

# Youth Villages Intercept® Program Model

## INTERCEPT MODEL PRINCIPLES

**FAMILY** - Children are best raised by their families.

**SAFETY** - Safety is a priority for kids and families.

**STRENGTHS** - Interventions utilize family strengths and assets.

**PARTNERSHIPS** - We engage families and community stakeholders as full partners in helping families and children.

**SOLUTIONS** - We focus on solving problems, being positive, proactive, action-oriented and solution focused.

**TEAM** - Our team approach provides ongoing structure and supervision, ensuring the optimal continuity of care.

**ACCOUNTABILITY** - We are accountable for results with the child and family.

### Instrumental Outcomes

- Successful discharge
- Child and family safety
- School performance
- Retention of quality staff
- Customer responsiveness
- Census/Financial performance

### Long-Term Outcomes

- Stable home
- Psychosocial functioning
- Educational functioning
- Legal status
- Staff length of employment

## PRACTICE ELEMENTS

### CLINICAL PRACTICE

Systemic/ecological assessment  
Team treatment planning  
Active teaching and observation  
Youth Villages evidence-informed practices  
Safety focus

### TEAM/STAFF DEVELOPMENT

Intensive hiring process  
Specialist engagement strategies  
Job training process  
Career/Leadership opportunities

### FAMILY FOCUSED

Families are full partners in treatment  
Family preservation, reunification, permanency  
Family health

### COMMUNITY PARTNERSHIPS

Strategic collaboration  
Referral and funder satisfaction

### RESOURCE MANAGEMENT

Intense strategic marketing  
Contract compliance  
Revenue review/balancing

### Adherence Measures

- On time assessment
- Key system factors included
- Genogram quality
- Treatment plan reflects ongoing assessment
- Quality of supervision recordings
- Consultation tapes quality
- Counselor survey
- Team attendance
- Specialist development plan
- Field visits
- Supervisor development plans
- Supervision recordings forms
- Model expert development plan
- Model expert coaching process
- Youth Villages approved interventions
- Evidence-based practice skill development competency
- Evidence-based practice coaching
- Risk assessments quality
- Safety plans quality
- Specialist safety included
- Family survey re: safety plans

### Adherence Measures

- Family's desired outcomes
- Long-term goals
- Family's review of goals
- Family involvement on patient family review and consent
- Teach family self-sufficiency
- Notes reflect family responsibility
- Family survey re: responsibility
- Transition targets reunification
- Family searches completed
- Reports target high-risk cases
- Disruption rates
- Physical and emotional needs
- Family survey re: health focus

### Adherence Measures

- Strategic plan targets partnerships
- Key community members utilized
- Family perception of support use
- Supervisors relationships training
- Coaching for key meetings
- Outcome data shared

### Adherence Measures

- Marketing activities
- Staff trained in marketing
- Weekly chart performance improvement grids
- Mock audits of charts
- Process inspections completed
- Weekly census review
- Monthly budget review

### Adherence Measures

- Supervisors hiring process training
- Multiple interviewers
- Potential staff complete ride along
- New hire retention rate
- Survey re: activities and expectations
- New hire on boarding checklist
- Supervisor on boarding list
- New hire consultation guidelines
- Cohesive team relationships
- Completion rate of on-the-job training in Youth Villages Learning Center
- Supervisor review of on-the-job training
- Weekly utilization of clinical liaison
- New staff skills assessment
- Initial four-day training
- Quarterly booster trainings
- Booster evaluations utilized
- Staff trained in virtual reality technology
- Supervisor on-the-job training completed
- Development plans completed
- Supervisor development plan collaboration
- Leadership development trainings
- Expansion database updated
- Consultant academy trainings

## Adherence Scores



# Youth Villages Program Model Definitions

**The Youth Villages Intercept® Program Model** – The Intercept Program Model was created by drawing from several different model types, including logic models, practice models/guidelines, treatment models and theories of change. The Intercept Program Model combines the best elements of these model types to allow for a full description of the program and includes the core principles, expected results, operational practices and treatment strategies. A key outcome of developing and implementing a program model is that the primary methods and approaches to working with kids, families and each other are clearly articulated. A component typically not found in other practice paradigms is the establishment of the linkage between adherence to the model and expected outcomes.

**Model Principles** – Program model principles are the defining values and principles that drive all components of the program model. These values are the foundation for all components, including outcomes, program interventions and treatment strategies. Used in conjunction with the Youth Villages Mission and Values, each separate program model has specific values for each type of service (i.e. there are different values for treatment foster care, the Intercept program, the LifeSet program, etc.). The values may include elements of core treatment models that are central to the service area. More than simple philosophies, these model principles are derived from both empirical sources and key agency values that are central to the mission of the organization and the program. These principles define the structure of how all work is done within Youth Villages’ program models.

**Instrumental Outcomes** – These outcomes describe the direct results of day-to-day program operations and activities. Unique to Youth Villages’ model, all outcomes of the program are identified, specifying both program operational outcomes, as well as child and family outcomes. For example, effective census is an instrumental outcome for most programs. This simply means that operational guidelines are established to meet the census and revenue expectations for the program. Safety indicators are also an illustration of an instrumental clinical outcome.

**Long-Term Outcomes** – These outcomes describe the expected results of the program operations over time for the youth and family served, as well as selected program elements when appropriate. These outcomes are specifically linked to the model principles that help define outcomes that are key to the mission of the organization. An example of a Youth Villages long-term outcome is the school performance of a youth at one year post-discharge.

**Practice Elements** – Driven by the model principles, practice elements are specific to individual programs and define the key practice areas and activities that are unique to that service area and Youth Villages. The practice elements are not simply a restatement of regulatory guidelines, but are the components of a program that are implemented in a specific fashion at Youth Villages. These could also be described as part of the Youth Villages culture or process. An example of a practice area would be “family-focused,” which contains the following elements: families as experts, alignment with families, and high frequency of involvement. More than simply statements of operational activities, these elements are defined in light of the model principles and noted as their uniqueness to Youth Villages’ practices. All elements are specified in such a way that they can include a measurable component. For example, a practice element of a competent staff would be defined in terms of what competent staff means at Youth Villages and how this is seen in the specific practice setting.

**Adherence Measures** – Adherence measures are intended to quantify, from multiple sources and views, the key practice elements. These measures can combine current elements that are already measured for the scorecard process and other program reviews, but may also include additional methodologies, such as interviews, surveys and other research-associated strategies. The accuracy of the measurements is defined in terms of how well the adherence scores predict both instrumental and long-term outcomes. For example, an adherence measure for the use of evidence-based practices may include a review of treatment notes to determine if the current interventions include Youth Villages-approved strategies. It is anticipated that programs that with higher scores on this measure will also have better instrumental and long-term outcomes.

## Related tools for model development

**Evidence-Based Practice Review** – This tool is designed to provide a guide for the selection, development and implementation of specific interventions and treatment strategies. This could include both specific treatments for presenting issues or processes for which internally collected data have validated an impact on the targeted area. The tool includes a scoring guide that helps define what type of evidence is best in the selection process, as well as other considerations, such as cost of implementation.

**Treatment Intervention Guidelines** – These research-based guidelines, applicable across all service areas in the organization, provide a starting point for the development of treatment strategies. It includes research evidence for the known risk factors and correlates for specific referral issues, primary outcomes that are necessary to address the known risks, treatment models and approaches with proven evidence, and specific interventions or strategies when applicable. The tools answer the primary questions of what are the driving forces for the primary referral issues and what methods are known to overcome the barriers to successful living for the child and family. All of the treatment intervention guidelines are contained in the clinical portal, and the licensed clinician model expert provides guidance throughout the case conceptualization process.