

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 custody or to reunify them with family as quickly as possible if a period of out-of-home care is necessary. 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. Specialists have small caseloads of four to five families, and 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, specialists collaborate with other providers, schools, case workers, courts, and other community supports to formulate individualized treatment plans, which are reviewed bi-weekly with licensed clinicians, assuring fidelity with the program model. Specialists receive extensive, ongoing training from the licensed clinicians to continually improve their skills. Progress with children and families is measured through ongoing assessment and review. The comprehensive treatment approach includes extensive help in accessing 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 have emotional or behavioral problems, or have experienced abuse or neglect and are at high-risk of entering foster care.

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. Services to prevent children from entering state custody average four to six months; services to reunite children with family after a period of foster care or out-of-home placement averages four to nine months.

Evidence-based models included in Intercept

Intercept is an integrated approach to in-home parenting 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)

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 significant experience) level specialists working under the supervision and guidance of licensed mental health experts in the Intercept model. Specialists are required to have a master's degree in a related field or a bachelor's degree in a related field, with at least 1 year of experience. A vital component of Intercept is the level of training and supervision for specialists. All Intercept staff go through a highly structured training process, including new hire organizational orientation upon hire, followed by rigorous on-the-job training (OJT). Intercept specialists, supervisors, and other staff complete an initial four-day Clinical Foundations training. This training is provided by licensed model experts. Specialists that deliver Intercept also participate in ongoing trainings. These include quarterly clinically-focused trainings that aim to refresh clinical skills and hone their capacity to utilize and incorporate evidence-based practices. Weekly consultation is also provided by Intercept model experts with all specialists and supervisors to ensure quality work and fidelity to the model. Quarterly clinical booster trainings are also provided by the model expert, and are often tailored to specific need areas of the team. Other training activities include, but are not limited to: individual development meetings conducted by each specialist's supervisor, field visits with leadership staff, and access to online clinical trainings and resources. A program model fidelity review is conducted yearly by 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 Clinical Portal. Specialists utilize the Clinical Portal to aid in case conceptualization as they develop treatment plans. Tools within the Clinical Portal guide specialists through prioritizing the most critical drivers of a youth's behavior 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, supervisors, and referral sources as well as an extensive document review that includes clinical records, staff development plans, and training materials. Scores generated by the review pinpoint areas that may need to be strengthened in order for the program to achieve 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 be occurring.
- **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, 12, and 24 months post-discharge to determine the extent to which progress was sustained after treatment.

Contact Information for Developers

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