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
- Building tolerance within to allow growth and change
- 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 spreadsheet is kept with the following information:

- 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.
How the process looks with Police initial contact.

- Child is identified or suspected as a victim of sex trafficking.

- Police identify the legal guardian.
  - Department of Child Services (DCS).
  - Child lives or has run from family.

- Legal Guardian / DCS will sign all necessary document to treat child victim.
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 therapy and a Child and Family Team.

- If the child is a DCS child they will be assigned a DCS stabilization team.
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
CM – Case Study

- Contacted by Phoenix HEAT during a buyer sting.
- Self identified as an adult (No ID or fingerprints to prove otherwise).
- Provided services (AWOL).
- Arrested by Phoenix HEAT 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.
- 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.
- GED
- Internship
- New Triggers
AH – Case Study

- Contacted by Phoenix HEAT
- Meeting held with parent
- Sent home with mother – ran
- Picked up by Phoenix HEAT 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 HEAT 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 Heat 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 162 victims as part of this process –
  - In placement – 153
  - AWOL – 7
  - OSCA – 70
  - DCS Guardian – 115
  - BHIF – 50
  - BHRF – 5
  - HCTC – 3
Resources
Project STARFISH

Website:
projectstarfish.education

Sex trafficking awareness for individual strength and hope (starfish)

**CLASS AND SCHOOLWIDE ACTIVITIES**
To educate students and increase awareness on the issue of sex trafficking

**CLASSROOM LESSON PLANS**
Lesson plans on sex trafficking for various school subjects, with classroom activities

**TRAINING/RESOURCES FOR EDUCATORS**
Sex trafficking 101 training, brochures, and certification

**CASE STUDIES**
Real life scenarios of student sex trafficking cases
- Bikers Against Child Abuse, Inc. (B.A.C.A.) exists with the intent to create a safer environment for abused children. We exist as a body of Bikers to empower children to not feel afraid of the world in which they live. We stand ready to lend support to our wounded friends by involving them with an established, united organization.

- We work in conjunction with local and state officials who are already in place to protect children. We desire to send a clear message to all involved with the abused child that this child is part of our organization, and that we are prepared to lend our physical and emotional support to them by affiliation, and our physical presence.

- We stand at the ready to shield these children from further abuse. We do not condone the use of violence or physical force in any manner, however, if circumstances arise such that we are the only obstacle preventing a child from further abuse, we stand ready to be that obstacle.
Questions??

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