

Youth Villages Clinical Portal and Consultation Process for Intercept[®]

Introduction

Underlying Youth Villages' success is a clinical approach used in all of Youth Villages' programs that pairs ongoing live guidance of a licensed, master's level, highly-trained model expert with a robust online resource that contains hundreds of evidence-based, evidence-informed, and other best practice interventions. This approach is how Youth Villages' staff know what to do when they spend time with youth and families. It helps staff to conceptualize a causal structure, focusing on prioritizing safety and the proximal drivers of success.

Through the consultation process, the licensed clinician is the model expert and provides guidance to frontline staff on choosing and implementing interventions in order to deliver services with quality and consistency. This ensures a youth or family makes demonstrable progress towards their goals by getting the right interventions at the right time and at the right intensity.

Instead of trying to make children and families fit into the model, Youth Villages takes an individualized approach. Family intervention specialists delivering the Intercept model meet youth and families where they are and build a truly individualized plan around them utilizing the best interventions and practices that science has identified and the field has available.

Clinical Consultation

The Intercept model expert is the licensed clinician in the clinical approach. Internal staff seeking to become model experts undergo a year-long training process, as well as required ongoing coaching after becoming an Intercept model expert. Youth Villages continuously builds capacity through a train-the-trainer approach – as the Intercept supervisor receives training and consultation, they are being equipped and developed to eventually take on the role of model expert. All Intercept model experts are licensed mental health professionals.

The Intercept consultation process occurs weekly. Every case is covered every two weeks, but “red flag” cases, or cases with high acuity behaviors and significant safety risks, are covered weekly until they are no longer at a critical status. The model expert reviews ALL treatment and/or service plans to ensure that staff are choosing the right referral issue to focus on, the right driver(s), and the right intervention(s).

The clinical guidelines are fully based on SCIENCE and EVIDENCE. It is vital to ensure staff choose the right things and have access to licensed mental health providers who can oversee the implementation of intervention strategies for each case (flexibly applying tools to the unique individual/family while maintaining fidelity to the clinical research). Safety is another important focus of the Intercept model expert's plan review ensuring that, when warranted, safety plans and safety interventions are in place.

The Intercept model expert also provides quarterly clinical booster trainings to further develop staff skill with specific foundational concepts and clinical interventions. They are on-call 24/7 for high risk concerns (e.g., suicidal ideation/homicidal ideation and abuse/neglect allegations), in addition to clinical decision-making that impacts service delivery. It is integral to the Intercept model that the model expert is solely focused on the treatment/service plan for a youth or family, and is not consumed by the innumerable day-to-day challenges of managing a program.

The Intercept model expert supports frontline staff (e.g., family intervention specialists) to conduct thorough assessments and develop treatment and/or service plans leveraging the tools and resources from the program. The model expert also supports the administrative supervisor to best adjust staffing needs as case acuities and other clinical needs demand. On-going clinical consultation sessions help staff identify barriers faced by youth and families, as well as the underlying drivers of those barriers; Intercept model experts then provide guidance on selecting customized clinical interventions to use in sessions to help ensure swift progress can be made towards a youth and family's goals.

Clinical Portal

As mentioned earlier, most frontline workers in child welfare are dealing with three big issues: too much information in disparate places, a lack of clear logic/framework in how to best apply that information to the cases they are managing, and high rates of turnover among frontline staff that make it difficult for knowledge trainings to stick. Youth Villages has a service – the Clinical Portal and Consultation Process – which could solve these problems for a lot of child welfare agencies, and lead to better, more individualized plans for youth, as well as, potentially, better staff outcomes (better training, lower turnover, higher staff satisfaction and engagement, etc.).

The Clinical Portal has five components:

- A clinical framework – called the “fishbone” – that links each of the 18 referral issues to underlying drivers, based on the most up-to-date science and research, so that a frontline staff can identify the most critical issues or drivers during a treatment cycle.
- A collection of evidence-based and evidence-informed interventions linked to those drivers, which are continually updated and monitored by clinical experts.
- Consultation from a licensed clinical expert on a regular basis ensuring the worker has picked the right intervention (this is a 2 week cycle for the Intercept program).
- Outcomes measurement, which tracks key indicators for the staff's and team's portfolio
- Finally, this is all organized on a technology platform, which is currently in the process of being upgraded.

Youth Villages' staff can log in to the Clinical Portal any time via the Internet link using their assigned credentials. Specialists use this for treatment planning cycles (2 weeks for Intercept). The conceptualization process helps staff by providing them what SCIENCE says drives referral issues, what SCIENCE says helps resolve those referral issues (i.e. interventions), how to implement those interventions, and psycho-education on referral issues and interventions.

A staff's process to utilize the Clinical Portal goes as follows:

- Start with Referral Issues
 - Currently, there are 18-20 referral issues, which are constantly updated. This list is NOT diagnosis-based (although some are diagnoses, others are behaviorally driven). The staff select the referral issue that is most impacting the youth and/or family.
- After selecting a Referral Issue, a staff is guided to a “fishbone.”

- Every referral issue has a fishbone diagram. The Clinical Services department completes a thorough literature review on clinical issues and creates these fishbones to reflect known clinical DRIVERS, DESIRED OUTCOMES, and PROTECTIVE FACTORS. Each referral issue has an associated strength-based desired outcome. Every referral issue can have drivers across each of a youth's 5 systems (individual, family, community, school, and peer). The model also focuses on building protective factors. In combination with the consultation process, a staff prioritizes the drivers to decide the most important or critical issue to address within that particular treatment cycle (everything cannot feasibly or effectively be addressed at once).
- Looking back at the Referral Issue, the staff selects a driver from a list of drivers that match the fishbone.
 - The staff selects the driver prioritized in the fishbone conceptualization process. Based on the driver chosen, a staff is provided a list of interventions SCIENCE says are able to address it. A staff's assessment of the youth and family is critical in selecting an intervention. The staff choose an intervention that makes sense to use with that particular youth and/or family. After being guided to the interventions, the staff meets with their model expert to ensure the selected intervention is the most appropriate for the current treatment cycle and current situation.
- The staff click on the identified intervention for detailed clinical intervention information.
 - When the staff chooses the desired intervention, the tool spells out EXACTLY how to implement, including WHEN to use an intervention, OBJECTIVE, STEPS, suggested HOMEWORK, some identify HOW TO PULL IN CAREGIVER, and most have WORKSHEETS that can be used in session, as leave-behind materials, and different versions to meet the developmental level of the youth or family. Interventions are not just about implementation. They also include psycho-education for staff, including teaching tools for staff who may not have experience implementing these types of interventions.
- Additional resources
 - There are additional resources for staff to support their work with youth and families. These can be found in Foundational Clinical Skills. Additionally, staff can access resources and tools for the development of individualized safety plans with youth and families at any time. These are developed as part of the program when indicated.

Technology

Current technology supporting the Clinical Portal is 10 years old. As such, the Clinical Portal is undergoing a technology overhaul. New infrastructure with additional functionality is expected to launch in 12-18 months. New functionality and design will include, for example, better navigation, the ability to link to outside information and data sources, and to share files securely, all to refine the user experience.