**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 EvaluationCompleted on:       By:      [ ]  Most recent Care Plan from RCCCare 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 BehaviorsDescribe:      **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 placementDescribe:      [ ]  Child needs GH-level placementDescribe:      [ ]  Child needs family home type-placementDescribe:      **Services:** [ ]  Child needs 24/7 supervisionDescribe:      [ ]  Child needs extremely structured environmentDescribe:      [ ]  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:       |