

DEPARTMENT OF MENTAL HEALTH  
MENTAL ILLNESS COMMUNITY PROGRAMS  
ADMINISTRATIVE CODE

CHAPTER 580-2-9  
PROGRAM OPERATION

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~~580-2-9-.10 Child and Adolescent In-Home Intervention~~

~~(1) The Program description is approved by the board as specified in 580-2-9-.08(10)(b) and is consistent with the provisions of this section. The program description must include all of the following components:~~

~~(a) A description of the nature and scope of the program that includes at a minimum the provision of services as specified in this section and as indicated by individual consumer need.~~

~~(b) A description of the geographic service area for the program.~~

~~(c) Admission criteria that include at least the following:~~

~~1. Presence of a serious emotional disturbance and/or serious mental illness.~~

~~2. Age range from 5-17 years (exception of Transitional Age specialized teams which are age range of 17-25).~~

~~3. IQ of 70 or above (exception of MI/ID specialized teams).~~

~~4. Clearly documented need to defuse an immediate crisis situation, stabilize the family unit and prevent out of home placement for the consumer.~~

~~5. Admission is approved by a Licensed Independent Practitioner as specified in 580-2-9-.06(9)(g)6.~~

~~(d) Discharge/transfer criteria and procedures shall be developed for discharge from the program under any one or combination of the following criteria:~~

~~1. The intensive in-home service time limit has been reached (maximum of 16 weeks for IHI and 20 weeks for MI/ID specialty teams.~~

~~2. The treatment plan goals have been met to the extent that the intensive in-home therapy services are no longer needed.~~

~~3. The child consumer/family has not responded to repeated, documented follow-up by the IHI team during a 14 day period.~~

~~4. The IHI team is unable to meet obvious, suspected or expressed needs of the child consumer and/or his/her family system.~~

~~5. The child becomes otherwise unavailable for services during a 14 day period.~~

~~6. Transfer or referral to a different program outside of IHI will occur when it is determined that the transfer will better meet the needs of the child consumer and his/her family. Transfer shall be considered under the following conditions:~~

~~(i) The child or adolescent consumer and their family are in need of more intensive services than the IHI team can provide.~~

~~(ii) The child or adolescent consumer is determined to be in need of less intensive services than those dictated by the IHI model and therefore child consumer is not at immediate risk for out-of-home placement.~~

~~(iii) The child or adolescent consumer and his/her family are receiving duplicate services from another child-serving agency that either cannot be terminated or are preferred by the family in lieu of IHI services.~~

~~(iv) Reflects the following characteristics and philosophy of In-Home Intervention.~~

~~(I) Time-limited (12-16 weeks) and home based~~

~~provided by a 2-person treatment team.~~

~~(II) The team is the primary provider of services and is responsible for helping consumers in all aspects of community living.~~

~~(III) The majority of services occur in the community in places where consumers spend their time.~~

~~(IV) Services are highly individualized both among individual consumers and across time for each consumer.~~

~~(V) Persistent, creative adaptation of services to be acceptable to consumers provided in a manner of unconditional support.~~

~~(2) The following services must be delivered within the program:~~

~~(a) A systematic determination of the specific human service needs of each child consumer and their family as well as a clinical assessment that demonstrates the need for this level of service. The needs determination must be based upon the approved DMH assessment tool.~~

~~(b) The development of a written treatment plan that is completed by the 30<sup>th</sup> day of enrollment.~~

~~(c) Individual Therapy.~~

~~(d) Family Therapy.~~

~~(e) Family Support and Education.~~

~~(f) Basic Living Skills.~~

~~(g) Crisis Intervention and Management (24 hour availability) including assistance with medication management.~~

~~(h) Medication Monitoring.~~

~~(i) Mental Health Consultation.~~

~~(j) Case Management Services.~~

~~(k) Treatment Plan Review.~~

~~(3) ————— There must be an assigned team that is identifiable by job title, job description, and job function. IHI shall be provided by a 2 member treatment team that is composed of 1 professional with a Master's Degree in a mental health related field with 1 year of post master's experience in child and adolescent or family therapy and 1 professional with a Bachelor's Degree in a human services field, both of whom must have completed a DMH approved Case Management training program and an In-Home Intervention Training program as documented in personnel records.~~

~~(4) ————— The team must function in the following manner:~~

~~(a) ————— The majority of the IHI services are to be delivered with the team together at a frequency of 2-3 direct face-to-face contacts per week during the Assessment Phase; 2-5 direct face to face contacts per week in the Treatment Phase; and 1-2 direct face-to-face contacts per week during the Generalization Phase.~~

~~(b) ————— The hours of delivering the IHI services shall be flexible to accommodate the scheduling demands and unique issues of the target population (before 8:00 a.m. and after 5:00 pm as needed).~~

~~(c) ————— Documentation reflects that services are provided primarily by both team members in attendance. In-Home Intervention services are discontinued and enrollees are referred to other services when the team is no longer a 2 person team. Examples would include the loss of 1 of the team members, extended illness, maternity leave, etc. exceeding a 2 week period.~~

~~(d) ————— The active caseload for a team shall not exceed 6 consumers and their families.~~

~~(e) ————— The intensive nature of this service should be reflected in the average hours of direct service provided per family per week and documented in the consumer record.~~

~~(5) ————— IHI services are supervised by a staff member who has a Master's Degree and 2 years of post Master's clinical experience and who has completed a DMH approved case management training program and a DMH approved intensive in home training program. The record shall document a minimum of 1 hour of face to face staffing consultation with the~~

~~supervisor weekly as documented in clinical chart and shall include any recommendations made to the team.~~

~~(6) Consumers who are deaf, hard of hearing, or limited English proficient shall have effective communication access to these services provided by:~~

~~(a) Staff fluent in the consumer's preferred language, or~~

~~(b) A qualified interpreter.~~

~~(c) Staff working with consumers who are deaf shall have at least an Intermediate Plus level on the Sign Language Proficiency Interview.~~

~~(7) IHI shall reflect the following characteristics and philosophy of Child and Adolescent In-Home Intervention:~~

~~(a) IHI services and activities shall be provided on an outreach basis. IHI services, while by definition and practice are usually provided in the child or adolescent consumer's home, infrequently may be provided in other locations such as schools, juvenile court, a local park, or clinic, etc.~~

~~(b) The IHI team's priorities shall include:~~

~~1. Intervening in a crisis situation.~~

~~2. Stabilizing the family's ability to effectively manage the child consumer's mental health symptoms.~~

~~3. Facilitating the reunification of a child consumer back into their family upon return from a more restrictive treatment placement/facility.~~

~~4. Actively empowering families to identify, locate and utilize mental health and related community resources~~

~~(c) During Assessment Phase (week 1-4), IHI team shall:~~

~~1. Complete assessment/re-assessment by the 30<sup>th</sup> day of enrollment.~~

~~2. Collect appropriate information from prior and concurrent treatment sources as appropriate.~~

~~3. Assess the consumers need to be evaluated by the physician.~~

~~4. Establish a diagnosis(es).~~

~~5. Document assessments and services. If 1 team member is absent, this shall be reflected in the assessment/progress notes.~~

~~(d) During the Treatment Plan Formulation Phase (week 4), IHI team shall develop the treatment plan.~~

~~(e) During the Treatment Phase (weeks 5-10), IHI team shall address treatment plan objectives via a variety of therapeutic approaches, therapeutic modalities, and other interventions.~~

~~(f) During the Generalization Phase (weeks 10-12), IHI team shall:~~

~~1. Continue to follow the IHI model and be adjusted to ensure the provision of crisis intervention when indicated.~~

~~2. Refer the consumer and family to case management services and introduce the consumer and family to a follow-up case manager.~~

~~3. Link the consumer and family to the outpatient services and conduct transfer session to review progress and any future treatment needs/issues for the consumer and their family as appropriate.~~

~~(g) The IHI team has the option of extending services for an additional 4 weeks if treatment needs are clearly indicated, with prior approval of the direct supervisor. A Treatment Plan Review / Extension Form shall be completed documenting the clinical reasons for the extension, signed by eligible staff as indicated in 580-2-9-.06(9)(g)6., and filed in consumer record.~~

**Author:** Division of Mental Illness, DMH

**Statutory Authority:** Code of Ala. 1975, §22-50-11.

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**Repealed:** Filed February 17, 2023.