

Bringing Behavioral Health and Law Enforcement together for a Common Cause

Agenda/Topics To Be Covered


- › Identifying the need for a partnership
- › Laying the framework for building a collaborative protocol
- › The importance of a multidisciplinary partnership
- › Constant communication
- › Building tolerance within to allow growth and change
- › Staying focused with competing mandates
- › Creating a provider workforce with specialized training

A little History

- › The relationship between Law Enforcement and the medical field...
 - › Let's face it, we've been chasing each other from the beginning!



- › The relationship between Law Enforcement and Behavioral Health is a different story.



- › Police normally only get involved with Behavioral Health after a traumatic incident.
- › Psychological eval
- › Pastor / Priest
- › Therapist

Identifying the need

- › April 2017 Victims Services Stakeholder meeting (Subcommittee of the Arizona Governor's Council).
 - Discussion with Department of Child Safety concerning victims of Sex Trafficking.
 - The need to get Sex Trafficking victims immediate assistance.
 - Reduce the incidents of Sex Trafficking victims running following rescue by Police. (@16 Hours).

Laying the Framework

- › Identified core players
 - Law Enforcement
 - Behavioral Health Hospital
 - Regional Behavioral Health Authorities (RHBA)
 - State Child Welfare Department
- › Monthly meetings conducted to discuss individual core partnership internal process
- › Identified proper placement facilities for immediate needs of Sex Trafficking victims
- › Date set for initial roll out of process
October 1, 2017

Purpose of the Collaborative

- › Designed to streamline a process following rescue by police or other entity, having Sex Trafficking victims get to a safe and healthy environment, where they are less likely to return to their Traffickers.
- Identification
- Assessment
- Treatment
- Tracking

Let's Break it Down Some:

› Identification:

- Verification of being a suspected or confirmed Sex Trafficking victim either through interviews or other identifiers
- Identify the Guardian (State / Parent)
- Identify child's insurance

› Assessment:

- › Child brought to Behavioral Health Hospital for 23 hour assessment upon rescue.
- › Child is assessed for:
 - Danger to self or others
 - Mental and emotional stability
 - Appropriate level of care
 - In Patient Hospitalization
 - Residential Treatment Facility
 - Therapeutic Group Home
 - Community

› Treatment:

- › Child is assigned to a Behavioral Health Home (BHH) that provides the individualized therapeutic services.
- › Services needed are unique to each child and are decided by the treatment team.
- › All child victims will receive in addition to their unique needs:
 - High Needs Case Manager (HNCM)
 - Child and Family Team (CFT)
 - Individual Therapy
 - Referral to a Sex Trafficking Recovery Group
 - Psychiatric evaluation/Med management if needed

› Tracking:

- › A spread sheet is kept with following info:
 - Name
 - DOB
 - Guardian name and contact info
 - Police department
 - Date at 23 hour assessment unit
 - Placement after 23 hour assessment unit
 - Confirmed or suspected
 - Have a column to take notes

- › Data is kept for multiple purposes.

Treatment of a Child Remaining in the Community.

- › Child will be enrolled with a BHH to provide services. If child is not enrolled prior to 23 hour assessment unit, then an emergent assessment will be completed while the child is in the assessment process.
- › The assigned BHH will meet with the child within 48 hours of release from assessment unit.
- › The Child and Family Team will ensure that the child has services that support the child in placement. Services to occur at child's placement.

Treatment of a Child Remaining in the Community – Cont.

- Some services will be consistent for all children, which include a Survivor Advocate and therapy and a Child and Family Team.
- If the child is a DCS child they will be assigned a DCS stabilization team.

Treatment of Child needing Residential Treatment

- Guardian will request a higher level of care through the CFT process.
- CFT will submit the necessary documentation to get approval.
- CFT is required to have a plan B and C for the child which includes:
 - Treatment
 - Placement

Multidisciplinary Partnerships

- As the collaborative was developed we identified the importance of the different lenses that each professional brought to the table.
- During this process we decided that it was important to develop a Multidisciplinary team that was comprised of each person's unique abilities.
- The team consisted of law enforcement, behavioral health, child welfare department, a survivor of trafficking and other identified members that were unique to the child's team.

Multidisciplinary Team

- › Meets when a child is identified as a suspected or identified sex trafficking victim.
- › The team discusses barriers to the child's case, i.e. (AWOL, behavioral health services, placement, family issues, etc.)
- › A plan is made and each person is given tasks to complete according to their discipline and abilities.
- › Project Coordinator conducts any follow up.

Foster Care Project

- › Identify foster parents that have a passion and desire to be a stable and safe placement for Child Victims coming out of treatment or a group home placement.
- › Foster Families will be committed to the journey that these victims face and will be willing to walk through the journey with the child victim.
- › There will be a support group that will be available 24/7 for the families to utilize for concerns.
- › Families will be provided with support from a variety of services and resources that will assist with the transition and stability of the child victim.

Foster Care Project – Cont.

- › A Crisis Team will be assigned to each foster placement for this project.
- › An all day training will be provided to families interested in this project.
- › Additional training will be provided to the identified families prior to the child victim being placed in their home.

Building Tolerance within for Growth and Change

There were many times that we had to come back to the table to discuss the barriers and work together to make necessary changes.

1. Wait time at hospital for PD – (in the beginning the police were waiting at the intake center for hours) coming back to the table and working with the Hospital Administration a plan was made that was ideal for the police and the hospital.
2. DCS not always accessible when needed – a plan was made for verbal consent's and approvals to accommodate DCS and Hospital needs.
3. Multiple differences on outcomes in regards to appropriate placements.
4. Differences in opinion of necessary services for child – some we made standard for every child and some are individual focused.
5. Constant communication needed all time!

Creating a Provider Workforce with Specialized Training

- › Identify the providers to meet the need
- › Provide training to the providers on human trafficking
- › Train all behavioral health and health care providers, placements, child welfare staff and any other entities that would have contact with the child victim (courts, probation, CASA's, etc.)

Creating a Provider Workforce with Specialized Training – Cont.

- › Training Suggestions:
 1. Survivor Informed training (Training by a survivor – allows you to learn from the inside).
 2. Human Trafficking – the basics.
 3. Identifying a Victim of Trafficking – know the signs.
 4. Trauma Focused trainings – STV have many layers of trauma; learn them all.
 5. Evidenced based and Best Practices in treating trafficked victims.

Putting it all together

- › Identify the need.
- › Identify the appropriate team to bring to the table.
- › Meet consistently to identify roles and tasks.
- › Identify a rollout date.
- › Train the providers and all identified entities.
- › Work through any barriers as the process moves along.
- › Work as a TEAM.
- › Be innovative and creative, know your resources and think outside the box.

CM – Case Study

- › Contacted by Phoenix Vice during a buyer sting.
- › Self identified as an adult (No ID or fingerprints to prove otherwise).
- › Provided services (Dreamcenter – AWOL).
- › Arrested by Phoenix Vice during a prostitution street sweep.
- › Self identified as an adult (Booked into 4th Avenue Jail – released).
- › Extensive research completed and finally located identity as a 15 year old.
- › Identified her Trafficker – contact made with both and taken into custody.
- › Diane placed in Group Home, Trafficker released and overdosed.
- › 16 years old – on streets since 14 years old – habitual run-a-way.
- › Identified key issues influencing her to run.
- › Thinking outside of the box
 - Name change
 - Family reunification
- › Completed program at Therapeutic Group Home.
- › Step down to Residential Treatment Center.
- › CED
- › Internship
- › New Triggers

AH – Case Study

- › Contacted by Phoenix Vice
- › Meeting held with parent
- › Sent home with mother – ran
- › Picked up by Phoenix Vice again
- › Child was assessed at OSCA
- › Immediately connected with Survivor
- › Inpatient at Behavioral Health Inpatient Facility
- › Witnessed a Homicide
- › Placed in an Inpatient Treatment Facility after release from hospital and currently receiving: Individual trauma therapy, Therapeutic groups, Psychiatric monitoring, Child and Family Team meetings monthly.
- › 16 years old – on streets since 14 years old – Habitual Run-a-way
- › Picked up by Phoenix Vice again
- › Green Light Hit by Pimp
- › Out of Town Placement
- › Parental involvement
- › Pimp in courtroom
- › School
- › Therapy
- › Speaking with LEO

AVT – Case Study

- › Contacted by Phoenix Vice many times
- › 16 years old – On streets since 9 years old – Habitual Run-a-way
- › Family of traffickers
- › Recruited 14+ girls into the life
- › Running from group homes and taking other girls
- › Very involved in street life
- › Knows most traffickers in her area
- › Loyal to the life
- › Longs to have family
- › Created personas
- › Needs to feel heard
- › Charged with crime
- › Desire to change
- › Cooperation with LEO

Some Statistics

- › From October 1st 2017 to now, we have had 81 victims as part of this process –
 - In placement – 72 (88.89%)
 - AWOL – 9 (11.11%)
 - With Family – 11 (15.28%)
 - OSCA – 23 (28.40%)
 - DCS Guardian – 62 (76.54%)
 - 36 have been assigned to a Survivor

Questions??

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