

DCS Placement Administration



Placement Request Types

Emergency Placement

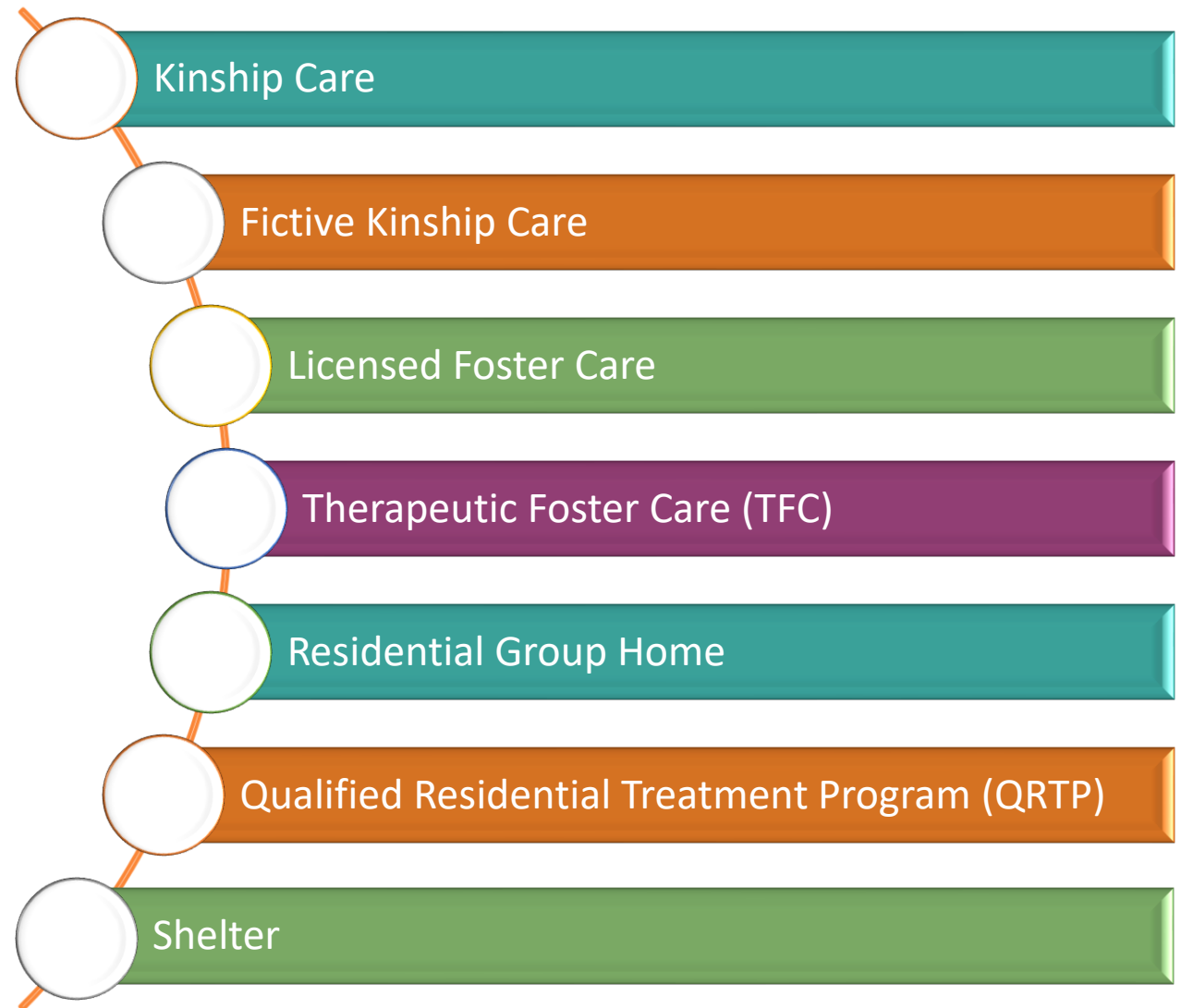
- A placement request that is needed within **7 days**
- All hospital discharges
 - Once discharge date is known, regardless of the number of days
- Detention released

Non-Emergency Placement

- A placement request that is needed **8-30 days** in the future, or does not have a deadline
- Licensed placement disruptions
- Higher level of care step-downs
- Juvenile corrections release

DCS Hierarchy of Placement

Culture of Kin First



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What evaluation determines where they should reside?

Placement Administration becomes involved when a child cannot safely remain with their parents or legal guardians.

- The assigned Specialist or OCWI Investigator then submits a Service Request
 - This allows Placement Administration to gather information about the child's needs and restrictions to locate the most appropriate caregiver.

Information the Placement Center considers includes:

Child's probation requirements

Detention release orders

Required services

Recommendations from the child's team
(DCSS, JPO, CASA, HNCM, etc.)

Cohort Determination

SEXUALLY MALADAPTIVE BEHAVIOR (**SMB**) is utilized for a child with significant sexual behavior concerns who requires a more restrictive environment and a higher degree of structure and supervision.

This is provided when the child is:

- On probation for a sexual offense
- Pending charges for a sexual offense
- In/referred for targeted treatment to address sexually maladaptive behaviors (i.e., The Resolution Group, U-Turn)

A DCS safety plan that restricts the age of children with whom the child can be placed

Placement Selection

Once information is gathered, Placement Administration contacts SMB group home providers to determine the most appropriate living arrangement

Placement Administration considers many factors, including, but not limited to:

- Current demographics of the home
- Location
- Services needed

Placement Administration then secures a bed for the youth at the most appropriate available home.

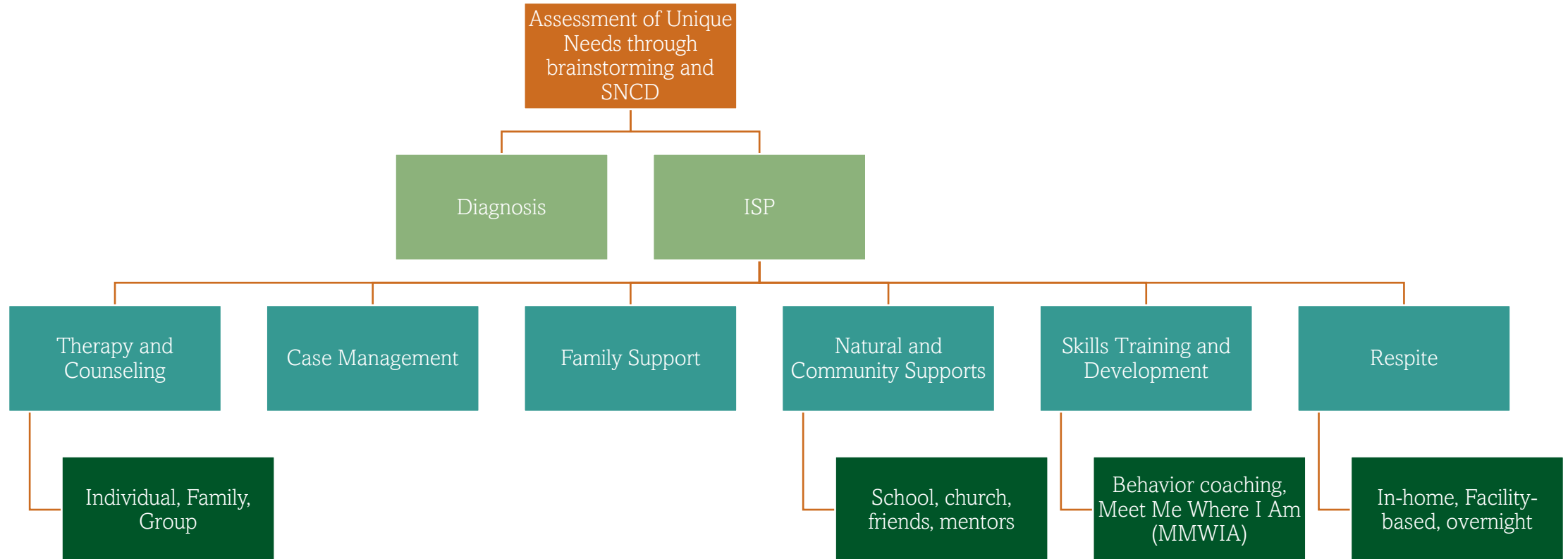
The Child and Family Team (CFT)

- Guided by the 12 Principles
- Based on the wraparound model (community-based, less restrictive)
- Driven by family needs and preferences
- Involves key decision-makers (including DCS)
- Coordinates natural and community supports that meet behavioral and physical health needs

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Accessing Services:

Guided by the Child and Family Team Process



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Children's Behavioral Health Provider Network

Behavioral Health Home (BHH)

- Intake and assessment
- Case management
- Therapy
 - Individual
 - Group
 - Family
- Psychiatric services and/or medication management
- Coordination of care

Direct Support and Specialty Providers

- Intensive outpatient
- Intensive support and rehabilitation services
- Respite
- Specialty evaluations, populations, therapies
 - Autism spectrum services
 - Eating disorders
 - Sexual Maladaptive Behaviors
 - Substance use
 - Birth to Five
 - Transition Age Youth (TAY)

Behavioral Health Residential

- Therapeutic foster care
- Behavioral health residential
- Behavioral health inpatient
- Inpatient acute

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Evaluations for Children with Potential Sexually Maladaptive Behaviors

Psychosexual Evaluation

- Focus is on paraphilic disorders and sexual offending risk (contact or noncontact).
- Most useful to determine sexual interest, paraphilias, or attitudes that reflect sexual offending (cognitive distortions).
- Provider: Levitan & Associates

Comprehensive Psychological Evaluation

- Focus is on impulse control rather than sexual offending unless there is evidence of a more significant offense.
- Providers: Corazon Psychological Services, David McGady, and Levitan & Associates

Continue 

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Evaluations for Children with Potential Sexually Maladaptive Behaviors Continued..

Neurodevelopmental Evaluation

- Most useful for concerns about developmental milestone delays or issues related to social skills and/or boundary deficit
- Providers: Corazon Psychological Services, David McGady, Levitan & Associates, Banner Children's Specialist, and Psychological Pathways

Specialty Outpatient Treatment Services: Addressing Sexually Maladaptive Behaviors

- **Outpatient treatment services** inclusive of group, individual, family therapy and intensive wraparound programming:
 - AZ Center for Change
 - Grossman & Grossman
 - Mohave Mental Health
 - The Resolution Group
 - The U Turn Foundation
 - Casa De Los Ninos

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Specialty Outpatient Treatment Services for **Sexually Reactive Youth**

- **Outpatient treatment services** includes group, individual and family therapy:
 - Encourage Empowerment
 - Grossman & Grossman
 - Casa De Los Ninos
 - The Resolution Group (includes a program specific to children with autism or intellectually disabled)

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Higher Level of Care Treatment Requests

Mercy Care DCS CHP requires prior authorization and concurrent review on all levels of care:



Outpatient behavioral health clinical teams are required to submit the Children and Adolescents, BHIF, BHRF, & Therapeutic Foster Care form with all required attachments and receive approval prior to any referral to an Out of Home provider.

Therapeutic Foster Care (TFC)

- **Therapeutic Foster Care (TFC)** provides behavioral health support in a licensed foster home to help individuals follow their service plan and remain in a community setting instead of residential or institutional care. Services may include skill-building, psychosocial rehabilitation, transportation, and support with treatment and discharge planning.
- TFC may be supplemented with outpatient behavioral health services as needed, with the Child and Family Team (CFT) ensuring appropriate supports are in place. Family matching is part of the placement process.

Behavioral Health Residential Facilities (BHRF)

- **Residential services** are provided by a licensed behavioral health agency. These agencies provide a structured treatment setting with 24-hour supervision and other therapeutic activities by a BHT for persons who do not require on-site medical services, under the supervision of an on-site or on-call behavioral health professional for counseling weekly. These facilities are unlocked and are only able to use brief safety response holds and are unable to restrain.
- May manifest psychiatric disturbance, the child can participate in age-appropriate community-based activities (e.g., off-grounds public school) with assistance, and
- Within the past 3 months has significant risk of harm to self or others or disturbance of mood, thought, or behavior which renders the child incapable of developmentally appropriate self-care or self-regulation.
- May manifest episodes of unmanageable behavior, they are not severe enough to exclude the child from participating within the existing program structure.

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Behavioral Health Inpatient Facilities (BHIF)/Level 1 Residential

Behavioral Health Inpatient treatment (also known as RTC), are the highest level of care after Inpatient. Member requires 24-hour nursing and access to Psychiatrist or Nurse Practitioner.

General Definition:

Inpatient psychiatric treatment, which includes an integrated residential program provided to persons who are under 18 years of age and have severe or acute behavioral health symptoms. They provide 24-hour nursing on site and 24-hour access to a Psychiatrist or Nurse Practitioner. Youth are seen by the BHMP within 7 days of admission and then monthly unless higher frequency is indicated. Currently there are 3 treatment types of BHIF's General Mental Health, Sexually Maladaptive Behavior (SMB) and Eating Disorder.

- In addition to the high degree of psychiatric care, a child or adolescent demonstrate the need for 24 – hour supervision in order to manage psychiatric disturbances, require the presence of severe and long-standing psychiatric deficits that significantly impact day to day functioning.

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Out of Home Treatment Settings

Additional considerations:

- Past treatment response, including prior out of home treatment, is considered.
- Not approved as an alternative to incarceration or to prevent runaway behavior.
- Step-down services are not required for transition home.

Planning & Timing:

- Admissions are not emergent or urgent.
- An interim plan with immediate supports must be in place.

Service Needs:

- Services may need to be increased, such as:
 - More frequent psychiatric support
 - Respite (In-home or Out-of-home)
 - Direct service providers
 - After-school, informal community programs, and partial programs

Residential Treatment Providers

Behavioral Health Inpatient Facility (BHIF)

- Casa Grande Academy
- Youth Development Institute (YDI)

Behavioral Health Residential Facility (BHRF)

- Back to Life
- Progressive Health Alliance
- U-Turn Foundation
- Youth Development Institute (YDI)

Thank you for your participation

