



Intensive In-Home Scope of Work Utilizing 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 Health 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:

1. Strengthening Families Program (SFP)
2. 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 shall provide any of the specialized treatment models identified in this IIH Scope of Work. These EBPs were also researched and selected by Alliance Health () 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:

1. Adolescent Community Reinforcement Approach (A-CRA)
2. Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
3. Parent-Child Interaction Therapy (PCIT)
4. 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 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.

Service Delivery

- Provider will ensure that in addition to the IIH Clinical Coverage Policy, that all of the required staffing, training and fidelity monitoring components are completed.
- 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 Training Guidelines for all models

- 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 IHS Team Leads.
- Provider will use In-house Trainers to manage the agency's internal EBP training and fidelity monitoring programs.

General Fidelity Monitoring Guidelines for all models

- 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 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 IHS Team Roster to Alliance upon request, and in an electronic report via email at IHRosters@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.

EBP Specific Addendum 1 – Strengthening Families

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.

Provider will implement SFP in accordance with training and implementation plans sanctioned by Alliance Health 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 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.

In-House Trainers

- Provider will train 2 in-house trainers to provide training to agency IHS 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 IIHS 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 Health.
- 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

For the purposes of assessing Process Fidelity within SFP 7-17 In-Home Training Model, the developer has identified five domains as being critical for success: 1) Agency Staff Fidelity Practices; 2) Family Coach Personal Fidelity; 3) Program Content and Delivery Fidelity; 4) Family Interaction Fidelity; and 5) Dosage Fidelity. Providers will implement training, supervision, model delivery and documentation elements as determined by SFP sufficient for measurement through SFP's external fidelity monitoring process.

Each provider is expected to receive at least one External Fidelity Review prior to June 30th of each fiscal year. Providers are expected to meet fidelity in 85% of the elements rated for fidelity. If a provider does not meet the 85% fidelity rating they may be subject to a plan of correction and/or termination of their IIHS contract.

Providers are expected to maintain a contractual relationship with SFP or an approved SFP training vendor for external training, consultation and external fidelity monitoring.



EBP Specific Addendum 2 – Eco-Systemic Family Therapy

Description of Services

ESFT is an evidenced-based family therapy approach designed to intervene with families of children who are experiencing behavioral health problems and are at the risk of out-of-home placement. The ESFT model targets treatment for children and adolescents with moderate to severe emotional and/or behavioral problems and their families.

Provider will implement ESFT in accordance with training and implementation plans sanctioned by Alliance Health in conjunction with Center for Family Based Training or another approved ESFT training vendor.

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.

In-House Trainer-Mentors

- Provider will train and maintain at least 1 in-house trainer/mentor at all times. In the event that a provider loses their in-house trainer mentor, the provider will collaborate with other NC trainer-mentors to ensure that new staff are trained in accordance with expectations outlined in the **IHS SOW**. Additionally, within 30 days of the provider losing their trainer-mentor, the provider will identify a new in-house trainer mentor, and work with CFBT to arrange for the new trainer-mentor to begin training.
- Provider's in-house Trainer/Mentors will function as in-house partners with Center for Family Based Training faculty by training/mentoring other agency supervisors and IHS Team Leads. In-house Trainers-Mentors will work very closely with CFBT faculty as long as they are in this role. Together, the in-house Trainer-Mentors and CFBT faculty collaborate as a teaching team to ensure a high level of accountability, consistency, and fidelity to the model.
- Provider will use in-house Trainer/Mentors to manage the agency's internal ESFT training and fidelity monitoring programs.
- In-house trainers/mentors will be responsible for helping new hires to "catch up" with their peers who have already completed some direct training with CFBT.



Staff Training

- External training will be conducted by the Center for Family Based Training (CFBT) or another ESFT training vendor approved by Alliance Health.
- Internal training may only be conducted by CFBT approved agency trainer-mentors.
- All staff delivering ESFT via IIHS will receive at least the minimum number of hours of training outlined in the agency's contract with CFBT and further outlined in this addendum.
 - IIH staff providing ESFT will comply with training requirements outlined by the ESFT training vendor, including at minimum 24 hours of training in ESFT within the first 90 days of hire to provide this service.
 - Training must be provided directly from CFBT, and may be provided in the combined form of live didactic training and/or online training (Online Foundations Courses), or via Agency Trainer-Mentors, as sanctioned by CFBT.
 - All Team Leads and Supervisors will completed Online Supervision Courses, consistent with expectations from CFBT or the approved ESFT vendor.

Fidelity Monitoring

- IIHS Staff engage in self-guided review of ESFT model fidelity after each treatment session.
- Use of ESFT model concepts should be documented into the recording of progress notes.
- Staff complete documentation, as expected by CFBT or Alliance approved ESFT vendor, during each family's treatment.
- Clinical Supervisors and Team Leads present cases from their teams to the in-house Trainer-Mentors during ongoing consultations.
- Supervisors and Team Leads compare their fidelity ratings with that of the Trainer-Mentors to gauge overall model implementation, create learning opportunities and identify areas for improvement.
- To maximize training impact and make fidelity monitoring more manageable, programs are encouraged to organize Supervisors and Team Leads into small learning groups, each led by one Trainer-Mentor
- In-house Trainer-Mentors present selected cases that have been presented to them from their learning groups.
- Trainers-Mentors receive direct, focused feedback from CFBT regarding their developing skill in evaluating treatment fidelity.
- Reliability of the Trainer-Mentors' fidelity ratings compared to CFBT ratings on the same cases are expected to improve as the number of cases reviewed with CFBT grows and feedback is incorporated into their approach.

Each provider is expected to receive at least one External Fidelity Review prior to June 30th of each fiscal year. Providers are expected to meet fidelity in 85% of the elements rated for fidelity. If a provider does not meet the 85% fidelity rating they may be subject to a plan of correction and/or termination of their IIHS contract.



Providers are expected to maintain a contractual relationship with CFBT or an approved ESFT training vendor for external training, consultation and external fidelity monitoring. After the first 3 years of ESFT implementation, if a Trainer-Mentor achieves a 90% inter-rater reliability with CFBT faculty that is consistent across the cases reviewed in their learning group, external fidelity monitoring will be reduced to every two years.

Specialized EBP Specific Addendum 1 – Adolescent Community Reinforcement Approach (A-CRA)

Description of Services

The Adolescent Community Reinforcement Approach (A-CRA) is a developmentally-appropriate behavioral treatment for youth and young adults 12 to 24 years old with substance use disorders. A-CRA seeks to increase the family, social, and educational/vocational reinforces to support recovery.

Provider will implement A-CRA in accordance with training and implementation plans sanctioned by Alliance Health in conjunction with Chestnut Health Systems.

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 and with the *IIH SOW*, of which this addendum is part.

Staff Training

General Training Guidelines

- External training will be conducted directly by Chestnut Health Systems or by Chestnut Health Systems sanctioned trainers, who are also approved by Alliance Health.
- Each IIH team member providing A-CRA will achieve certification in the A-CRA model.
- Upon completing of initial training in the A-CRA model, each IIH team member will pass the A-CRA knowledge test. IIH team members will successfully pass the A-CRA knowledge test within the first 90 days of hire.
- Staff will complete A-CRA on-line research course offered by Chestnut Health Systems.
- All staff delivering A-CRA via IIHS will receive at minimum, 28 hours of training directly from Chestnut Health Systems or a Chestnut Health Systems approved internal agency trainer(s). All staff will received an initial 2.5 days of training



Fidelity Monitoring

- All staff will participate in local supervision sessions.
- Team Leads will participate in coaching calls every 2 weeks to assist with model implementation and prevent model drift. These calls may focus on problem solving, case staffing and conceptualization, as appropriate.
- Team leads will receive weekly supervision for A-CRA, and on-going case staffing as needed.
- Team leads will provide weekly staffing and ACR-A model supervision with IIH Team staff (QP's and AP's).
- Supervisors will participate in monthly calls. Once a site is considered an 'advanced site' the provider can reduce the frequency of the calls to one per month.
- In accordance with Chestnut Health System requirements, provider will record clinical and supervision sessions and upload these sessions for expert review and rating in accordance with the expectations set by Chestnut Health Systems.
- Provider will implement internal systems to track key performance indicators and provide Chestnut Health Systems with monthly data reports.
- Provider will track, maintain and provide when requested, data related to the following:
 - Clinicians- # of clients opened in EBTx.org
 - # of clients closed
 - # of DSR's uploaded
 - % agreement between sessions entered and DSR's uploaded
 - % attendance on coaching calls
 - Certification progress (0-9 based on nine procedures needed to achieve competency)
 - % of clients linked in 14 days to ACC
- Supervisor Indicators
 - # of supervision DSRs uploaded & rated
 - # of clinician-client sessions rated
 - Certification progress (0-6 based on supervision ratings with 80% agreement with experts)
- After certification is achieved, provider will participate on random, monthly fidelity checks conducted by Chestnut Health Systems.
- Provider will submit the results of the fidelity reviews to Alliance Health within 10 days of receiving the results of any external fidelity reviews.

Each provider is expected to receive at least one External Fidelity Review prior to June 30th of each fiscal year. Providers are expected to meet fidelity in 85% of the elements rated for fidelity. If a provider does not meet the 85% fidelity rating they may be subject to a plan of correction and/or termination of their IHS contract.



Specialized EBP Specific Addendum 2 - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

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.

Provider will implement TF-CBT in accordance with training and implementation plans sanctioned by Alliance Health 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 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.
- 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

- IIH Team Leads delivering TF-CBT via IIH must be either currently enrolled and participating in NC CTP's TF-CBT training collaborative, or have previously completed the collaborative.
- All IIH 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

- IIH Team Leads delivering TF-CBT via IIH must be either currently enrolled and participating in NC CTP's TF-CBT training collaborative, or have previously completed the collaborative.
- All IIH 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 Health 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 annually prior to June 30th. Provider will submit the results of any fidelity reviews to Alliance Health 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 Health 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 Health within 10 days of receiving the results of these.

Each provider is expected to receive at least one External Fidelity Review prior to June 30th of each fiscal year. Providers are expected to meet fidelity in 85% of the elements rated for fidelity. If a provider does not meet the 85% fidelity rating they may be subject to a plan of correction and/or termination of their IHS contract.

Specialized EBP Specific Addendum 3- Parent-Child Interaction Therapy (PCIT)

Description of Services

Parent-Child Interaction Therapy (PCIT) is an evidence-based treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Children and their caregivers are seen together in PCIT. Most of the session time is spent coaching caregivers in the application of specific therapy skills.



Provider will implement PCIT in accordance with training and implementation plans sanctioned by Alliance Health in conjunction with NC Child Treatment Program (NC-CTP).

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.
- Provider will maintain at least 1 staff who has completed the ***Advanced Training Guidelines*** outlined in this addendum.

Staff Training

General Training Guidelines

- External training will be conducted by NC CTP.
- All IIH Team Leads delivering PCIT via IIH must be either currently enrolled and participating in NC CTP's PCIT training collaborative, or have previously completed the collaborative.
- All IIH Team Leads delivering PCIT must be listed on the PCIT of the Carolinas Roster maintained and updated by NC CTP.

Advanced Training Guidelines

- Provider will maintain, at minimum, 1 staff who meets *Level 1 Within Agency Trainer* status as recognized by NC CTP.

Fidelity Monitoring

- 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 Health within 10 days of receiving the results of any NCPOP reviews.

Each provider is expected to receive at least one External Fidelity Review prior to June 30th of each fiscal year. Providers are expected to meet fidelity in 85% of the elements rated for fidelity. If a provider does not meet the 85% fidelity rating they may be subject to a plan of correction and/or termination of their IIHS contract.



Specialized EBP Specific Addendum 4 – Child-Parent Psychotherapy (CPP)

Description of Services

Child-Parent Psychotherapy (CPP) is an intervention model for children aged 0-5 who have experienced traumatic events and/or are experiencing mental health, attachment, and/or behavioral problems. The treatment is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Therapeutic sessions include the child and parent or primary caregiver. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g. cultural norms and socioeconomic and immigration-related stressors). Targets of the intervention include caregivers' and children's maladaptive representations of themselves and each other and interactions and behaviors that interfere with the child's mental health. For children exposed to trauma, caregiver and child are guided over the course of treatment to create a joint narrative of the traumatic event and to identify and address traumatic triggers that generate dysregulated behaviors and affect.

Provider will implement CPP in accordance with training and implementation plans sanctioned by Alliance Health in conjunction with NC Child Treatment Program (NC-CTP).

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.

Staff Training

General Training Guidelines

- External training will be conducted by NC CTP.
- All IIH Team Leads delivering CPP via IIH must be either currently enrolled and participating in NC CTP's CPP training collaborative, or have previously completed the collaborative.
- All IIH Team Leads delivering CPP must be listed on the NC Child Treatment Roster maintained and updated by NC CTP.

Fidelity Monitoring

- Provider will upload treatment data, in accordance with NC CTP requirements.



Provider will comply with requirements as outlined by the UCSF child trauma research program, CPP dissemination office to include ongoing completion of fidelity tool kit and reflective supervision.



