



Name of Program/Services.

Intensive In-Home Services utilizing a Family Focused Evidence Based Practice or Specialized Evidence Based Practice.

Description of Services.

Provider shall implement at least one of the following two distinct family-focused Evidence Based Practices (EBPs) within Intensive In-Home Services (IIH) that are provided in the Alliance catchment area. These EBPs have been researched and selected by Alliance Behavioral Healthcare (ABH) in conjunction with participants of the Alliance IIH Collaborative. These EBP's are also referred to as 'generalist' EBP's as they are not designed to treat a specific diagnostic profile or target consumer demographic. These family focused EBPs include:

- Strengthening Families Program (SFP)
- Eco-Systemic Structural Family Program (ESFT)

Additionally, in order to provide a more clinically relevant treatment to certain consumer diagnostic profiles or target demographics, providers may opt to provide any of the specialized treatment models identified in this IIH Scope of Work. These EBPs were also researched and selected by Alliance Behavioral Healthcare (ABH) in conjunction with participants of the Alliance IIH Collaborative. These EBP's are also referred to as 'Specialized' EBP's as they are designed to treat a specific diagnostic profile or target consumer demographic. These Specialized EBPs include:

- Adolescent Community Reinforcement Approach (A-CRA)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Parent-Child Interaction Therapy (PCIT)
- Child-Parent Psychotherapy (CPP)

Each EBP has a designated EBP developer/approved training vendor, which shall be utilized by Provider in implementing the EBP. Provider shall implement at least one of the identified generalist models in accordance with expectations developed between ABH and the EBP developer/approved training vendor. Further, each EBP will be implemented as outlined in the **EBP Specific Addendum**, attached hereto and incorporated herein, which addresses model specific requirements for staff training, internal training development and ongoing fidelity monitoring.

Required Elements of the Program/Service.

Provider will ensure that all of the following staffing, training and fidelity monitoring components are completed.

Service Delivery

- Provider will ensure that IIH services are delivered in accordance with NC DMA Clinical Coverage Policy 8a.



- Provider will ensure that each consumer served in IIH receives weekly family oriented sessions commensurate with the family-focused EBP, at a minimum of 1 per week. Family oriented sessions must involve both the caregiver(s) and the identified consumer. Family oriented sessions may include additional family members as clinically appropriate.

General Staffing

- Provider will ensure IIH team staffing structure is in accordance with NC DMA Clinical Coverage Policy 8a, including, but not limited to staff credentials, experience, training and consumer/staff ratios.
- IIH Team Roster and Team Reporting
 - Provider will maintain an up-to-date roster of IIH team members.
 - Provider will submit the IIH Team Roster to Alliance upon request, and as outlined in the ***Reporting Requirements*** section of this SOW.
 - Provider shall include names, credentials and contact information of each IIH team member that will provide services to the consumer in any SAR for IIH.
- Provider will adhere to the FTE requirements in NC DMA Clinical Coverage Policy 8a ;
 - Each team may have no more than two, .5 FTE staff to meet each required FTE position,
 - IIH Teams may be comprised of no more than 5 staff total ;
 - Each IIH position that is staffed with a .5 FTE team member must have a matching .5 FTE team member in order to meet the 1 FTE requirement ;
 - IIH Staff that serve on an IIH Team in a .5 FTE capacity may only provide IIH services on one other IIH team, and that team member must also be in a .5 FTE capacity.
- Team Composition-
 - Provider will ensure that IIH teams are comprised of distinct staff. IIH team staff should not be counted towards the ratio of any other IIH team within the agency. Staff may only count towards the ratio of another IIH team if they are serving on each team in a .5 capacity.
 - IIH Team members are dedicated staff, available to respond in the community 24/7.
 - IIH Team Leads and/or team members cannot count towards the staffing ratio of any other enhanced benefit outlined in DMA Clinical Coverage Policy 8A, 8A1, 8A2, 8B, 8D1, 8D2, 8L, 8O and 8P.

In-House Trainers

- Provider will have trained and maintain the minimum number of in-house trainers required by the ***EBP Specific Addendum*** at all times.
- In the event Provider loses one or more of their in-house trainers, causing the provider to have less than the required amount of internal trainers outlined in the ***EBP Specific Addendum***, the provider will make arrangements with an approved training vendor to have an additional internal-trainer/s trained within 90 days of the staff separation.



- Provider's in-house trainers will function as in-house partners with their selected EBP vendor by training other agency supervisors and IIHS Team Leads.
- Provider will use In-house Trainers to manage the agency's internal EBP training and fidelity monitoring programs.

Staff Training

General Training Guidelines

- External training will be conducted by the EBP developer or training vendor previously approved by Alliance Behavioral Healthcare.
- Internal training will be conducted by agency in-house trainers who meet the Internal Trainer criteria outlined in the ***EBP Specific Addendum***.
- All staff delivering a generalist EBP will complete, at minimum training requirements specified in the ***EBP Specific Addendum***. Staff may receive training either directly from the EBP training vendor or an approved internal agency trainer.

Fidelity Monitoring

- Provider will participate in ongoing fidelity monitoring through a combination of internal and external monitoring of EBP fidelity.
- Internal Fidelity Monitoring will be conducted by staff trained in fidelity monitoring in accordance with the EBP Specific Addendum.
- External Fidelity Monitoring will be conducted by approved EBP vendors in accordance with the frequency and scope outlined in the EBP Specific Addendum.
- Provider will submit results of all external fidelity monitoring within 10 days of receiving the written report from the approved EBP vendor.

Target Population and Eligibility Criteria.

Target Population: This service is intended for children and adolescents who, due to serious and chronic symptoms of an emotional, behavioral, or substance use disorder, are unable to remain stable in the community without intensive interventions. The parent or caregiver must be an active participant in the treatment. The team provides individualized services that are developed in full partnership with the family.

Entrance Criteria:

A beneficiary is eligible for this service when all of the criteria outlined in the Intensive In-Home Services Definition located in NC DMA Clinical Coverage Policy 8a are met:

- there is a mental health or substance use disorder diagnosis (as defined by the DSM-5, or any subsequent editions of this reference material), other than a sole diagnosis of intellectual and developmental disability;
- based on the current comprehensive clinical assessment, this service was indicated and outpatient treatment services were considered or previously attempted, but were found to be inappropriate or not effective;



- the beneficiary has current or past history of symptoms or behaviors indicating the need for a crisis intervention as evidenced by suicidal or homicidal ideation, physical aggression toward others, self-injurious behavior, serious risk taking behavior (running away, sexual aggression, sexually reactive behavior, or substance use);
- the beneficiary's symptoms and behaviors are unmanageable at home, school, or in other community settings due to the deterioration of the beneficiary's mental health or substance use disorder condition, requiring intensive, coordinated clinical interventions;
- the beneficiary is at imminent risk of out-of-home placement based on the beneficiary's current mental health or substance use disorder clinical symptomatology, or is currently in an out-of-home placement and a return home is imminent; and
- there is no evidence to support that alternative interventions would be equally or more effective, based on North Carolina community practice standards (Best Practice Guidelines of the American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Society of Addiction Medicine).

Continued Service Criteria

The beneficiary is eligible to continue this service if the desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the beneficiary's PCP; or the beneficiary continues to be at risk for out-of-home placement, based on current clinical assessment, history, and the tenuous nature of the functional gains and one of the following applies:

- The beneficiary has achieved current PCP goals, and additional goals are indicated as evidenced by documented symptoms;
- The beneficiary is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the PCP;
- The beneficiary is making some progress, but the specific interventions in the PCP need to be modified so that greater gains, which are consistent with the beneficiary's premorbid level of functioning, are possible; or
- The beneficiary fails to make progress, or demonstrates regression, in meeting goals through the interventions outlined in the PCP. The beneficiary's diagnosis should be reassessed to identify any unrecognized co-occurring disorders, and interventions or treatment recommendations shall be revised based on the findings. This includes consideration of alternative or additional services.

Discharge Criteria.

The beneficiary meets the criteria for discharge if any one of the following applies:

- The beneficiary has achieved goals and is no longer in need of IAH services;
- The beneficiary's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a transition plan to step down to a lower level of care;
- The beneficiary is not making progress or is regressing, and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services;
- The beneficiary or legally responsible person no longer wishes to receive IAH services; or



- The beneficiary, based on presentation and failure to show improvement despite modifications in the PCP, requires a more appropriate best practice treatment modality based on North Carolina community practice standards (for example, National Institute of Drug Abuse, American Psychiatric Association).

Required Outcomes.

At Discharge (for youth who received at least 90 days of service and at least 24 contacts):

- 80% of youth are discharged home with family or are living independently.

Six and 12 Months Post Discharge (for youth who received at least 90 days of service and at least 24 contacts):

- 80% of youth remain home with family or are living independently;
- Out-of-home placement:
 - Less than 10% of youth have been placed in residential treatment;
 - Less than 5% have had a psychiatric hospitalization;

Reporting Requirements.

Provider will prepare and submit a report with fidelity monitoring measures on an annual basis (within 10 days of receipt of the provider's External Fidelity Monitoring Report) to Alliance's Provider Network Evaluation unit (PNDProviderReports@alliancebhc.org).

Provider will submit the I/H Team Roster to Alliance upon request, and in an electronic report via email at IIHRosters@alliancebhc.org and to the assigned Provider Network Development Specialist. Reports are due the 10th of the month following the end of the quarter and will begin based on contract effective date:

Q1 – October 10

Q2 – January 10

Q3 – April 10

Q4 – July 10

Provider understands that Alliance may share this information with other providers to clarify questions about team composition and staffing.

NCTOPPS: Contractor will meet requirements for submission of NC-TOPPS interviews in accordance with current NC-TOPPS Implementation Guidelines. Initial forms (or whichever form is expected based on the consumer's continuation of an episode of care) shall be completed and submitted at intake for every consumer. Update Forms should be completed for the consumer at 3 months, 6 months, 12 months and every 6 months after that from the date of admission that marked the beginning of the episode of care. Every effort should be made to complete these forms during face-to-face meetings with the consumer; however, NCTOPPS may be completed during a phone interview with the consumer. If NCTOPPS is completed during a face-to-face or phone interview, all sections of the form must be



completed. If the consumer is unable to be scheduled for either a phone interview or a face-to-face meeting, NCTOPPS forms may be completed using a consumer record.

Alliance requires providers to develop a formal Quality Management program. Elements of that program include (1) developing measures to monitor fidelity to the required elements of the program as outlined above, (2) establishing internal performance standards for the delivery of the services for which provider has contracted, (3) collecting data related to the delivery of those services and fidelity to the chosen evidence-based practice model(s) used, and (4) creating reports measuring the provider's performance and adherence to required outcomes.

The Provider also will document its efforts to identify areas for improvement, implement Quality Improvement Projects (QIPs), and analyze the results of its quality-improvement efforts.

Upon Alliance's request, the Provider will submit all documentation related to its QM program and other quality-related activities.

Collaboration.

- Provider shall work with Alliance, NC Department of Public Safety (Juvenile Justice & Adult Corrections), Department of Social Services, Community Service Providers, Public School System, and other stakeholders as appropriate to coordinate treatment with the program participant youth and their families.
- Provider is expected to adhere to System of Care values and principles in providing a person-centered, strength-based and recovery-focused environment.
- Provider will complete referral process for individuals requiring a different level of care by directly contacting the most appropriate provider/s and ensuring an appropriate and timely transfer is completed.
- Provider shall participate in ongoing communication with and Alliance Behavioral Healthcare via in-person attendance, by an agency representative, at 80% of IIH Collaborative meetings. Provider participation is necessary to identify and resolve barriers and issues, as well as report trends and outcomes.

Utilization Management.

Services rendered shall be reimbursed on a **fee for service basis** for authorized services. Provider shall follow Alliance Behavioral Healthcare's Benefit Plans which can be found at www.alliancehealthplan.org and submit service authorization requests through the Alliance Claims System (ACS) provider portal.



EBP Specific Addendum

Name of Program/Services.

Strengthening Families Program for use within Intensive In-Home Services.

Description of Services.

The Strengthening Families Program (SFP) is an evidence based program designed to decrease delinquent behavior, including alcohol and drug use, in high-risk youth, while at the same time increasing their pro-social behavior, school attendance, and personal resilience. Research has demonstrated that the SFP program is also effective in reducing risk precursors for mental disorders by training parents in therapeutic parenting practices, training youth in positive life skills, and having them work together.

Alexander Youth Network will implement SFP in accordance with training and implementation plans sanctioned by Alliance Behavioral Healthcare in conjunction with Strengthening Families Program.

Required Elements of the Program/Service:

Provider will ensure that all of the following staffing, training and fidelity monitoring components are completed.

General Staffing

- Provider will ensure IIHS team staffing structure is in accordance with NC DMA Clinical Coverage Policy 8a, including, but not limited to staff credentials, experience, training and consumer/staff ratios.

In-House Trainers

- Provider will train 2 in-house trainers to provide training to agency IIS staff. In-house trainers will complete required training directly from SFP. In-house trainers will receive a certificate from SFP identifying them as approved to train other agency staff in the SFP 7-17 model.
- Provider will train and maintain at least 2 in-house trainers at all times. A combination of 2 in house trainers work as a training team, and agencies implementing SFP are expected to have at least one complete training team in order to train new staff. In the event that a provider loses one or both of their in-house trainers, the provider will make arrangements with SFP to have an additional internal-trainer/s trained within 90 days of the separation of their training team.
- Provider's in-house training teams will function as in-house partners with Strengthening Families Program staff by training other agency supervisors and IIS staff. In-house Training teams will work with SFP staff as long as they are in this role.
- Provider will use In-house Training teams to manage the agency's internal SFP training and fidelity monitoring programs.

Staff Training

- External training will be conducted by the Strengthening Families Program (SFP) or SFP sanctioned trainers also approved by Alliance Behavioral Healthcare.



- In-house training will be conducted by SFP approved, in-house training teams. In-house training teams may only provide training to other staff employed or contracted within the same agency. In-house trainers may only serve as a trainer for one agency at a time, and may not provide training to multiple agencies at the same time.
- All staff delivering SFP via IIHS will receive at minimum, 24 hours of training directly from SFP or an SFP approved internal agency trainer. All staff will complete additional training requirements in accordance with the provider's contract with Strengthening Families Program.
- All staff implementing SFP are to have completed the SFP training requirements within the first 90 days of hire to provide this service. Trainings are conducted specifically for SFP 7-17 In-Home delivery with SFP DVD video clips. This trains Family Coaches in curriculum content, theory and delivery, mindfulness, and working with high-risk families.

Fidelity Monitoring

- Provider will participate in ongoing fidelity monitoring through a combination of internal and external monitoring of EBP fidelity.
- Internal Fidelity Monitoring will be conducted by staff trained in fidelity monitoring in accordance with the EBP Specific Addendum.
- External Fidelity Monitoring will be conducted by approved EBP vendors in accordance with the frequency and scope outlined in the EBP Specific Addendum.
- Provider will submit results of all external fidelity monitoring within 10 days of receiving the written report from the approved EBP vendor.

EBP Specific Addendum

Name of Program/Services.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) for use within Intensive In-Home Services.

Description of Services.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment for children and adolescents impacted by trauma, and their parents or caregivers. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple and complex trauma experiences.

Alexander Youth Network will implement TF-CBT in accordance with training and implementation plans sanctioned by Alliance Behavioral Healthcare in conjunction with NC Child Treatment Program (NC-CTP) or the TF-CBT National Therapist Certification Program (NTCP).

Required Elements of the Program/Service:

Provider will ensure that all of the following staffing, training and fidelity monitoring components are completed.



General Staffing

- Provider will ensure IHS team staffing structure is in accordance with NC DMA Clinical Coverage Policy 8a, including, but not limited to staff credentials, experience, training and consumer/staff ratios.
- Provider will maintain at least 1 staff who has completed, or is currently enrolled in/actively participating in a training track for agency leadership.

Staff Training

General Training Guidelines

- External training will be conducted by NC CTP or the TF-CBT National Therapist Certification Program.

Training through NC-CTP

- IHS Team Leads delivering TF-CBT via IHS must be either currently enrolled and participating in NC CTP's TF-CBT training collaborative, or have previously completed the collaborative.
- All IHS Team Leads delivering TF-CBT must be listed on the Trauma-Focused Cognitive Behavioral Therapy Roster maintained and updated by NC CTP.

Training through TF-CBT National Therapist Certification Program

- IHS Team Leads delivering TF-CBT via IHS must be either currently enrolled and participating in NC CTP's TF-CBT training collaborative, or have previously completed the collaborative.
- All IHS Team Leads delivering TF-CBT must be listed on the TF-CBT National Therapist Certification Program Roster maintained and updated by the TF-CBT National Therapist Certification Program.
 - In lieu of being listed on the TF-CBT National Therapist Certification Program Roster, Alliance may accept an alternate primary source verification from the TF-CBT National Therapist Certification Program.

Fidelity Monitoring

Training through NC-CTP

- Provider will upload treatment data, in accordance with NC CTP requirements, into the North Carolina Performance and Outcomes Data Platform (NCPOP) for review.
- Provider will submit the results of the NCPOP reviews to Alliance Behavioral Healthcare within 10 days of receiving the results of any NCPOP reviews.

Training through TF-CBT National Therapist Certification Program

- Provider will receive at minimum 1 fidelity review from TF-CBT National Therapist Certification Program prior to 6/30/18. Provider will submit the results of any fidelity reviews to Alliance Behavioral Healthcare within 10 days of receiving the results of the fidelity review.

OR

- Provider will participate in follow-up consultations and supervision with TF-CBT NTCP in accordance with the TF-CBT NTCP certification requirements. Provider will submit the results of



the follow-up consultations and supervision, to Alliance Behavioral Healthcare within 10 days of receiving the consultation.

AND

- Provider will use at least one standard instrument to assess TF-CBT treatment progress with each case completed. Provider will submit the results of the assessments of TF-CBT progress to Alliance Behavioral Healthcare within 10 days of receiving the results of these.

Providers who do not meet the 85% fidelity rating may be subject to a Plan of Correction, removal of this model from their approved IIH Evidence Based Practices, and/or termination of their IHS contract.

Finance.

Provider shall submit all billing into the Alliance Claims System (ACS) system for reimbursement for Intensive In-Home Services rendered through this Scope of Work.