**Scope of Work**

**Name of Program/Services.**

Youth Villages Intercept Program

**Description of Services.**

Youth Villages is responsible for the implementation and operation of Intercept Program. Intercept is an in-home service that provides intensive diversion and stabilization work with families who have a youth in danger of an out-of-home placement; short-term reunification services for youth who have been recently placed outside the home and are returning directly home; long-term reunification services for youth who have been placed outside the home for an extended period of time; assessments on all youth entering services; and adoption stabilization for long-term placements (for example, but not limited to, guardianship, relative caregiver, finalized adoption) in danger of disruption. Intercept uses therapeutic best practice, evidence-based practice, or promising practice interventions that directly increase the acquisition of skills needed to accomplish the goals of the PCP, including but not limited to, Trauma Focused Cognitive Behavioral Therapy (TFCBT), Cognitive Behavioral Therapy (CBT), Adolescent Community Reinforcement Approach (A-CRA). Practices are determined by Intercept staff based on the needs of the consumer and family. Intercept Program services are designed to:

• Enhance skills necessary to address the complex mental health and/or substance abuse symptoms of children and adolescents who have significant functional deficits due to these disorders, to promote symptom reduction, and improve functioning in their daily environments;

• Assist the child/adolescent and family in acquiring the necessary skills for reaching recovery from mental health and/or substance abuse disorders, for self-management of symptoms and for addressing vocational, housing, and educational needs;

• Target the individual consumer as the focus of treatment (family contacts are intended to help the identified consumer reach their treatment goals).

• Link consumers to, and coordinate, necessary services to promote clinical stability and meet the mental health/substance abuse treatment, social, and other treatment support needs while supporting the emotional and functional growth and development of the child; and

• Monitor and evaluate the effectiveness of delivery of all services and supports identified in the Person Centered Plan.

Youth Villages has provided Intercept services to more than 20,000 youth and their families since 1994, and has a success rate of more than 80% with families at two years post-discharge. Youth Villages has been able to demonstrate success with a population profile with whom Alliance has had limited success. In an effort to improve outcomes and reduce treatment costs, Alliance will pilot Intercept to test its effectiveness with complex needs populations in the Alliance catchment area.

**Required Elements of the Program/Service.**

• Program operates within the confines of the North Carolina Medicaid Community Support service definition (Service code H0036 HK) as a non-covered service under Early Periodic, Screening, Diagnosis, and Treatment (EPSDT);

• Caseloads of 4-5 youth/families per Intercept family intervention specialist;

• Family intervention specialist meets with families an average of 2-3 times per week in the youth's home and community;

• Average of 4-6 months per case for diversion/stabilization and up to 6-9 months per case for reunification;

• Involvement in all systems affecting the youth;

• Assistance with concrete needs such as housing, healthcare, and employment;

• Nurturance of long-term support from extended family and other natural supports;

• Identification of the primary risk factors associated with referral problems;

• Services are all-inclusive;

• Services are focused on strengths of the family and youth;

• Family members are full partners in the treatment process;

• Interventions take place within the multiple systems occurring within the natural ecology.

• Utilization of evidence-based, best and promising practices, including but not limited to, Trauma Focused Cognitive Behavioral Therapy (TFCBT), Cognitive Behavioral Therapy (CBT), Adolescent Community Reinforcement Approach (A-CRA) as determined clinically appropriate.

• 24/7/365 on call support to families.

• Comprehensive assessment completed within 21 days from the start of services inclusive of assessment of eligibility for the program. The assessment includes systemic and ecological factors to assist in the development of targeted interventions.

• Facilitation of the Person Centered Planning process (including initial development, implementation, and ongoing revision and monitoring) within the context of a Child and Family Team (CFT) that adheres to the System of Care philosophy and practice.

• Aftercare: Upon successful discharge, Youth Villages will be available to provide support and stabilization services for a minimum of 60 days from the date of discharge for consumers struggling to complete their aftercare plan. This service covers consumers who are successfully discharged by the Intercept Program and are appropriate to receive community-based services. Stabilization services can include, but are not limited to, a combination of several family sessions and/or case management contacts to stabilize the consumer and family. This kind of support typically involves a series of several sessions and/or community contacts based on the consumer and family's immediate needs and may all occur within a single week or up to 30 days. If it becomes apparent that the consumer and family is going to require more than a series of several contacts for more than 30 days or if safety needs are present that require a full level of clinical intensity including 24/7 on-call support, then Youth Villages will refer the consumer and family to Care Review to determine the appropriate level of additional services.

**Training and Supervision of Staff**

• Staff shall possess either a Bachelor's degree with one year experience serving the Intercept program population or a Master's degree. Supervisors with a Bachelor's degree can be considered if previous experience in the Intercept program is documented and clinical oversight is provided by staff with a Master's degree or higher.

• YV shall ensure all family intervention specialists receive training and supervision of the model as prescribed:

A. Three-day training and comprehensive treatment manual.

B. Quarterly clinical practice updates and trainings.

C. Team supervision and training.

D. Clinical review on each case by a highly experienced clinician.

E. Individual supervision and professional development by the supervisor, including reviews of taped family sessions.

F. Field supervision (in-home observation) by the supervisor.

**Target Population and Eligibility Criteria.**

**Target Population**

• Children and Adolescents who are Alliance Medicaid enrollees, age 4-20 years old and their families

AND

• Children and Adolescents with viable family who are in danger of out of home placement or adoptive placement disruption due to high-risk behaviors, mental health issues/symptoms, serious/chronic behaviors (defiance, runaway, truancy) and/or serious family conflict (including reports of abuse/neglect).

OR

• Children and Adolescents in the process of reunification with their families as they transition from a therapeutic foster care, residential placement (group homes, PRTF, etc.) or a long-term hospitalization.

OR

• Children and Adolescents who are demonstrating a lack of progress in other services (for example, but not limited to, intensive in-home or residential care).

**Eligibility Criteria**

Youth are eligible for this service when:

♣ Significant impairment is documented in at least two of the life domains related to the recipient's diagnosis that impede the use of the skills necessary for independent functioning in the community.

These life domains are as follows: emotional, social, safety, medical/health, educational/vocational and legal.

♣ There is a MH and/or SA diagnosis as defined by the DSM V, other than a sole diagnosis of Developmental Disability OR there is a substance abuse diagnosis and ASAM criteria is met.

♣ The consumer is experiencing functional impairment in at least two of the following areas:

1. Previously or imminently at risk for institutionalization, hospitalization, or placement outside the recipient's natural living environment;

2. Needs or is receiving crisis intervention services;

3. Has unmet identified needs related to MH/SA diagnosis as reported by multiple agencies and/or needs advocacy and service coordination as defined by the Child and Family Team;

4. Is abused or neglected as substantiated by DSS or meets dependency as defined by DSS criteria.

5. Exhibits intense verbal aggression, as well as limited physical aggression, to self or others, due to symptoms associated with the diagnosis, which is sufficient to create functional problems in, the home, community, school, or job.

6. Is in active recovery from substance abuse or dependency and is in need of continuing relapse prevention support.

♣ There is no evidence to support that alternative interventions would be equally or more effective based on NC community practice standards.

**Continued Service Criteria**

• The individual 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 individual continues to be at risk for institutionalization, hospitalization, or placement outside the recipient's natural living environment (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.

**Exclusionary Criteria.**

♣ Youth who meet criteria for inpatient admission.

♣ Intercept services cannot be provided during the same authorization period as the following (unless there are specific authorized cases where co-occurring stepdown is deemed medically necessary): Mental Health/Substance Abuse Targeted Case Management; Multisystemic Therapy; Intensive In-Home, Individual, Group and Family Therapy and Substance Abuse Intensive Outpatient Program. Specialty therapies may be considered as needed and appropriate.

**Discharge Criteria.**

Consumer must meet one of the following:

• Consumer has completed all phases of treatment and their 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 consumer is not making progress, or is regressing, and all reasonable strategies and interventions have been exhausted, indicating the need for a more intensive service; or

• The legally responsible person no longer wishes to receive Intercept program services.

**Required Outcomes/Goals**

(FY 16 will serve as the baseline year for data collection, all current goals are derived from current NC Intercept program outcomes) At Discharge (for youth who received at least 60 days of service):

• 80% of youth are discharged home with family or are living independently. Six- and 12-Months Post Discharge (for youth who received at least 60 days of service):

• 80% of youth remain home with family or are living independently.

• 80% of youth with no new legal involvement (new charges, probation violations, or incarcerations).

• Out-of-home placement: Less than 10% of youth have been placed in a residential treatment center, less than 5% have had a psychiatric hospitalization, and less than 10% have been placed in a detention/correction facility.

**Reporting/Quality Management Requirements.**

Contractor will prepare and submit an electronic Excel spreadsheet report with consumer-level encounter data and fidelity monitoring measures on a quarterly basis (by the 10th of the end of each calendar quarter) to Alliance's Quality Management unit (at qmhelp@alliancebhc.org) and their Provider Network Development Specialist.

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 shall present Intercept Program at local Juvenile Justice Substance Abuse Mental Health Partnership, Community Collaborative, Provider Advisory Council and Alliance Learning Collaborative meetings as requested by Alliance staff and schedule availability permits.

• Provider shall adhere to the Alliance Intercept Referral and Authorization Process (and related protocols) established for this program and shall collaborate in the continued development of such process/protocols based on lessons learned as the program evolves.

**Utilization Management and Billing.**

Services rendered shall be reimbursed on a fee for service basis for authorized services. The service will be authorized for an initial term of four months, with subsequent authorization for three months at a time. Intercept Program services vary in intensity based on the individual needs of individual consumer and family. The rate will not vary or change regardless of the intensity of the Intercept program services provided to the consumer. Provider will bill the service code H0036 HK based on the date of the first face

to face contact. Alliance will reimburse Provider (on the basis of submitted claims) a case rate of $3,600 per month.

For the purposes of capturing the full range of service/supports that are utilized within this program model, Alliance is designating the following encounter code (H0036IE) to be billed by the Provider as other OPT and crisis services are provided. Alliance staff will review claims data quarterly to identify service patterns that support improved outcomes for children and adolescents participating in Intercept.

**Finance.**

Provider shall submit all billing into the Alpha MCS system for reimbursement for the Intercept Program rendered through this Scope of Work. Provider is responsible for tracking the amount of service reimbursement they have been paid under this Scope of Work.