



Youth VILLAGES®

MASSACHUSETTS

The force for families

***Intercept for Emergency
Department Diversion***

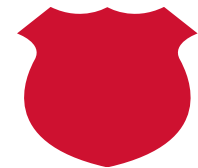
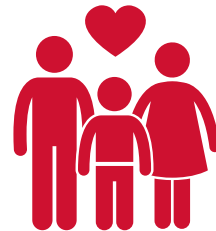
2021



Youth Villages Programs

Intercept and LifeSet

- Ability to serve children, youth and families ages 0 through 22
- Permanency focus
- Intensive community-based services
- Active 24/7 on call supports
- Aspire to have measurable, positive long-term outcomes



Intensive in-home service designed to strengthen at risk families

- Treatment takes place on average 3 times a week
- Small caseloads 4-5 families at a time
- Intensive safety protocols
- Active on call- 24/7 support
- Serves families from infancy to 18
- Systemic approach that focuses on the whole family



Who Do We Serve?

The Intercept program serves a wide range of families facing multiple and complex issues including families struggling with:

- Victim of Commercial Sexual Exploitation
- Runaway
- Suicidal Ideation
- NSSI
- Physical aggression
- Truancy/poor school performance
- High Risk Substance Use - parental and child
- Intimate Partner Violence
- Housing Instability
- Mental Health Needs
- Stabilization in Foster Care
- Meeting Basic Needs
- Gang Involvement
- Trauma

Outcomes-oriented

- Youth Villages contacts all families who discharge at 6 and 12 months post discharge
- Approximately 80% of families are successful at 1 year post discharge



Backed by Research Evidence*

*Youth referred to Intercept were **53% less likely** to be placed out of their homes. In addition, youth were **60% less likely** to be in an out-of-home placement one year after the services ended, demonstrating that Intercept has a sustained effect.*

*Chapin Hall at the University of Chicago

Intercept for ED Diversion

- March 2021 Youth Villages was approached to use our Intercept Program to aid in reducing the number of youth stuck in Emergency Departments for mental health concerns
- Started primarily in the Southeast; transitioned to the Central region; spreading to the remainder of the Commonwealth



Intercept for ED Diversion

- Goal of service is to triage emergent clinical needs targeting safety and familial connection and transition family to routine mental health supports
- Families are not connected to state agencies at time of admission
- Service is short term with high intensity



Intercept for ED Diversion

- All youth engage in an in-depth assessment to assess safety and presenting issues in preparation for their discharge from the hospital
- Safety of the youth and family remains our top priority through the life of the enrollment
- Treatment model for ED Diversion is the same as Intercept



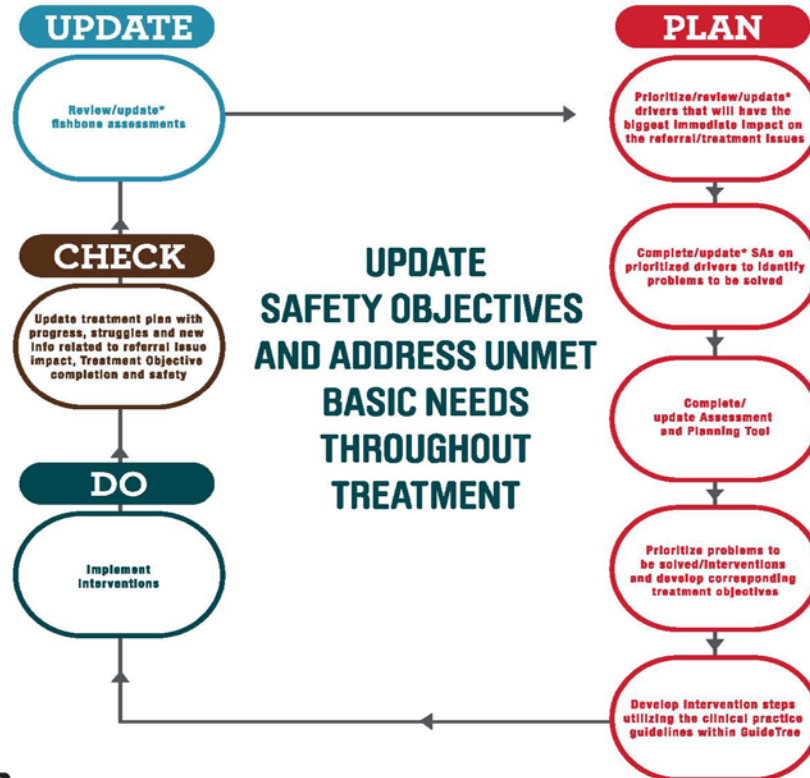
Massachusetts News Highlights ED Diversion Crisis

Local boy spends nearly 5 weeks in emergency room awaiting mental health services



TREATMENT PLANNING FLOWCHART

- Review referral info and assess for safety risks/unmet basic needs that must be addressed immediately
- Complete Youth Villages' assessments
- Identify referral issues and prioritize based on safety/disruption risk
- Complete safety Situational Analyses (SA) and develop safety objectives
- Complete initial fishbone assessments for prioritized referral issues

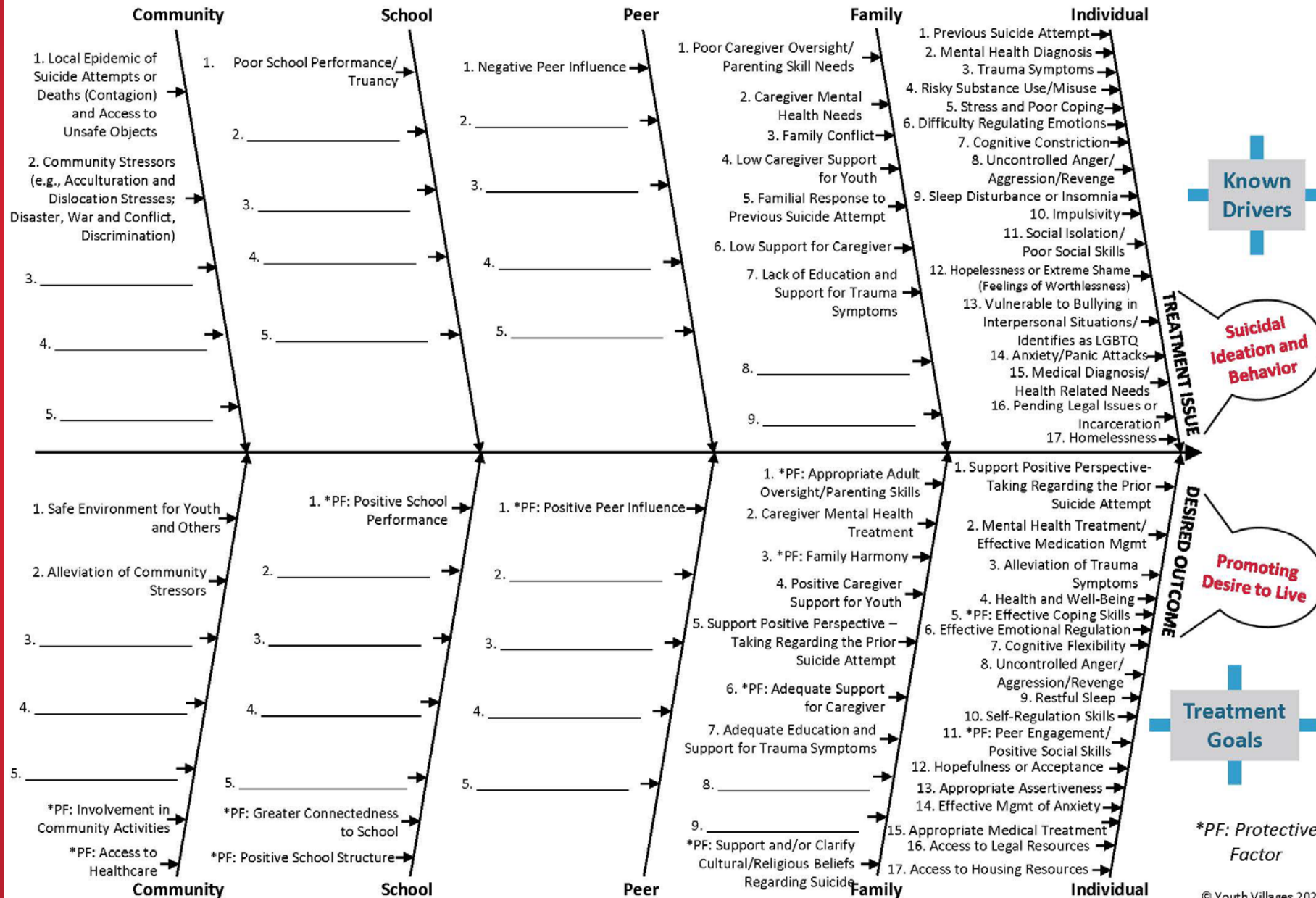


Intercept for ED Diversion

- Jeff is a 10 year old boy who whose grandparents became his guardian when his mother died from a heroin overdose.
- Jeff displayed physical aggression and suicidal ideations in the home resulting in multiple crisis evaluations and boarding in the emergency room.
- Grandparents called police multiple times a week.

Suicidal Ideation and Behavior

Youth: _____ Staff: _____ Date: _____



Assessment and Planning

Intercept staff work with all key players (including each individual in the family and any involved key players) to assess their concerns and work to develop plans that will ease those concerns to maintain stability in the home.

- Investigate sequences and triggers of past incidents
- Develop a unique clinical conceptualization
- Develop unique safety plans for each referral issue for each youth and family
- Treatment progress is assessed at least every other week, and modifications made at that time

Conceptualization Documents

After looking at the fishbone and the referral information, we will conceptualize the information in order to begin developing treatment direction.

Completion of an Assessment and Planning Tool (APT)

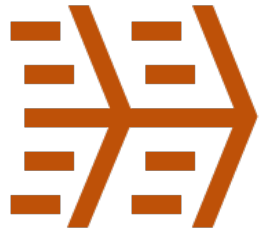
Used to label challenging behaviors, problems to be solved, prioritize treatment issues

Completion of the Thinking Skills Inventory (TSI)

Used to assess for lagging thinking skills which may make meeting expectations challenging

Transition to GuideTree for intervention selection

What is GuideTree™?



Case
Conceptualization
Process



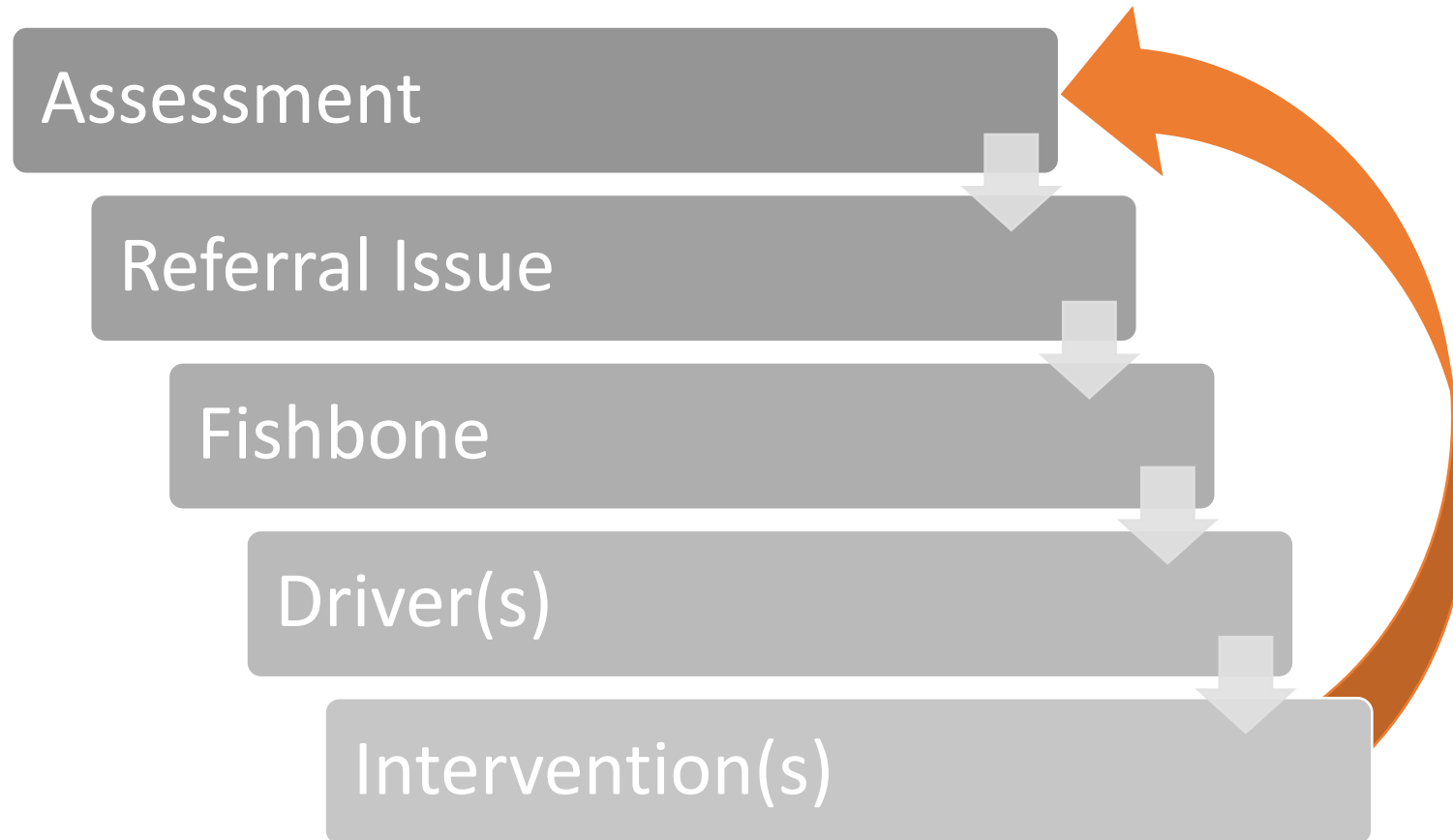
Online Clinical
Tools & Resources



Consultation
Process

It's how our staff know what to do when they work with young people

GuideTree™: The Conceptualization Process



Safety Interventions

- Crisis Response Plans
- Runaway Prevention Plans
- Safety sweeps and lockboxes
- De-escalation and Exit and Wait Plans
- Caregiver Support Plans



Youth Concerns

“What if I have to come back to the hospital?”

“How will I stay safe?”

“Who will I go to for support?”

Concerns navigating family relationships, peer interactions, and school transitions



Caregiver Concerns

“How can I provide constant supervision?”

“How will I keep my child, myself, and my family safe?”

“Who can I access for support?”

“What if there’s another crisis?”

“There’s so many people involved now, how do I navigate this?”

“What if my mental or physical health is negatively impacted?”

“How can I reconnect with my child?”



COVID Adaptations



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Risk Assessment/Session Prescription Process

- Organizational mission hasn't changed
- Youth and families we serve are typically on the high risk end of the spectrum; at serious risk of ending up in out of home placement.
- Necessary ~25-40% of sessions to conduct in-person and or in the community.
- At a minimum, meet face-to-face every other week-remainder of the sessions conducted via telehealth.
- In-person session intensity is evaluated at least weekly basis by the clinical team.
- In-person sessions increased based on clinical need of the family/youth-safety concerns, display of referral issues or behavioral concerns, and to maintain or build engagement and alignment.

Telehealth Safety Interventions

In addition to completing interventions that will become part of a youth and family's safety plan, there are creative ways to ensure safety via telehealth:

- Safety Walk Through
- Show me your lockbox/how you are securing medications or sharps
- Have a family give you a virtual tour of the house
- Have the caregiver engage in a medication count over telehealth
- Practice current safety plans or de-escalation techniques
- Show me your masks or other COVID-19 precautions

Eyes on Sessions

Following social distancing doesn't mean we can't do sessions with eyes on.

- Maintain social distancing
- Wear a mask
- If you are feeling ill/the family is feeling ill do not engage in eyes on session
- Follow all recommendations and procedures in your organization and state

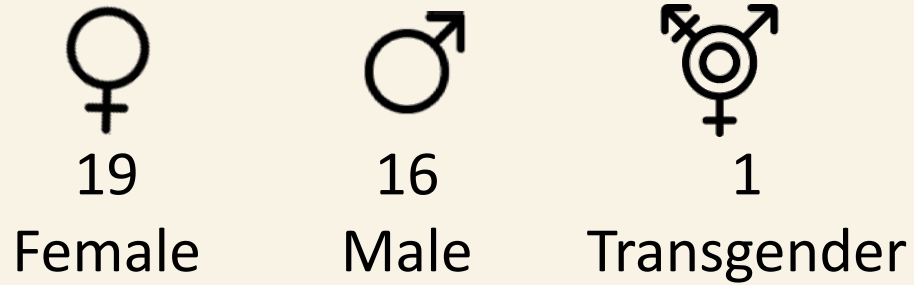
Massachusetts Intercept™
for
Emergency Department Diversion

Through 2021.10.12



Youth Served through Southeast and Central DMH Regions since 3/5/2021

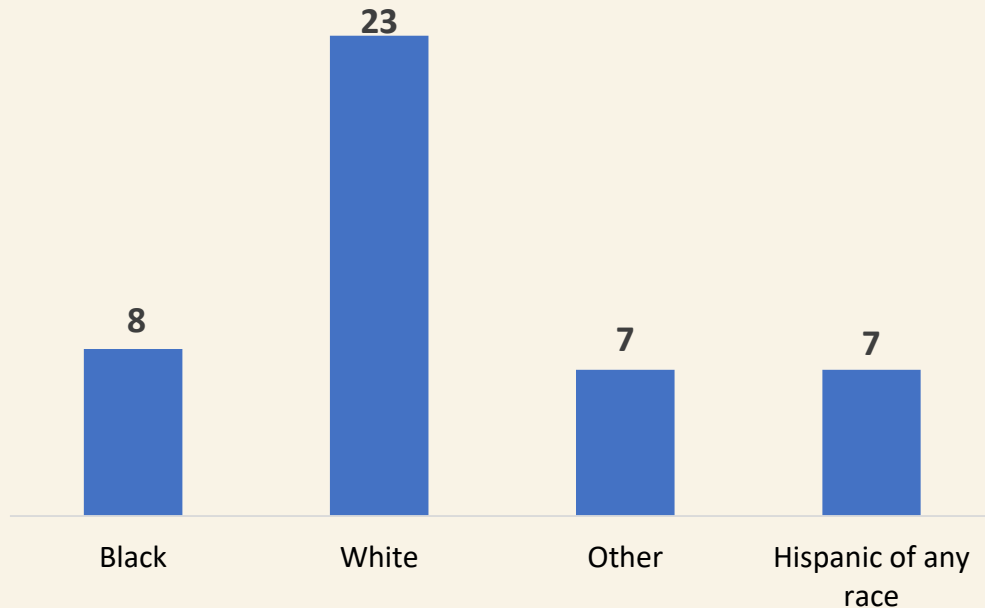
36



Age at enrollment

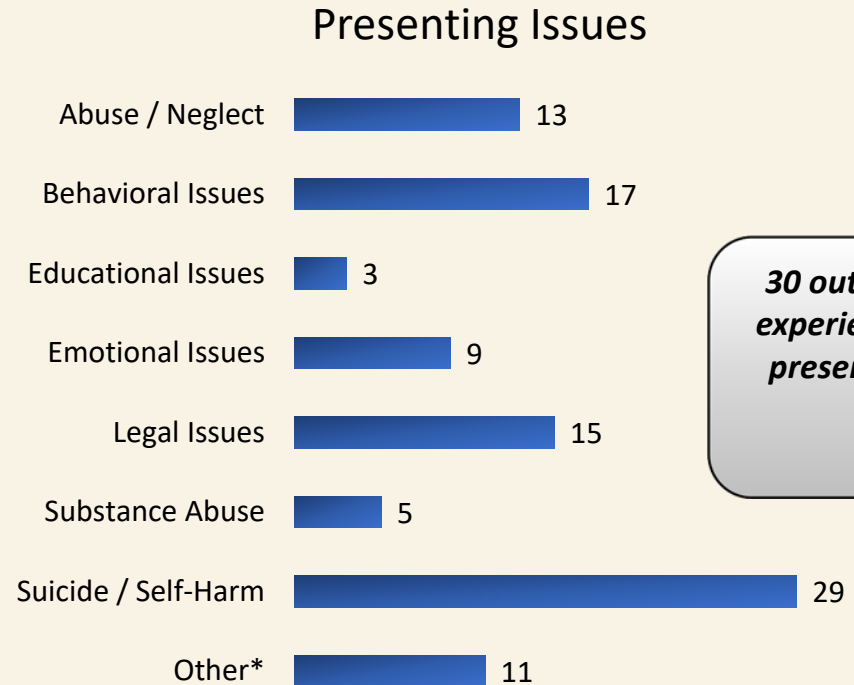
Average: 12.7 years

Range: 6 – 18 years



Note: Youth may report more than one race. Therefore, totals may add to more than the number of youth served.

*Other race includes Native American, Asian, Middle Eastern, and Hawaiian/Pacific Islander



30 out of 36 youth experience multiple presenting issues.

*Other presenting issues include intellectual disability, medical issues, and other mental health concerns

Benefits Enrollment

- Twelve youth are MassHealth members*
- Fourteen youth have various private insurance: Tufts, BCBS, United Health

*Due to DMH funding, insurance benefit enrollment was not tracked for all youth. Going forward, Youth Villages will track this information.

Critical Incidents

Suicide Ideation/Attempt, Self-Harming Behavior/Threat, Psychiatric Hospitalization

During their time in Intercept for Emergency Diversion, **twenty-seven out of 36 youth (75%)** had no psychiatric hospitalization, suicidal ideation/attempt or self harming behavior/threat.

Number of Incidents	Number of Youth
0	27
1	7
2 – 5	1
6 – 9	0
10 or more	1

Intercept Outcomes at Discharge*

- To date, **five youth discharged** from Intercept for Emergency Diversion after 60 or more days of service.
- **Average** length of enrollment : **126 days** (Range: 73 to 159 days)
- Four of 5 youth **(80%) are living at home** at discharge.

Living Situations at Discharge



Living at Home or
Independently

4



Group Home

1

*Only includes enrollments in which the youth received at least 60 days of service before discharging;
2 of 7 (26.6%) discharged youth ended services before the youth received at least 60 days of service.

Thank you!



For more information, please contact:

Lori Sustek, *State Director*
Lori.Sustek@youthvillages.org

Jennifer Mack, *Director of External Relations*
Jennifer.Mack@youthvillages.org