



# Mercy Maricopa Integrated Care

BH Service Delivery to Children in Foster Care

August 7, 2017

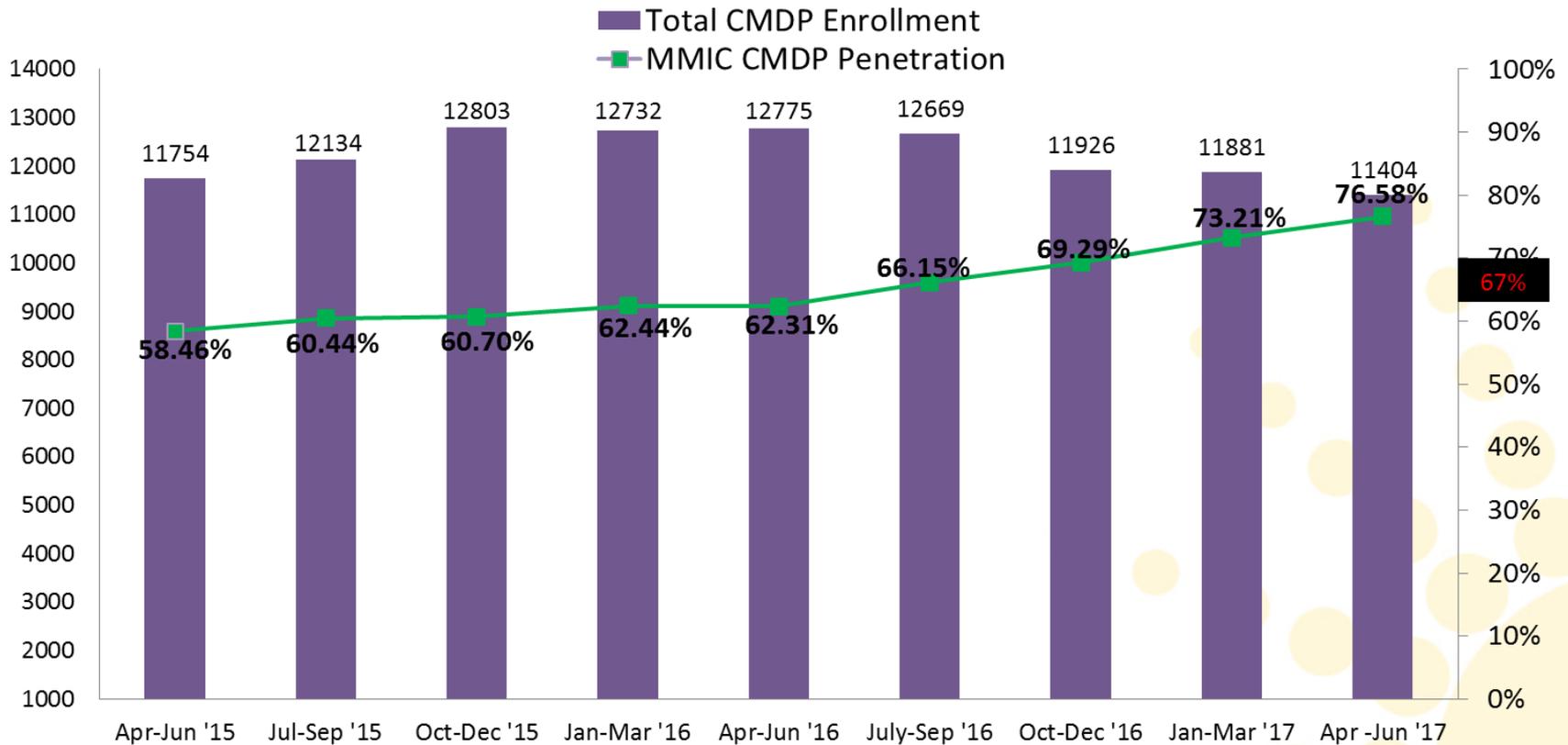


# Summary of Measures

Quarterly trend data for 4/1/2016 - 3/30/2017

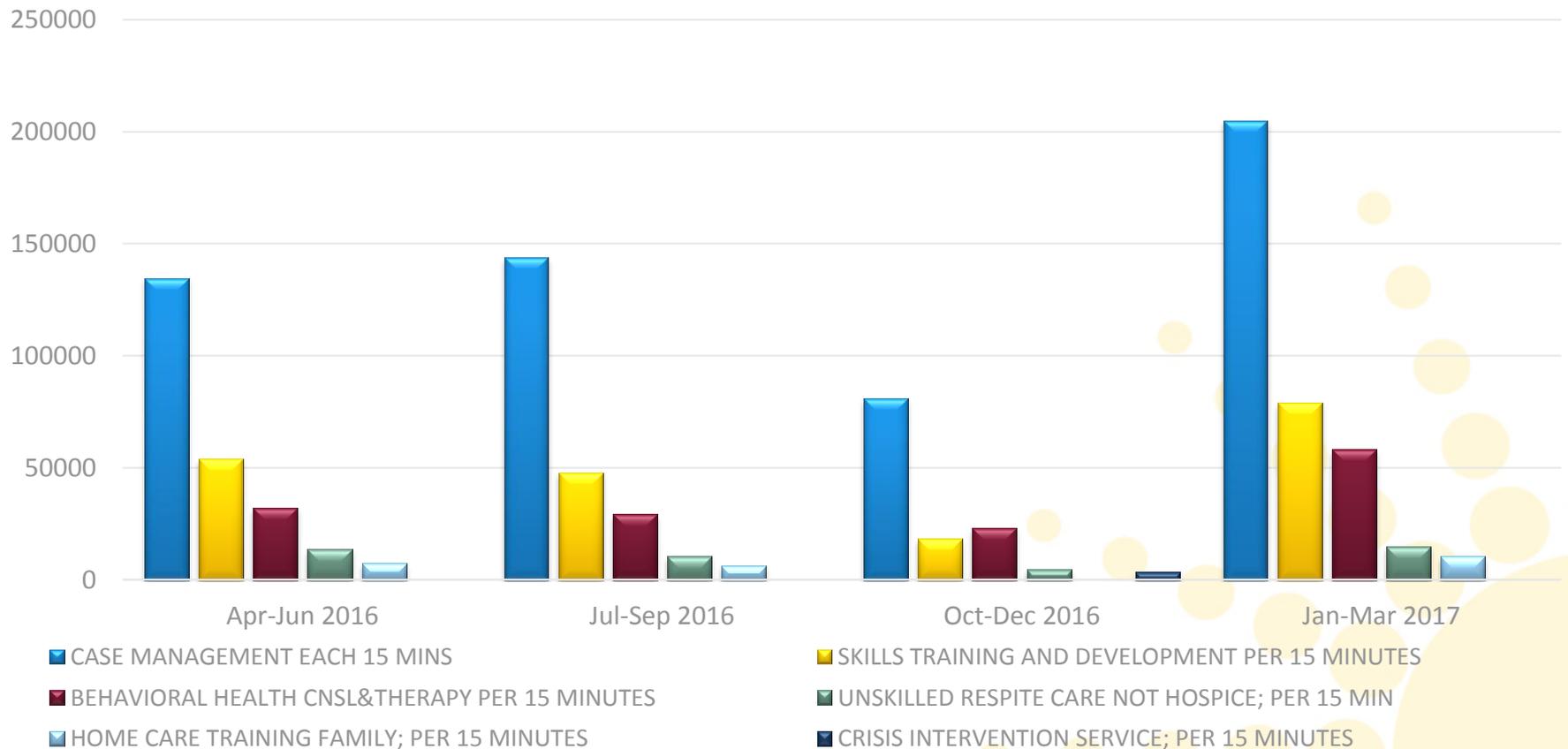
- Penetration Rate
- Top 5 Utilized Services by units
- Crisis Services Utilization – 2 hour response (performance vs contract requirement)
- Rapid Response – 72 hour response (performance vs contract requirement)
- HCTC Utilization - # of foster children, average LOS
- Respite Utilization
- Reunification Services

# Trended Quarterly CMDP Penetration Rate



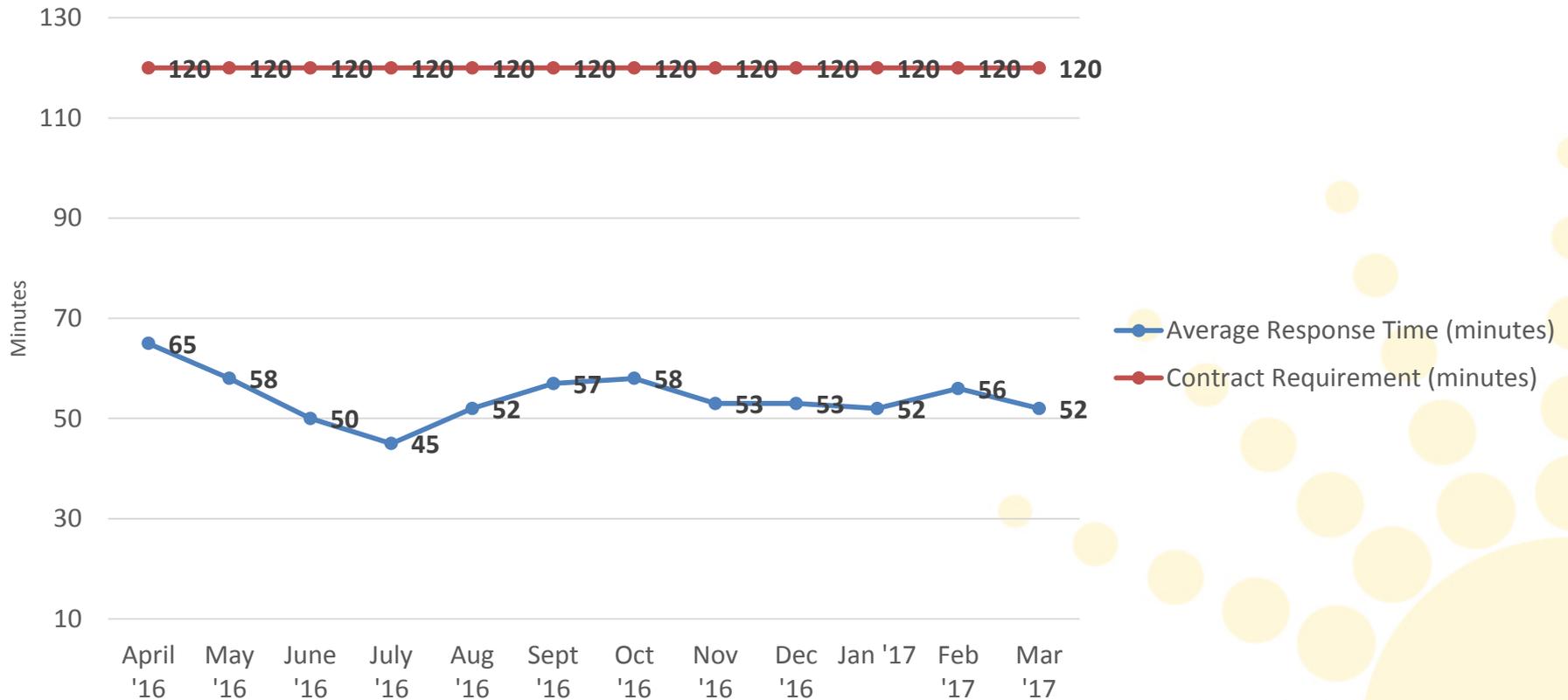
67%

# CMDP Top 5 Service Utilization



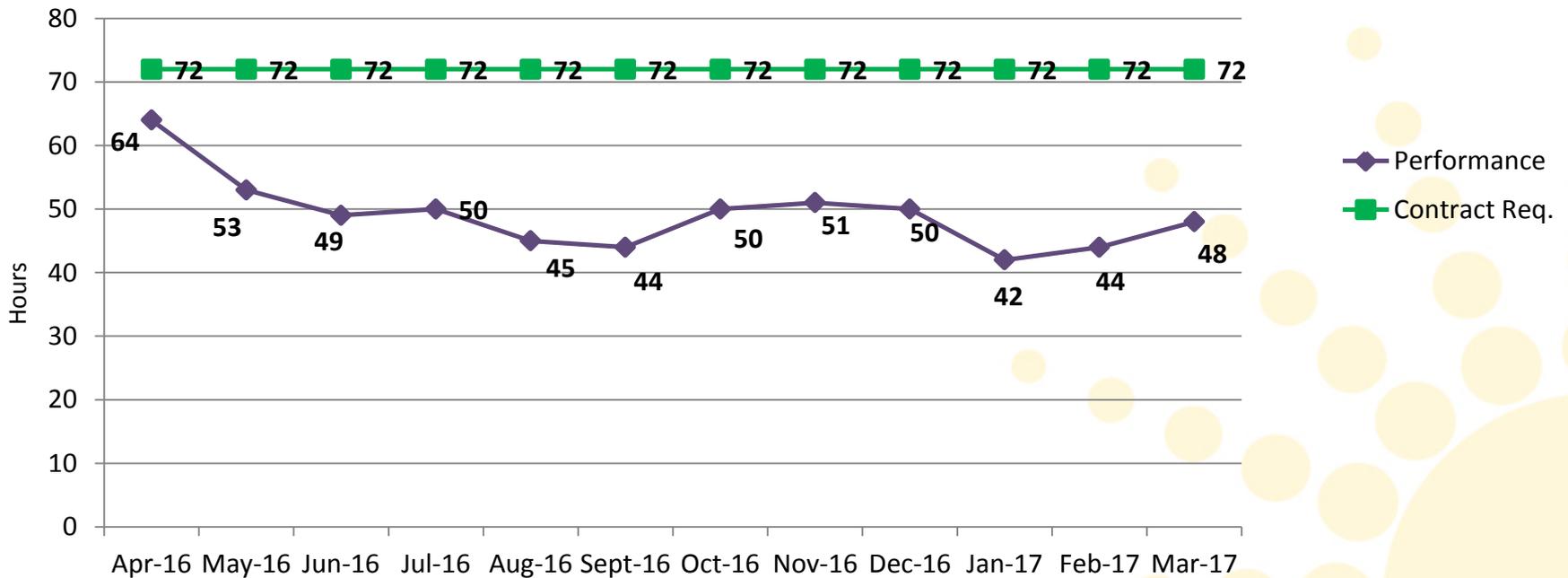
# Crisis Services

## Crisis Mobile Teams Average Response Time in Minutes



# Rapid Response

## Average Rapid Response Time



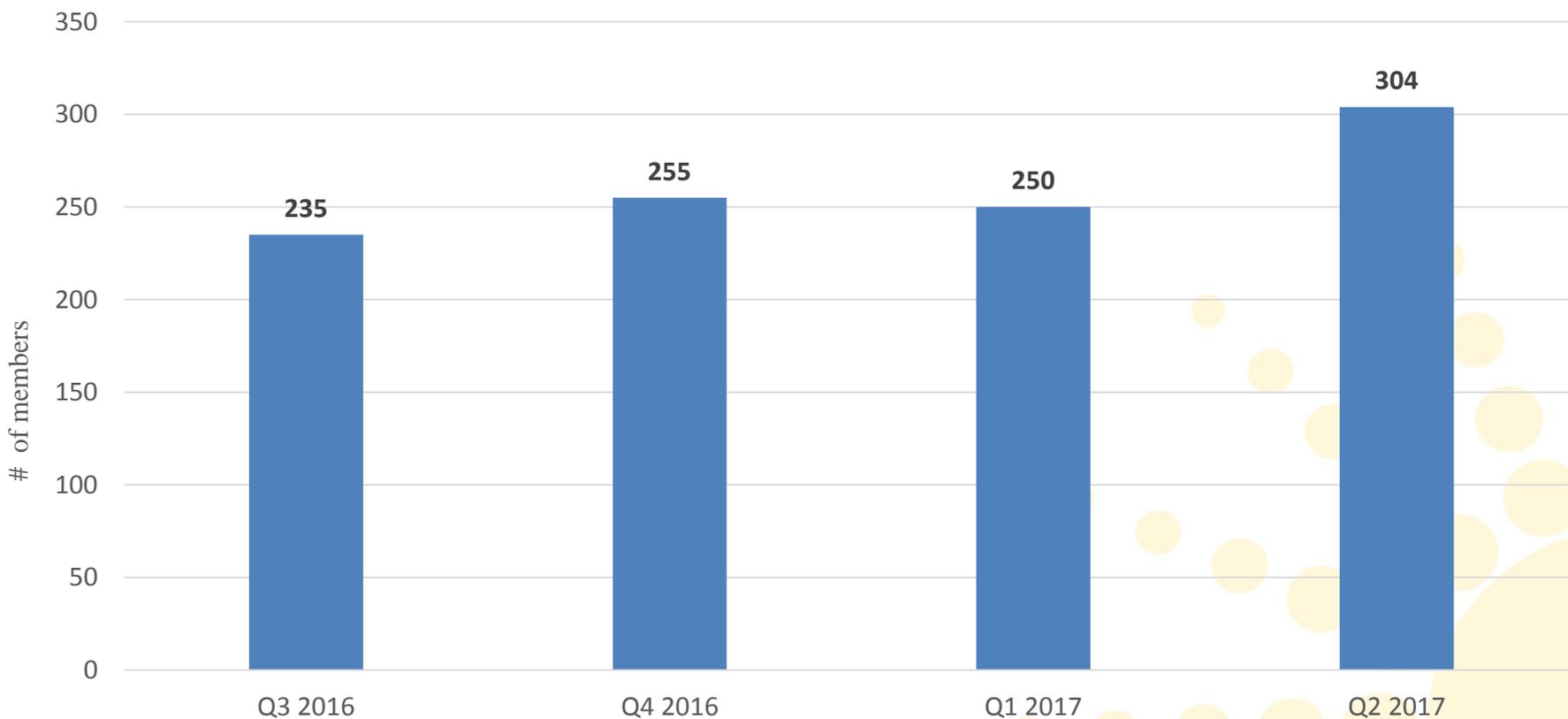
# HCTC Utilization

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- There were a total of 94 Foster Children in an HCTC level of care from April 2016 to March 2017.
- The average length of stay for Foster Children discharging from HCTC between April 2016 to March 2017 was 143 days.

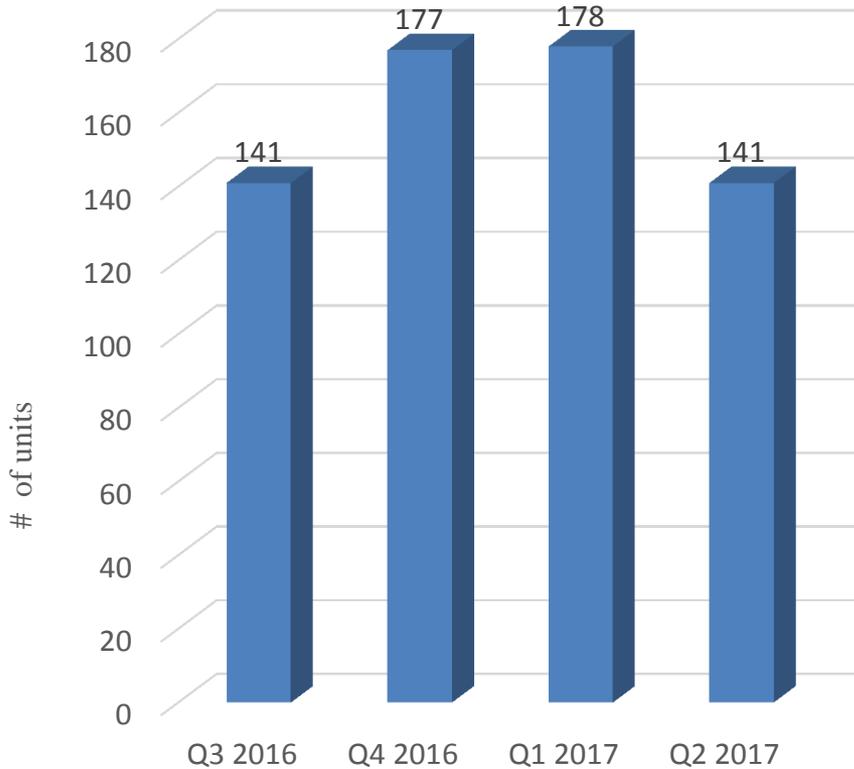
# Respite Utilization

Foster Care Respite Utilization

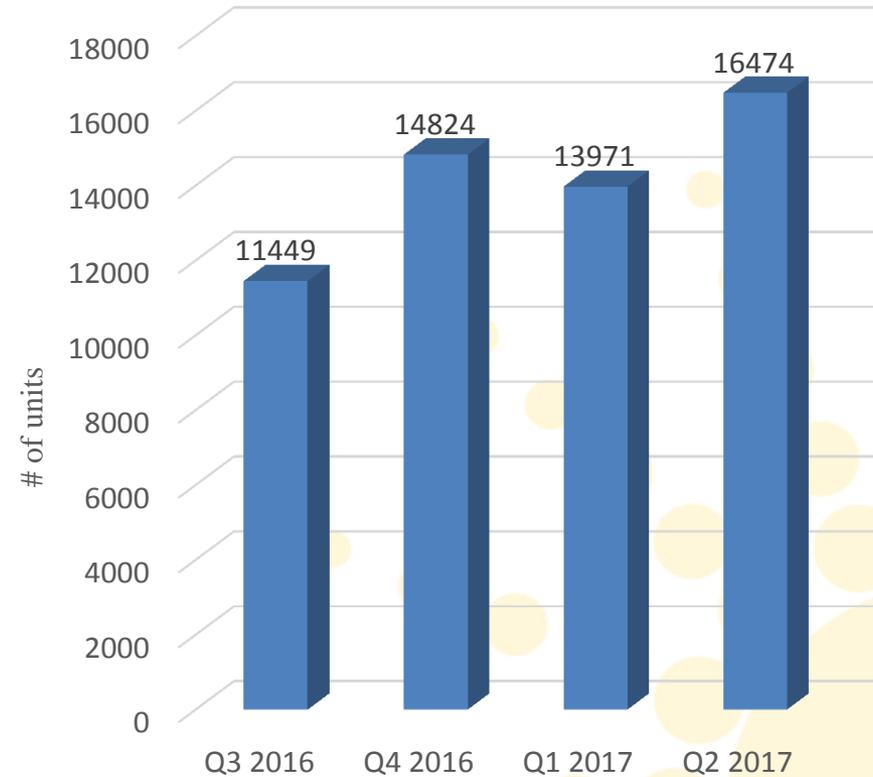


# Respite Utilization

Unskilled Respite Care; > 12 hours



Unskilled Respite Care; per 15 minutes



# Reunification Services

- Outreach and engagement of the biological family often begins with Rapid Response
  - With guardian's permission, rapid response reaches to the biological parents to gather information and assist them in connecting with services
- Mercy Maricopa collaborated with co-located providers at three "DCS Model Offices" to implement the CMDP Project targeted to engage the biological parents of the youth taken into DCS custody. The Projects includes parent mentors and/or family support partners to engage parents more effectively and has an extended family-focused assessment and planning process.
- We often see families turn to the Family Run Organizations for support. Mercy Maricopa is implementing the "No Wrong Door" initiative which will allow Family Run Organizations to complete a specialty assessment and implement services immediately
- Development of the Family Center of Excellence
  - A center that can address the physical health and behavioral health needs of youth in the Maryville area with the goal to decrease time youth are in DCS custody or prevent DCS removals.

# Network Development

Mercy Maricopa has expanded services for youth in the following areas:

- Continues to extend contracts with Out of County Providers for outpatient services for DCS Youth who are placed outside of Mercy Maricopa areas
- In the process of increasing residential and outpatient services for youth with sexually maladaptive behaviors
- Developing two Autism Spectrum Disorder Center for Excellence
  - The Centers of Excellence are designed to diagnose and treat individuals with Autism Spectrum Disorder or those at risk. One of the centers will be an integrated clinics so it will have the ability to address the physical health and behavioral needs of youth on the autism spectrum or at risk
- Developing a Family Center of Excellence
  - A center that can address the physical health and behavioral health needs of youth in the Maryville area with the goal to decrease time youth are in DCS custody or prevent DCS removals.
- Expanded specialty programs targeted to serve LGBTQ Youth

# Network Development

- Mercy Maricopa continues to have providers co-located at the DCS Offices under the CMDP Model
  - The Projects outlines a comprehensive behavioral health program model that meets the needs of the children, youth, families and caregivers that are involved in the child welfare system and enrolled in CMDP.
- Mercy Maricopa continues to require all CMDP youth to receive services for one year with a minimum of a monthly contact.
- Mercy Maricopa facilitates ongoing meetings with Providers and DCS Staff involved in the Family Engagement Model to identify solutions to barriers in the process and establish measurable outcomes.
- Mercy Maricopa is collaborating with the local police departments and the Department of Child Safety to establish a process to connect youth who have been identified as sex trafficked with specialized residential and outpatient behavioral health services.

# Stakeholder Engagement

- Regular Collaborative Meetings
  - DCS/CMDP Executive/Administrative/Regional
  - CMDP CCR
  - High Cost High Needs
  - DCS sites: Co-location Collaboration Meeting
  - Family Engagement Meeting
- DCS Stakeholder Meetings
  - DCS IV-E Waiver and improvement initiatives
- Workgroups
  - Foster, Adoptive and Kinship Oversight
  - Transition Age Youth Meeting
  - Juvenile Justice Workgroup
  - Safe Reduction Workgroup
  - ASD Workgroup
  - Fostering Sustainable Connections – Statewide Implementation Team Meeting

# Training

Navigating Behavioral Health Services Foster Care Forums	Date	Total Trained
Family Foster Forum	April-June 2016	65
Family Foster Forum	July-September 2016	49
Family Foster Forum	October –December 2016	190
Family Foster Forum	January-March 2017	65

# Training

Foster-Adoptive Trauma Informed Care Training Series	Date	Total Trained
Foster and Kinship Trauma Informed Care	April-June 2016	47
Birth to Five: FIC Strategies and Techniques- FIC	July-September 2016	118
Overview of Trauma Strategies and Techniques Birth to Five	October –December 2016	45
Trauma-Informed Care for Children Involved with DCS Positive Behavioral Interventions and Supports Trauma-Informed Care: Birth-to- Five Children with Autism Concerns-Interventions	January-March 2017	104

# Training

Training for DCS Group Homes and Foster Care Licensing	Date	Total Trained
<ul style="list-style-type: none"> <li>Calming Children In Crisis</li> <li>Overview of Substances</li> <li>Trauma Informed Care</li> <li>Self-Awareness</li> <li>Understanding Attachment and Trauma</li> <li>PBS Principles- Foothills Aquatics</li> <li>Psychopharmacology – FIC</li> <li>Communicable Diseases</li> </ul>	April-June 2016	176
<ul style="list-style-type: none"> <li>Communicable Diseases</li> <li>Attachment</li> <li>Laws, Ethics and Standards</li> <li>Psychopharmacology</li> <li>Side Effects of Medication</li> </ul>	July-September 2016	71
<ul style="list-style-type: none"> <li>Calming Children in Crisis</li> <li>Trauma Informed Care</li> <li>Working with DCS Involved Children</li> <li>Strengths, Needs, Cultural Discovery</li> <li>Positive Behavior Support</li> <li>Residential Youth Care Worker</li> <li>Psychopharmacology for Group Home Workers</li> <li>Overview of Communicable Diseases in Children</li> </ul>	October – December 2016	158
<ul style="list-style-type: none"> <li>Psychopharmacology for Group Home Workers</li> <li>Residential Youth Worker</li> <li>Sex Trafficking</li> <li>Substance Use Concerns for Group Home Workers</li> <li>Trauma-Informed Care: Working with Children Involved with DCS</li> <li>Cultural Competency 101</li> <li>Mandated Reporting</li> <li>Understanding the Unique Behavioral Health Needs of Children and Families Involved with Department of Child Safety</li> <li>Standards of Care, Ethics for DCS-Licensed Group Home Workers</li> </ul>	January-March 2017	143

# Domestic Child Victim Sex Trafficking Treatment and Intervention Initiative

- Collaboration with Phoenix Police Department Vice Squad and DCS/CMDP and Mercy Maricopa to provide identification, assessment, intervention and treatment to DCS identified child victims of Domestic Sex Trafficking
- Provide 23 hour specialized evaluation upon identification of Child Victim by Phoenix Police Department Vice Squad, through partnering with St. Luke's Observation Services Children and Adolescence Unit
- Specialized Assessment to identify immediate needs and on-going treatment recommendations for the child
- Treatment and Intervention for the child victim can include but is not limited to:
  - Inpatient Hospitalization
  - Behavioral Health Inpatient Facility
  - Community placement with wrap services specific to serve this population
  - Trauma Therapy
  - Sex Trafficking Awareness and Recovery Group (STAR) and counseling