**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Milwaukee Child Protective Services

**DMCPS Out-of-State Higher Level of Care Staffing Form**

This document is to be used for Out-of-State (OOS) Group Home or Residential Care Center placement staffing meetings with the Division of Milwaukee Child Protective Services.

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| **Youth/Family Information** | | | | | | |
| Name – Youth | | | Age – Youth | | | Birthdate – Youth |
| Current Court Order Type  CHIPS  CHIPS/JIPS  TPC | | CHIPS Court Order Expiration Date | | If applicable, JIPS Order Expiration Date        N/A | | |
| **Placement Information** | | | | | | |
| Name of Placement Facility/Unit | | Date of Placement | Current length of placement as of: | | | |
| Previous OOS Placement Facility/Unit  N/A (not OOS)\_ | | | Previous Placement Dates, if applicable:        - | | | |
| **Case Management Information** | | | | | | |
| Name – Ongoing Case Manager | Name – Ongoing Supervisor | | | | Case Management Agency  CHWCS  SaintA | |
| **Information Included** | | | | | | |
| *Check the boxes of information that are included.*  Most recent Psychological Evaluation  Completed on:       By:  Most recent Care Plan from RCC  Care Plan Date:  Other:  Other: | | | | | | |
| **History** | | | | | | |
| *Describe the youth’s removal history, placement history, trauma history, etc. below.*  **Removal Date** (*most recent episode)*:  **Removal Reason(s)** (*Select all that apply)*  Physical Abuse  Sexual Abuse  Neglect  Medical Neglect  Pro-Se CHIPS (filed by parent/guardian)  Pro-Se CHIPS (filed by child/youth)  Other: *Describe:*  Child has previous episode in out-of-home care. *Describe (i.e. failed reunification, failed adoption, etc.):*  Briefly describe the type(s) of placements this youth has had prior to placement in this facility *(i.e. child was placed in 7 general foster homes, 3 TFC homes and 1 group home. All prior placements asked for the child’s removal due to his aggressive behaviors…)*    Describe below the trauma history of the child/youth, including any trauma related to placement disruptions or other events that the child/youth would consider traumatic (*i.e. community violence, loss of a parent, etc.*).    **Adverse Childhood Experiences (ACEs)**  Has the child/youth ever:  Lived with a parent or guardian who got divorced or separated  Lived with a parent or guardian who died  Lived with a parent or guardian who served time in jail or prison  Lived with anyone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks  Lived with anyone who had a problem with alcohol or drugs  Witnessed a parent, guardian, or other adult in the household behaving violently toward another (e.g. slapping, hitting, kicking, punching, or beating each other up)  Was ever the victim of violence or witnessed any violence in his or her neighborhood  Experienced economic hardship “somewhat often” or “very often” (i.e., the family found it hard to cover costs of food and housing)  Other. Describe: | | | | | | |
| **Presenting Issues** | | | | | | |
| *Describe the child/youth’s presenting issues that led to placement in a Residential level of care, including both in-state denials and out-of-state options.*  **Child has/displays:**  High medical needs  HX of fire starting  JIPs Order/Behaviors  Mental health not managed  Physical aggression  Property destruction  Sex offender  Sex trafficking  Autism Diagnosis  Sexualized Behaviors  Describe:  **Reasons for In-State RCC denials**:  Age Restriction  Autism diagnosis  Can't meet treatment needs  Criminal Behaviors  Full  Highly Acute Behaviors  History of sex trafficking  Intensity & Frequency of Aggression  IQ too low  Lack of a peer group in the facility  Child/Youth needs own bedroom and facility can’t accommodate  Child/Youth has made no behavior change since last denial  No response from facility  Not enough staff to support child  Not good fit with current pop  Other youth in placement problem  Physical aggression towards peers  Physical aggression towards staff  Self-Harming Behaviors  Serious Mental Health Needs  Sexualized Behaviors  Facility believes the child/youth has too high of needs  Too many kids currently in facility with similar needs  Other: | | | | | | |
| **(Potential) Barriers to Return to Wisconsin** | | | | | | |
| *Describe and choose from the section below the current or potential barriers to placement in Wisconsin for this child/youth.*  **Placement:**  Child continues to need RCC-level placement  Describe:  Child needs GH-level placement  Describe:  Child needs family home type-placement  Describe:  **Services:**  Child needs 24/7 supervision  Describe:  Child needs extremely structured environment  Describe:  Child needs the following services  Describe:    **Other:**  Describe: | | | | | | |
| **Discharge Planning and Summary** | | | | | | |
| *Describe the child’s current discharge plan from the RCC below:*  **Child will discharge to:**  Parent(s)/Guardian(s)’ Home  Safety Plan needed *Describe:*  Risk Management Plan needed *Describe:*  Services in-home needed *Describe:*  Foster Home Setting  Professional foster home needed *Describe:*  Risk Management Plan needed *Describe:*  Treatment-level foster home needed *Describe:*  Group Home Setting  Risk Management Plan needed *Describe:*  Residential Care Center  Risk Management Plan needed *Describe:*  Other  *Describe:*  Describe planning that has already been done: | | | | | | |