findings p < .0001
Typical Youth Served

- Youth with Serious Emotional Disturbance with functional impairments
- Less intensive services were unsuccessful
- Multiple system involvement
- At-risk of placement due to safety issues
- Multiple risk factors; Few protective factors
- Skill set deficits
- Youth need additional supports, active facilitation, and accommodations for success

Parents and Families

- System has not engaged youth and family effectively
- Families who have difficulty with service access (work, transportation, poverty)
- High stress (multi-stressed)- Low resource.
  - The sources of stress are routine, un-releenting, & woven into daily life
- High family conflict
- Current parenting skill set unsuccessful in dealing with youth’s mental health needs
- Parents need significant levels of support (few external supports)
- Trust issues with the “system”
- Traumatic stress experiences significantly impacts parenting.

Families with Complex Needs and Challenges

Long Term Multiple Risk Exposure (Katz; Sameroff & Rosenblum)

- Some conditions can be so overwhelming it can override our inherent resiliency (Katz).
- The number of risk factors was a better predictor of child outcomes than any specific single risk factor or characteristic of the child. (Sameroff & Rosenblum)
- The cumulative effects from multiple risk factors increase the probability that development will be compromised. (Sameroff & Rosenblum)
- Those who “beat the odds” may have enjoyed better odds (Katz).

Multiple Risks Require Multiple Interventions (Sameroff, Gutman, and Peck, 2003)

- Interventions need to be as complex as the multiplicity of risk factors and contexts
- Most interventions in single domains have not produced major reductions in problem behaviors
- Most youth experience risks across multiple social contexts
- Interventions need to address all the social contexts in which the risks occur

The Adverse Childhood Experiences (ACE) Study (Kaiser Permanente)

- The more categories of trauma experienced in childhood, the greater the likelihood of physical health problems, mental health disorders, risk for violence, and early death.
- The number of categories was found to determine health outcomes, not the intensity or frequency of a single category.
  1. Child physical abuse
  2. Child sexual abuse
  3. Child emotional abuse
  4. Neglect
  5. Mentally ill, depressed or suicidal person in the home
  6. Drug addicted or alcoholic family member
  7. Witnessing domestic violence against the mother
  8. Loss of a parent to death or abandonment, including abandonment by divorce
  9. Incarceration of any family member
Harm reduction strategies: Reduce or eliminate exposure to conditions (trauma and risk environments) before damaging effects on development can occur.

Increase protective influences: For example, parenting that provides both structure and warmth

Promotive strategies: Interventions that target assets or resources to increase potential promotive or compensatory factors.

Competence begets competence: Initiate positive developmental cascades.

Tailor interventions to susceptibilities or strengths of the person.

“There’s not anything so wrong with us, that’s what right with us can’t fix.”

Mark Katz
IHBT Service Progression and Processes

- **Engagement and Assessment (High Intensity)**
  - Engagement (youth, family, & collaborative partners)
  - Crisis Stabilization and Safety Planning
  - Assessment

- **Treatment (High to Medium Intensity)**
  - Evidenced-based individual and family treatments and supports
  - Skill Building, Skill Consolidation, and Generalization
  - Enhancement of Positive Support Network

- **Preparation of Continuing Care and Support Needs (Decreasing Intensity)**
  - Solidify continuing care and support needs
  - Linkages, Closure, & Follow-up
  - Increased reliance on informal supports

Typical Service Week

- Individual and family treatment (counseling, skill building, parenting work)
- Cross-system collaboration and interventions
- Crisis availability and response; Safety planning
- Resource and support building activities

- Who: youth; family members, collaterals (school, court, etc)
- Multiple service hours and contacts

Respectful and Culturally Mindful Engagement and Partnerships

- Honor family's expertise
  - Appreciative perspective:
    - Families are doing the best they can do, given their current abilities and life circumstances.
    - “What would you want someone on the outside to know so they could better understand how hard it is for you right now?”
  - Validation: The youth and family are validated for their expertise, courage, efforts, and persistence
  - Valuing: Understand and respect the family's unique beliefs, values, customs, languages, abilities, traditions, and life experiences
  - Provide Hope: Foster the possibility of hope and a positive future
  - Culturally mindful: Respectful humility

Multidimensional Assessment

I. **Diagnoses:** youth who meet the criteria for Mental Health Disorder and related symptom manifestation

II. **Developmental Functioning:** (cognitive, emotional, & behavioral maturity)

III. **Contextual Functioning:** Individual functioning in relevant life domains, including risk and protective factors, and risk and recovery environments

IV. **Safety and Risk Factors:** Self and other harm, personal, family, and community safety
Multiple Occurring Conditions

Contexts (Home, School, Peers, Community, etc.)

Substance Use Disorder
Mental Health Disorder

Trauma Factors
Risk & Resiliency Factors
Developmental Factors

Salient Behavior/Symptom

Safety Concerns

Assessment: Contextual Functioning

- How is youth functioning in key life domains?
- How do family functioning and interactions impact youth behaviors and emotions?
- What system dynamics are barriers to the youth and family’s success?
- What accommodations are necessary for youth’s success?

Assess:
- Risk and protective factors per life domain
- Recovery and resiliency environments: supports and barriers
- Interactions, influences, systemic dynamics

Tools:
- Risk and Protective Factor Checklist
- Contextual Map

Assessment: Safety and Risk Factors

- Risk Factors: elements of a youth and family’s life (people, environments, danger) that contribute to the development of negative behaviors (violence; delinquency)
- Safety Risk: Potential for harm to self, others, property, and/or community

Tools: Safety and Risk Screen
- Risk and Protective Factor Checklist

Service Matching & Need Hierarchy

- Services and supports are matched to each family’s presenting needs, strengths and circumstances
- A family need hierarchy is utilized to assist in assessing and prioritizing the youth’s and family needs
- Strategies and interventions are matched to the most salient need, progressing to more complex needs once the primary needs are met
- What key factors if not addressed will lead to relapse or increased behavioral health symptoms or decreased functioning in a key life domain?
Integrated and Comprehensive Treatment Matched to Need

Wellness & Resiliency

Eco-systemic Functioning

Basic Skills and Coping

Basic Needs, Safety, and Stabilization

Youth and Family Need Hierarchy (Shepler, 1991, 1999)

Stabilize, Reduce Risks, and Plan for Safety

- Symptom stabilization:
  - Prevent a chain reaction of negative life events (Mark Katz)
- Address basic needs:
  - Build resources and supports where they are needed
  - Develop safety net of supports
- Establish basic safety:
  - Create trauma-free recovery environments
  - Crisis stabilization
  - Safety planning
- Reduce risk factors:
  - Decrease risk generating environments and people (e.g., negative peers)

Protective Measures in the Home: Safety Walk Through

- Safety tour of the house
- Completed with parent or caretaking adult (and not the youth)
- Walk through each room of the house prompting the parent/adult with safety questions:
  - Tell me what is in this room that could pose a danger to someone?
  - Think about your son or daughter and what they may have done before—what is in this room that we need to secure?
- Have parents secure items of concern and confirm actions were taken

Crisis Response and Stabilization

- Implement safety plan (Requires 24/7 availability)
- Decide on level of intervention and type of response
- Direct action: de-escalation/stabilization
- Model calm, non-threatening, yet directive approach
  - Do not add to the family’s reactivity
- Verbal responses should be short and simple
- Create safe environment:
  - Secure unsafe items
  - Commitment to safety
  - Therapeutic separation
  - Mobilize supports
  - Respite: Arrange for short term out of home stay
  - Hospitalization or psychiatric assessment
- Stepped up intensity & monitoring (by family; IHBT staff)

Basic Skills and Competencies

"Do Better and You’ll Try Harder" (Rick Lavoie)

Goal: Increased skill sets and ability to use skills in multiple settings.

- Do the youth and family have the skills to do what we are asking them to do?
- Are there significant skill deficits?
  - Teach needed skill sets
- Can the youth apply skills across settings?
  - Assist skill application across settings
Developmental Adaptive Skill Building
Ross Greene; livesinthebalance.org

- Kids do well if they can
- Challenging behavior occurs when the demands of the environment exceed a kid’s capacity to respond adaptively.
- Think: lack of skill not intentional misbehavior
- Think: building lagging or missing skills not holding youth accountable for what they cannot do

Skill Set Development

- Conflict management skills: negotiation, compromise, problem solving, mediation
- Social problem solving and decision making: making choices, taking responsibility, being accountable
- Self-knowledge skills: understanding triggers, managing symptoms, active prevention work
- Personal safety skills: safety to prevent re-traumatization; alternative coping options for self-harming behaviors

Eco-systemic Functioning and Supports

Goal: Improve functioning in major life contexts (family, school, community, social, peers, etc)
- Are there significant systemic barriers that interfere with functioning in key life domains?
  - Identify key escalation patterns and remediate
  - Focus on improving relationships in key life domains
  - Coaching and consulting with key adults for accommodations and expectations that maximize success
  - Focus on solutions
- Are there sufficient youth and family supports in place?

Skill Set Development

- Emotional regulation skills: managing strong emotions or distress
- Communication and language skills: processing accurately, communicating clearly
- Executive Functioning skills: organizational and planning skills
- Cognitive Flexibility Skills: managing transitions, changes deviations; may need accommodations to facilitate predictability
- Social Skills: interpreting social cues accurately; perspective taking

Collaborative Problem Solving (Ross Greene): http://www.livesinthebalance.org/

Ecosystemic Functioning and Supports

Goal: Improve functioning in major life contexts (family, school, community, social, peers, etc)
- Promote family environment that nurtures resiliency
- Decrease family conflicts; Promote collaborative problem solving
- Rebuild bonds and relationships
- Increase positive family communication
- Increase supervision and monitoring
- Create youth and family safety net of resources and supports
- Identify and address relational dynamics that impact youth behaviors and emotions

Family Context: Set Stage for Change
Community Context: Cross-system collaboration and interventions

- Goal: Assist system in creating strategic accommodations that facilitate youth success
  - Assess and problem solve barriers to successful functioning in each life domain
  - Educate other system providers on the needs of the youth based on his or her mental health disability
  - Facilitate realistic and achievable expectations and goals
  - Assist youth and family in building positive community relationships
  - Teaching system navigation to the youth and family
  - Teach youth and family self-advocacy
  - Facilitate positive connections in multiple environments
  - Find contexts where youth can be successful and where youth can be in control (accommodations)

- Tools: Child and Family Team Meetings
  - Strategic Accommodations

Wellness and Resiliency

- Continuing wellness plan: What resources, supports, activities, and services are necessary for ongoing resiliency and wellness?
  - Facilitate opportunities for positive contributions and leadership
  - Involvement with pro-social peers and activities
  - Safety net of supports: informal and formal
  - Mentors
  - Positive connections in multiple settings (School, community)
  - Services to help the youth and family sustain positive outcomes
    - Wraparound process
    - Possible step-down services
    - Medications; Psychiatrist

Create youth and family safety net of resources and supports

- External Family Supports
  - Who will be there for the family when services end?
    - Family, Faith, Friends
  - Think resources and supports (e.g. respite, mentors)
  - Building and re-building natural support systems
  - Resource-Focused Genograms:
    - Identification of potential family resources
    - Identification of potential positive family mentors for youth

- Internal Family Supports
  - How does the family support each other?
  - Facilitate nurturing and supportive family relationships

Lessons Learned: Discharge a Key Transition

- Discharge:
  - IHBT is an episode of care for a youth meeting a certain level of care
  - Needs of youth may continue past treatment episode
  - Continuing care planning is often needed
    - Child and Family Team/Service Coordination
    - Who will be there for the family when services end?
    - Think resources and supports
    - Building and re-building natural support systems and mentors/supports

Worker Safety and Secondary Trauma

- Staff safety is essential
- Issues related to staff safety and standard safety precautions should be included in orientations and trainings
- Program should have clear protocols and guidelines for staff safety
- Monitor and address secondary trauma

Unique Ethical Challenges of Home and Community-Based Work

- More relationships; closer relationships
- Managing confidentiality in the natural environment is more challenging
- More decisions to make
  - We ask you to think on your feet constantly
  - Invitations by family to attend family graduations, birthdays, or weddings.
  - Requests for concrete services not typically included in IHBT (i.e., transportation to job etc.)
  - Meals with clients
  - No adult home
  - Increased ambiguity
  - Less immediate access to other clinical staff for consultation
Implementation

Implementation Challenges
- Workforce shortage
- Saturation of home and community-based programs
- Referral confusion
- Burnout and turnover
- Vicarious trauma and worker safety
- Funding and sustainability
- Clinical competencies and supports
- Risk and liability management

Staffing
- 2 to 4 FTE Master’s trained clinical staff (minimum of license eligibility)
- Core training and quarterly ongoing trainings
- Dedicated supervisor
  - 24 hour availability of supervisors for each therapist
  - Field supervision as needed
  - Intensive clinical support
  - Supervisor holds fidelity
- Weekly individual and group supervision/consultation

Financing and Sustainability Strategies
- Funding and referral sources established prior to implementation
- Develop diverse funding sources
- Do not rely solely on Medicaid
  - Productivity pressures decrease program fidelity
- Fund the fidelity (consultation, training, technical assistance)
- Incentivize outcomes
- Reinvestment strategies
- Return on investment

Training and Competencies
- Crisis intervention and safety planning
- Family therapy
- Individual therapy
- Skill building
- Cross-system collaborative teaming
- Resiliency and trauma
- Cultural humility and strength-based engagement
- IHBT supervision and ethics

The End, Thank You!
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  *Except where noted in slides

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