

## Overview of Intercept®

### Description

Intercept®, developed by Youth Villages, is an integrated, intensive in-home parenting skills program used to safely prevent children from entering out-of-home care or to reunify them with family as quickly as possible if a period of out-of-home care is necessary (this includes, but is not limited to, foster care, residential treatment, or group home settings). Intercept is appropriate for children ranging in age from birth to 18, with services lasting four to nine months (typically, four to six months for prevention or six to nine months for reunification). Family Intervention Specialists work with both the child and the caregivers to address issues impacting the stability of the family, meeting an average of three times weekly in the home or community, depending on family need, and providing 24-hour on-call crisis support. Trauma-informed care is provided. Family Intervention Specialists have small caseloads of four to five families. They work in all the areas that surround the child – family, school, peer group, neighborhood – providing evidence-based and research-informed interventions. Following a detailed case conceptualization process, Family Intervention Specialists collaborate with other providers, schools, case workers, courts, and other community supports to formulate individualized treatment plans. The treatment plans are reviewed bi-weekly with Licensed Program Experts, assuring fidelity with the program model. Family Intervention Specialists receive extensive, ongoing training from the Licensed Program Experts to continually improve their skills. Progress with children and families is measured through ongoing assessment and review. The comprehensive treatment approach includes advocating extensively to access community resources and linking to long-term, ongoing support.

### Target Population

This program provides services to children and youth from birth to age 18 who 1) have emotional and/or behavioral problems, or 2) have experienced abuse and/or neglect. Intercept targets youth at high risk of entering foster care or other out-of-home placements.

### Dosage

Intercept Family Intervention Specialists meet the child and family an average of three times weekly in the home and community for four to nine months. Intercept services to prevent children from entering out-of-home placements average four to six months; Intercept services to reunite children with family after a period of foster care or out-of-home placement average six to nine months.

### Evidence-based models included in Intercept®

Intercept is an integrated approach to in-home parenting and individual skill development that offers a variety of evidence-based and research-informed practices to meet the individualized needs of a youth and family. Specifically, Intercept employs the following evidence-based practices, as clinically indicated:

- Adolescent Community Reinforcement Approach (A-CRA)
- Community Advocacy Project (CAP)
- Collaborative Problem Solving (CPS)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Cognitive Behavioral Therapy (CBT)
- Motivational Interviewing (MI)

### Trauma-informed care

Intercept includes multiple components to assess and address the impact of trauma, both acute and chronic, throughout the program. This begins with a risk trauma assessment that considers both youth

and family trauma exposure history. The assessment is completed at admission and then updated monthly and after serious incidents throughout treatment. Assessments include a trauma sensitive component, which focuses on current and past trauma episodes, but also considers both protective and restorative factors. Multiple trauma-informed intervention strategies are utilized throughout treatment to address traumatic stress and related mental health issues, including TF-CBT. Staff training materials include how trauma can impact brain development and related strategies to address these issues. Staff development tools focus on secondary traumatic stress symptoms and interventions for people that may be affected through their work with youth and families.

### **Location/Delivery Setting**

Intercept Family Intervention Specialists meet with families for sessions in the home and community settings. They work in all the areas that surround the child: family, school, neighborhood, peer group and community.

### **Education, Certifications and Training**

Intercept is delivered by master's and bachelor's (with relevant experience) level Family Intervention Specialists working under the supervision and guidance of licensed mental health clinicians who are experts in the Intercept model. A vital component of Intercept is the level of training and supervision for Family Intervention Specialists. All Intercept staff complete a highly structured training process, including new hire organizational orientation upon hire, followed by rigorous on-the-job training (OJT). Intercept Family Intervention Specialists, Supervisors, and other staff complete an initial four-day Clinical Foundations training. This training is provided by Licensed Program Experts. Family Intervention Specialists who deliver Intercept also participate in ongoing trainings. These include quarterly clinical trainings provided by the Licensed Program Expert, which are tailored to specific need areas of the team. Weekly consultation is also provided by Intercept Licensed Program Experts with all Family Intervention Specialists and Supervisors to ensure quality work and fidelity to the model. Other training activities include, but are not limited to, individual development meetings conducted by each Family Intervention Specialist's supervisor, field visits with leadership staff, and access to online clinical trainings and resources. A program model fidelity review is conducted annually by the Clinical Services department to ensure clinical service delivery is consistent with the Intercept model.

### **Program or Service Documentation**

The program is manualized and includes an online clinical database of evidence-based and research-informed interventions and resources, called the GuideTree® Toolbox. Family Intervention Specialists utilize GuideTree to complete case conceptualization as they develop treatment plans. Tools within the GuideTree Toolbox guide Family Intervention Specialists through prioritizing the most critical drivers of a youth's behavior and selecting the most appropriate interventions for the current treatment cycle.

Materials are available in English and Spanish and can be translated into other languages as needed to meet family needs.

The Intercept model employs three key elements to ensure achievement of desired outcomes over a sustained period after treatment:

- **Program Model** – The foundation of the results-oriented framework is a strong program model, which starts with model principles, specifies key program elements as well as adherence measures for each program element, and identifies instrumental and long-term outcomes expected from model implementation. The annual program model adherence review includes survey data from youth, families, staff, and supervisors, and as well as an extensive document

review that includes clinical records, staff development plans, and training materials. Scores, generated by the review, pinpoint areas of strength as well as opportunities for improvement to ensure the program achieves the expected outcomes.

- **Performance Improvement** – Using a Balanced Scorecard (Kaplan & Norton, 1996) approach, the Performance Improvement activity refers to a monthly process of examining leading and lagging indicators in both clinical and operational areas. Measures include average monthly census, staff caseload, staff tenure, percent of successful discharges, and number of critical incidents. Monthly review of these key metrics by all levels of staff allows an opportunity to ensure that the program is operating ‘within the guardrails’ and to troubleshoot any issues that might occur.
- **Ongoing Outcome Evaluation** – Although the monthly Performance Improvement process and the annual Program Model Adherence Review provide evidence that the program implementation is within model parameters, measuring outcomes on an ongoing basis is the only way to determine whether the program is achieving the expected results. Outcomes are measured for youth who receive a minimum dose of services, which is defined as at least 60 days. Focusing on basic functional and behavioral outcomes, including living situation, educational progress, criminal justice involvement, and out of home placements, surveys are conducted at six and 12 months post-discharge to determine the extent to which progress was sustained after treatment.

### **Contact Information for Developers**

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