IAFT® Program Description

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Intensive Alternative Family Treatment (IAFT®) is a specialized family type, treatment foster care service provided to children/youth and their families in a community setting. Individuals needing this level of care often present with challenging behaviors; are at risk for out of home placement; will benefit from clinically focused therapeutic treatment to avoid placement in a higher level of care; and/or making a planned transition from a more restrictive setting. IAFT® strives to provide a home environment for healing to take place. The desired outcome is to exhibit improved individual & family functioning upon successful return to natural living home/least restrictive setting after treatment.

IAFT® provides a trauma informed, structured, therapeutic, and supervised home environment to ameliorate behaviors and improve the level of functioning for children/youth and their families or natural supports. IAFT® Agencies track data to inform treatment delivery and show clinical and process outcomes during treatment and upon discharge. Through Continuous Quality Improvement activities and Quarterly Compliance reviews fidelity to the model is monitored by Rapid Resource for Families. The (14) elements of IAFT® are designed to provide intensive therapeutic services/supports to improve the individual's mental/behavioral health and prevent further decompensation once returned to family or lower level of care.

- **Intensive-**Treatment at this level is highly supervised by ongoing clinical and administrative supervision from an IAFT® Provider Agency that occurs daily with professional staff, and weekly face to face for the IAFT® parent(s), staff and supervisors. IAFT® includes a team of professionals, embracing a Systems of Care philosophy, who provide a team approach to care and treatment for children/youth and their family to encourage clinical growth and improved individual/family functioning.
- **Alternative** – IAFT ® is provided to children/youth with the hope of diverting from higher levels of care or transitioning from restrictive placements. Individuals meeting entrance criteria for IAFT ® have presenting clinical needs that are difficult to place or require special treatment needs that can be better addressed with the one-on-one therapeutic services in an IAFT® home.
- **Family** – IAFT ® is family focused throughout the course of treatment. Family or other designated natural supports are heavily involved from point of referral, admission processes, matching of the IAFT ® home, and discharge planning. Shared parenting is highly recommended between the parent(s)-family of permanence and the IAFT® treatment team to ensure transference of shared treatment goals and behavioral interventions. This will ensure long lasting recovery and a successful transition to home or lower level of care.
- **Treatment** – Children/youth and their families who receive IAFT® should see symptom reduction and improved interactions with others as treatment progresses, ideally over a 6-9 month period. IAFT® is goal oriented and is guided by the Person Centered Plan (PCP) of the children/youth and their families. Clinical outcome measures are continuously tracked, data is gathered to inform ongoing treatment needs, and is also followed post discharge to ensure treatment gains are continued following the service. Weekly therapy is provided by a licensed/provisionally licensed therapist to the child/youth and/or family, to focus on treatment goals and work to improve functional impairments as documented on the Comprehensive Clinical Assessment and PCP. Treatment duration will depend heavily on individual needs and permanency planning. It is incumbent on the IAFT® Provider Agency to document ongoing medical necessity for the service and request concurrent Authorization to the MCO/LME.

IAFT® can only be provided by a Rapid Resource for Families (RRFF) approved Network provider agency with the oversight of RRFF. Upon receipt of an MCO letter of recommendation an IAFT® Network Provider agency will undergo a credentialing process through RRFF. If approved, the request will go to the RRFF Board for final disposition for acceptance into the Network. IAFT® is covered under the EPSDT Special provision and the 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act] therefore Provider Agencies must complete and submit a completed EPSDT request prior to admission and annually thereafter.

Trauma Informed -Approach to IAFT®

Rapid Resource for Families and the Intensive Alternative Family Treatment model strives to provide a treatment context in which healing takes place for those youth and families who have experienced trauma of any kind. The IAFT® Network endeavors to support and implement the SAMHSA (US Department of Health and Human Services, 2012) concept of trauma-informed approach which is grounded in a set of four assumptions and six key principles.

Trauma Informed Assumptions within the IAFT® model

1. IAFT® **realizes** the widespread impact of trauma and understands the potential paths for wellness, resilience and recovery.
2. IAFT® **recognizes** the many symptoms, signs and triggers of trauma in youth and families, communities and circles of support. The Adverse Childhood Experience Questionnaire is administered following admission to gain knowledge regarding exposure to adverse life events and guide trauma treatment interventions.
3. IAFT® **responds** to the wide body of research, science and knowledge regarding trauma and need for healing by developing and implementing policies, procedures and treatment based practices which are trauma informed.
4. IAFT® **resists and manages re-traumatization** by planned and purposeful matching of youth, families to treatment homes/parent(s); constant supervision and staffing to maintain placement stability and reduce moves to new home or disruption. Additionally through weekly face to face supervision secondary or vicarious trauma of IAFT® Staff is attended too and addressed through self-care.

Trauma Informed Principles Integrated into IAFT®

1. **Safety**: IAFT® treatment homes and treatment Parent(s) along with IAFT® Staff work to provide a physical and psychologically safe home environment and relationships to promote healing and resilience. Through Person Centered Planning, comprehensive crisis plans and feedback from youth and family's individual definitions of safety are sought, explored and implemented as a priority.
2. **Trustworthiness and Transparency**: IAFT® Network Agencies and Rapid Resource for Families strive to maintain a professional relationship built on the goal of building and maintaining trust and transparency with expectation to model fidelity and continuous quality improvement activities and purposes. Additionally IAFT® Staff and Agencies are encouraged to deliver admission/discharge procedures, treatment interventions, and day to day interactions with team members, youth and families equally grounded in trust and openness.
3. **Shared Experiences through Peer Support opportunities**: When possible and clinically appropriate IAFT® Agencies are encouraged to seek out "peers" or "families with similar shared experiences" to provide support, advocacy and enhanced collaboration in promoting recovery and healing.
4. **Collaboration and Mutual goals**: At the center of the IAFT® model is teamwork. The IAFT® model seeks to empower all team members and supports, especially Treatment Parents to be an Agent of Change for the youth and families. Through weekly face to face supervision, daily phone calls/consultation and Child and Family Team meetings, partnerships and true collaboration towards desired outcomes are reinforced. Every member on the team has a role to play in the specific trauma informed approach guiding treatment outcomes.
5. **Empowerment, Voice and Choice**: Taking a Person-Centered approach to treatment, the voice of youth and families are sought, attended too and supported and built upon as recovery is gained and resiliency strengthened. Weekly IAFT® Parent and Team supervision also allows the voices of individual members heard and fully incorporated into treatment approaches and discharge/transition planning.
6. **Cultural, Historical and Gender issues**: IAFT® Network Agencies are encouraged to leverage the healing value of traditional cultural connections; incorporate polices and processes are responsive to the racial, ethnic and cultural needs of youth and families and recognizes and addressed historical or intergenerational trauma.
   (Department of Health and Human Services, 2014)

Service Location

IAFT® is to be provided in a licensed Therapeutic Family Foster home approved by N.C. Department of Health and Human Services, Division of Social Services (Licensing Authority). In addition to remaining in full compliance to the IAFT® Elements, the IAFT® homes will adhere to additional rules and regulations as outlined in applicable therapeutic foster care licensure rules.

Staffing Requirements

IAFT® Provider agencies are permitted to establish their own specific team composition and titles for the designated roles.

At a minimum the team roles must consist of:

- An IAFT® trained treatment parent(s)
- A Care Coordinator/Case Manager/Consultant for the IAFT® parent(s) and designated caseload (Qualified Professional Status)
- Supervisor for the Care Coordinator/Case Manager
- A Licensed Professional, currently licensed in NC *(i.e. LPA, LPC, LMFT, LCSW, as well as associate level licensed professionals)*

Process: IAFT® Practice Elements: Purpose, Application and Fidelity Markers

Based on available research[1], these (14) elements have been identified as most crucial to effective services in the IAFT® settings. The validity of these practice elements and the synthesis of elements has been evaluated to determine they indeed generate positive impact, and combined delivery achieves better clinical outcomes for consumers and their families/community.

1. **Outcomes measured and evaluated**: clinical level outcomes for consumers and families, agency process outcomes are completed, tracked in the agency database (CCW) and analyzed for treatment indicators of progression, emerging needs and overall agency fidelity.

Purpose	-Data driven outcomes are an important structural component of the IAFT® program. Data informed practice ensures treatment is being provided in a manner to rehabilitate and improve functioning and symptomology of consumers/families. -Outcomes help prove clinical effectiveness of the model as well as show trends and patterns for consumers (population) in which IAFT® is effective and those areas of the model/program that may need to be further evaluated for program improvement. -Agency Process outcomes (quarterly compliance scores) help ensure fidelity to the IAFT® model and best practices across all IAFT® agencies.
Procedure	-Staff are trained in the CCW database and remain knowledgeable about outcome metrics. -Responsible staff complete outcome metrics in a timely manner and on schedule for each IAFT® consumer from admission, fixed points during treatment and upon discharge.
Fidelity Marker	-All outcome metrics are entered into CCW within (5) business days of occurrence. *Timelines and collection tools are followed as indicated in IAFT® Data Collection Protocols.* -Completion, accuracy and timeliness of outcome metrics are monitored during compliance reviews. -Approved Waiver on file for exemption of Element for clearly stated administrative or technical reasons.

2. **1 IAFT® child per IAFT® treatment family**:

Purpose	-Focused one-on-one interventions and purposeful day to day interaction between the IAFT® consumer and Treatment parent(s) allows for heightened treatment and intensive management of behavior towards rehabilitation of presenting needs.
Procedure	-Agency staff evaluate IAFT® treatment parent(s) for matching of consumer needs, skill level and environmental preferences to allow for treatment success and admission into the home.
Fidelity Marker	-Placement logs indicating only one child per licensed home. -Approved Waiver on file for exemption of Element for clearly stated clinical reasons.

3. **Caseload of 8 to 10 children per family coordinator**

Purpose	-Limited caseloads allows for deliberate organization of case management and care coordination activities between all Child and Family Team members, involved in the consumer's care to facilitate the appropriate delivery of IAFT® services.
Procedure	-Agency reporting method of identified Coordinator/Case manager caseload (average 6-8) Can be a mixture of TFC and IAFT® cases-but cannot exceed the 8-10 maximum.

Fidelity Marker	-Caseload verification via internal agency form, verbal report or preferred method of demonstration of compliance.

4. **Behavior tracking: Daily phone/personal contact (M-F) between treatment parents and staff with tracking a minimum of 5 times a week with data for all 7 days recorded in the RRFF CCW database.**

Purpose	-Daily contact between staff and treatment parent(s) enhances level of support, on the spot problem solving and ongoing evaluation of behaviors and interventions that are tied to target/problematic behaviors identified in the PCP. -Track and discuss frequency of observed target behaviors throughout the day, evaluate effectiveness of treatment parent intervention and overall progression or regression of behavioral response and motivation to change. -Attend to stress level variations of IAFT® treatment parent that might indicate additional supervision, training or Respite need. Build and maintain rapport and support of team through increased, purposeful and productive communication. -Track incidents or efforts at Shared Parenting with family of permanence to support transition/discharge plan.
Procedure	-Agency will define timelines and methods of daily contact (5) days a week between coordinator and treatment parent. Data for all (7) days will be entered into CCW for each targeted behavior. -Coordinator will provide support, guidance and coaching to the treatment parent and record data in CCW database.
Fidelity Marker	-Behavior data is entered into the CCW database for each week of treatment. -Documented observed behaviors, effectiveness of interventions utilized and overall stress level matches other forms of documentation for treatment clarity and consensus.

5. Supervision: Weekly face-to-face contact between IAFT® treatment parent(s) and staff

Purpose	-Effective supervision both clinical and administrative is integral to the adherence to IAFT® fidelity. -As a foundation to the IAFT® treatment model, the purpose of weekly supervision with the IAFT® parent is the improvement in the quality of practice in order to improve outcomes for children and families. -Supervision should provide a safe and reliable space to build and maintain mutual trust and respect, reflect on treatment, behaviors and shared decision making. -Weekly sessions should also include a mixture of one-on-one training regarding a variety of topics to improve treatment parent skill level and provide individualized treatment for the consumer. -Behavioral data tracked daily should be reviewed to monitor behavioral change, youth motivation and any specific interventions needed to elicit desired behavioral outcomes. -Address any secondary or vicarious trauma that might be impacting the IAFT® Treatment Parent or bio-children in the home.
Procedure	-Documentation note reflective of training areas needed by IAFT® treatment parent to address individualized clinical needs of consumer and/or implementation agency model.
Fidelity Marker	-Documentation of weekly supervision session with designated duration, location and parties present. With 60% occurring face to face in the IAFT® home at least one hour in duration each week. -Concise documentation of session content, identified training needs, recommendations and follow up.

6. Supervision: Weekly face-to-face contact between IAFT® staff and supervisors

Purpose	-Effective group/team supervision, reflective in nature both clinical and administrative is integral to the adherence to IAFT® fidelity. Equally important is the teamwork and communication among team members. -A designated time is provided for the team to review current IAFT® caseload in a planned and purposeful manner. -Address any secondary or vicarious trauma that might be impacting the IAFT® Team members.
Procedure	-Supervision that is focused on proactive work being accomplished through review of behavior checklists, clinical supervision regarding treatment parent interactions with consumer, rating treatment progress, training needs and changes needed in treatment planning.
Fidelity Marker	-Documentation of weekly supervision with IAFT® team members reflecting review of treatment and consumer needs; Treatment parent training needs; discharge/transition planning; addressing barriers to treatment or Element implementation ,recommendations addressing short term and /or long term goals and/or other issues as identified by team. -Documentation of weekly efforts, plan of action for coming week (timeframe) and documented follow-up or results from prior weeks supervision recommendation(s).

7. 24/7 crisis support

Purpose	-Proactive crisis planning, response and prevention is integral to address challenging behaviors while providing the consumer a safe and supervised opportunity to utilize new skills and coping strategies. -Crisis supports operate on known predictive behaviors, trauma triggers, past successful interventions and response strategies for the consumer and his/her supports. Accurate information such as contacts, medication and diagnoses are to be routinely updated on the Crisis Plan.
Procedure	-Agency is to have clearly identified 24/7 crisis response protocols and responsible IAFT® trained personnel. -Consumer Crisis Plan is to be updated as changes are made, new information is learned and identifies roles, responsibility and contacts and uploaded into the CCW database
Fidelity Marker	-Crisis Plan which identifies accurate information, proactive interventions matched to consumer needs and First Responder contacts.

8. Psychiatric oversight at a minimum of once every 30 days

Purpose	-Clinical oversight by Psychiatric staff to review and coordinate the overall clinical direction of treatment and determine with team members any other needed supports, services or recommendations. -Team approach to assess therapeutic interventions and supports to achieve consumer/family outcomes and transition planning. -Provide attention and consultation to the integration of physical and behavioral health for the IAFT® youth. Consultation and recommendations on Best Practices for medication regimen; sleep hygiene; immunizations and well child visits; co-occurring health issues (asthma, diabetes, epilepsy);Diagnosis clarification; developmental needs for the age and stage of IAFT® youth.
Procedure	-Agency has internal or contracted Psychiatric staff to conduct oversight at least once every 30 days to discuss IAFT® consumers on caseload. -Preference is to have consultation provided by a Child and Adolescent Psychiatrist. *Psychiatric Staff with the following classifications must be licensed or certified, as appropriate, according to North Carolina General Statutes and shall practice within the scope of practice defined by the applicable practice board. (Child and Adolescent Psychiatrist, Psychiatric Nurse Mental Health Nurse Practitioner, Physician Assistant)*
Fidelity Marker	-Documentation of Oversight every 30 days, concise content of discussion, recommendations signed off by the attending psychiatrist /appropriate provider and follow ups on a continuous basis.

9. Respite available 2 days a month for the IAFT® Parent and consumer

Purpose	-Planned Respite for the IAFT® parent provides a break from the day to day caregiving it is not meant solely for Crisis management of the consumer. -Use of Respite helps maintain relationships, prevent burnout and potential placement disruption. -Respite as a built in program incentive helps the treatment parent maintain commitment to the service while attending to their own emotional health and leisure needs.
Procedure	-Agency shall identify and clearly document potential Respite IAFT® trained and licensed parents for the youth. (examples could include notation in weekly supervision, Respite parents & service identified in PCP) -IAFT® treatment parents should be encouraged to access and use Respite to maintain their functioning and stabilization of the placement as needed or identified during weekly supervision. -IAFT® staff should allow the consumer to meet prospective Respite parent(s) to ensure smooth transition. -IAFT® Respite parents should be provided all current and relevant information on the consumer's daily routine, crisis plan and trauma triggers, potential medical issues.
Fidelity Marker	-Respite listed as a service along with potential Treatment Parents on the Person-Centered Plan or other document to indicate planned and available use. Although respite is highly recommended, it is not required to be utilized. -Approved Waiver on file for exemption of Element for clearly stated clinical reasons for Respite over 5 consecutive days.

10. Access to specialized therapeutic services, as indicated and designed for the consumer and their support system

Purpose	-Weekly face to face therapy provided to the individual and/or family members to ensure treatment progress, reduction in presenting needs and support of transition/discharge plans. -IAFT® is an intensive treatment service designed to improve the overall emotional health and functioning of the consumer and their family/support system, therefor it is expected that the IAFT® therapist is internal to the agency and a fully integrated member of the IAFT® team. -Individualized weekly therapy is provided to or accessed by the consumer and their family or permanence. Clinical case formulation is well thought out by the treating Clinician and is trauma informed respective of the lived experience of the youth and family. -If additional specialized therapeutic services (i.e. TFCBT, EMDR, substance use disorder, sexual offending etc.) are recommended or needed and cannot be provided In-House by the Agency then coordination and ongoing weekly treatment collaboration with an external therapist is documented and contractually agreed upon by the IAFT® agency, MCO and treating Clinician. It is expected when an

	external Clinician is used that the Agency IAFT® Therapist still stay involved via additional therapy modality (family or conjoint with IAFT® treatment parent), weekly staffing and consistent documentation of collaboration.
Procedure	-Identified LP (preferred to be In-house) who provides child centered, trauma informed family focused individual/family therapy as clinically appropriate on a weekly basis (more if needed). -Therapy should address the defined focus of treatment as documented in most recent CCA and PCP. -Therapy should remain strength based and work towards transition to lower level of care or family reunification by skill acquisition and functioning as guided by clinician treatment model or theory utilized.
Fidelity Marker	-Documentation of weekly therapy for the individual and/or family and supported by clinical documentation. -If the IAFT® youth has a family of permanence in place it is expected that routine Family Therapy be provided to assist in addressing Family System concerns which will ensure successful transition back home (kinship placement) or to a lower level of care. -At minimum one conjoint session a month that is held with the IAFT® Treatment Parent(s) and the IAFT® youth (other supports if needed) -Documentation of weekly communication and collaboration with any external therapist approved by the MCO to provide the service.

11. Proactive, consistent, teaching-oriented behavioral intervention system

Purpose	-IAFT® is an EPSDT covered service; therefore, behavioral interventions must be in place and utilized by IAFT® staff in a consistent and proactive manner that works to improve or maintain the consumer's behavioral health and prevent development of additional behavioral health problems.
Procedure	-Documentation demonstrates, IAFT® Treatment Parent's and staff's understanding of the model, proactive application of model interventions aimed at improving consumer's functioning and daily interactions with others. Service/Grid notes (use of interventions) -Weekly supervision/consultation notes show ongoing administrative and clinical supervision for staff -Weekly Individual/Family therapy notes, PCP interventions, Grid note interventions/key; that addresses skill acquisition, symptom reduction, and changes in functioning and improvement in presenting behaviors.
Fidelity Marker	-Various documents, adherence tasks, treatment interventions aimed at improving or maintaining consumer's behaviors and functioning level. *(Examples could include but not limited to: Behavior/reward charts; clear & stated expectations regarding rules, consequences and behaviors in all settings).*

12. Implementation of one of the five North Carolina approved training models for Treatment parents.

Purpose	-Agencies will adopt and utilize a treatment parent training model showing some evidence of effectiveness as a training tool or Evidenced Based Practice model for the population served.
Procedure	-Agency has approved trainers and training curriculum for one of the following: Treatment Foster Care Oregon formerly *Multidimensional Treatment Foster Care*, Pressley Ridge, Collaborative Problem Solving, Teaching Family or Together Facing the Challenge, verified by the approval letter from NCDSS and demonstration of training for all IAFT® families supported by treatment and integration of model fidelity.
Fidelity Marker	-Training certificates in the model with contact hours in personnel files. -IAFT® Training for the Treatment Parent should be in the file and should reflect at minimum (4) hours specific to the IAFT® Model. -Tenets of the chosen model are demonstrated in a variety of documentation, treatment interventions and treatment philosophy utilized within the IAFT® service.

13. Weekly documentation inclusive of efforts for parental or family of permanence engagement in IAFT® treatment and/or development of natural supports.

Purpose	-IAFT® is designed to engage, empower, motivate and strengthen family functioning and reintegration of the consumer into the family system upon treatment completion. -All members of the IAFT® team embrace a Systems of Care approach that is collaborative, strength-based and solution focused. All efforts should empower and motivate families to identify solutions that will remove barriers, increase healthy functioning and build protective capacity for the consumer. -For those consumers without an identified involved family IAFT® is designed to develop and strengthen community connections based on natural supports for the consumer. • *If consumer is in custody of local Department of Social Services or lacks natural supports: IAFT® Provider agency and Child and Family Team works diligently to locate, build, sustain in creative means potential forms of community mentors or natural supports that could participate in consumer's plan of treatment, recovery and transition to next level of care. These efforts and results are to be documented on a weekly basis under this Element.*
Procedure	-On a weekly basis, Agency documents and addresses family/parent and natural supports engagement, shared parenting and decision making and ongoing solutions to improve system functioning. -Agency documents any barriers to meeting this element as well as ongoing efforts to reduce barriers.

	-Weekly documentation should reflect what occurred "that week" to support moving the youth forward in treatment, skill building and positive relationships aimed a successful behavioral outcomes.
Fidelity Marker	-Clear, concise documentation of weekly efforts and results of engagement of family and/or natural supports for the consumer. -Documented follow up on recommendations to identify, remove or reduce barriers to element or permanency planning for the youth.

14. Integration of Model Fidelity

Purpose	-All activities converge to support compliance with IAFT® Elements throughout treatment interactions, documentation and consumer outcomes.
Procedure	-Agencies adherence to all practice Elements and general Best Practice standards are evident in totality of service provision and documentation.
Fidelity Marker	-Agency compliance will be assessed during scheduled Compliance Reviews.

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1. Sarah Horwitz, Patricia Chamberlain, John Landsverk, Charlotte Mullican (2010), Improving the Mental Health Through the Implementation of Evidence-Based Parenting Interventions
Sharon Riley, PH.D., Arnold Stromberg, PH.D., James Clark, PH.D.(2005), Assessing Parental Satisfaction with Children's Mental Health Services with the Youth Services Survey for Families
Ramona Denby, Nolan Rindfleisch, Gerald Bean (1999), Predictors of Foster Parent's Satisfaction and Intent to Continue to Foster
Elizabeth Farmer, Barbara Burns, Melanie Dubs, Shealy Thompson (2002), Assessing Conformity to Standards for Treatment Foster Care
Cheryl Buehler, Kathryn Rhodes, John Orme, Gary Cuddeback (2006), The Potential for Successful Family Foster Care: Conceptualizing Competency Domains for Foster Parents
Family Foster Treatment Association (1998-2013), Program Standards for Treatment Foster Care

2. US Department of Health and Human Services. (2012). *Substance Abuse and Mental Health Servces Adminstration* . Retrieved from Resources for Child Trauma-Informed Care: https://www.samhsa.gov/

3. *Department of Health and Human Services.* (2014). Retrieved from Substance Abuse and Mental Health Services Adminstration : https://store.samhsa.gov/system/files/sma14-4884.pd

Data Collection Protocol and Outcomes Measures

The following timelines for IAFT® consumer data collection Elements are to be completed and entered CCW Database prior to admission, at intake, during treatment (i.e. daily & 3-month intervals), at discharge, and at 3-6 month follow up after discharge date. In addition is the selected outcome assessment measures for the IAFT® program.

Element/Measure	Purpose	Responsible Party	Timeline	Location w/in CCW
Referral/Intake Screen/Form	Capture and report consumer's intake and referral information, including demographic and background clinical information supporting IAFT® admission criteria.	Referral Source/Professional IAFT® Agency	-Prior to admission -Updated for accuracy upon admission -Medication and Diagnoses updated throughout treatment as changes occur	**Manager Tools** -Prior to Admission -Referral Intake
Adverse Childhood Experience Questionnaire (ACE **Questionnaire**)	Capture and report consumer's prior trauma experiences to help guide trauma-informed care and treatment interventions.	IAFT® Agency Clinician for gathering data follow rapport building	-Within the first 3-45 days of placement. -At Clinician's discretion after trust and rapport built	**Manager Tools** -Admission -ACE Questionnaire
Documents	Uploaded copies of current documents to support IAFT® Treatment	IAFT® Agency	- Within 5 days of Admission	**Manager Tools** -Upload forms

	• PCP: reflecting IAFT®, Respite/Providers, Individualized goals and interventions • CCA- current reflecting diagnoses & treatment recommendations • Initial Authorization from MCO • EPSDT: completed, signed and dated- Updated annually • Crisis Plan: current • Consent Form for RRFF follow- up		-Updated as needed if major changes or revisions	
Admission Criteria Checklist	Developed to provide staff with additional information to inform their clinical judgement when evaluating the appropriateness of IAFT® placement and matching with prospective treatment parent.	IAFT® Agency	- Within 5 days of admission entered CCW database -Completed upon discharge (under Admission tab)	**Manager Tools** -Prior to Admission (admission & discharge) -Admission Criteria Checklist
CALOCUS	Determines the level of intensity of care needed by measuring the clinical severity and service needs of the consumer.	IAFT® Agency	- Within 5 days of Admission - Within 5 days of discharge	**Manager Tools** -Prior to Admission
Children's Global Assessment Scale C-GAS	Measures most impaired level of general functioning for a specified time period.	IAFT® Agency	-Within 5 days of admission -Every 3 months during treatment (from date of admission) - Within 5 days of discharge	**Manager Tools** -Admission -Intervals -Discharge
EPSDT Request	Prior approval is needed to cover the funding for IAFT® services. Provider Agency is required to complete full EPSDT request.	IAFT® Agency	-Prior to admission: signed and dated -Re signed Annually (good for 12 months)	**Manager Tools** -Prior to Admission -Upload Forms
Daily Behavior Checklist	To gather and monitor data regarding: a). frequency of target/problem behaviors b). measure treatment parent's perceived effectiveness of supervision and stress level c). frequency of youth alternative replacement behaviors and to measure the consumer's motivation and engagement to effect behavioral change d). efforts and incidents of Shared Parenting	IAFT® Agency	-Completed during daily phone call/personal contact to IAFT® treatment parent	**Manager Tools** -Intervals -Daily Behavior Checklist
Attendance Calendar	Record the location of treatment for that day (i.e., IAFT® home, Respite, Hospital, Therapeutic leave, AWOL).	IAFT® Agency	-Completed weekly; entire month to be entered by 3rd business day of following month -Ensure validation is done	**Manager Tools** -Intervals -Attendance Calendar
Discharge Summary	To document summary of treatment, placement outcomes. Final CGAS, CALOCUS and ROLES score is provided.	IAFT® Agency	-Within 5 days of discharge	**Manager Tools** -Discharge -Discharge Summary

	-Brief narrative regarding nature of discharge and treatment outcome			
Consent to Release Contact Information	Developed to obtain parent/legal guardian's consent to release contact information post-discharge.	IAFT® Agency	-Uploaded upon admission -Re-evaluated at discharge (within 5 days) to ensure information is still valid.	**Manager Tools** -Discharge -Upload Forms
MHSIP -YSS -YSS-F	Measures level of satisfaction of Parent and/or consumer (*To be in compliance at least one has to be completed)*	IAFT® Agency	-Within 5 days of discharge -If feasible can be completed within last month of planned discharge to ensure data collection.	**Manager Tools** -Discharge -MHSIP
Treatment Parent Satisfaction Survey	Designed to assess the opinions about IAFT® treatment delivery by the Network Provider.	RRFF Employee	-Within 30 days of discharge.	**Manager Tools** -Discharge
Follow- Up Surveys	Collects participant outcome data for program quality improvement	RRFF Employee	-3, 6, 9 month and 1 year following discharge with goal of follow up at 2nd and 3rd year post discharge	**Manager Tools** -Discharge

General guidelines for data collection, entry and administration of outcomes assessments/instruments are as follows:

1. Information entered into CCW Database should be reviewed for accuracy before 'submission' and then routinely upon entry to ensure clean data.
2. Enter all paperwork and assessment scores/results into the database of CCW within 5 days of each data collection interval.
3. Update diagnoses, medications, contact information as changes are made during treatment, or upon clarification upon admission. Updated PCP's, new CCA's uploaded as changes are made is not mandatory but is greatly appreciated.
4. Due to changes to the Comprehensive Crisis Plan being separated from PCP document, please ensure the CCP is uploaded at admission.