

Attachment#1: STORIES SUPPORTING THE NEED FOR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES (PRTFs) IN WISCONSIN

The stories below come from counties and others connected to the child welfare system throughout Wisconsin who have had the unfortunate experience of placing a child out of state for care and treatment. Some of the child specific information has been altered to protect the identities of the children and families served by these agencies. The stories can be difficult to read; however, they speak to the real-life implications for all involved and affirm the need for a Psychiatric Residential Treatment Facility in our state. ~Respectfully Submitted by the Wisconsin County Human Services Association (WCHSA) and the Wisconsin Association of Family and Children's Agencies (WAFCA).

Burnett County Department of Health and Human Services (BCDHHS)

Story Background

There is a substantial need for residential treatment centers for youth with complex behavioral health needs. In Western Wisconsin this is often a topic discussed in regional county level meetings. Specifically the limited resources regarding consistent treatment and placements that understand complex needs.

In Burnett County, the Children and Family Unit (CFU) is providing ongoing case management services for a large sibling group that has four youth remaining in out of home care. The four children were removed from their family home for the second time in 2018, due to substantial neglect and sexual abuse. These four youth have additional siblings that reached permanency through Guardianship, Adoption, etc. However, these four youth are the children that were repeatedly sexually abused, two of them were likely sex trafficked.

These four-youth range between the ages thirteen to seventeen years of age. Between these four youth, they have been placed in approximately thirty-five, plus, of out of home care placements. The eldest youth, that is seventeen years of age, is currently placed in an unlicensed out of home placement, after services were terminated by Lad Lake. This seventeen-year-old youth has been placed in approximately 26 different group home/residential care settings, including but not limited to Winnebago, Gundersen Lutheran Hospital, Northwest Regional Detention Center, Lincoln Hills, Copper Lakes, Positive Alternative, etc. Additionally, Burnett County has had to fund out-of-state placements. Each of these placements, depending on the system of care, has either terminated services for this youth and/or were only able to provide short-term placement for stabilization. Additionally, it was anticipated that the second eldest youth, who is fifteen years of age, was to be adopted as a permanency plan. However, this youth is placed at Northwest Passages due to complex behaviors that the pre-adoptive parents were unable to sustain.

The two older youth, struggle daily, sometimes multiple times a day, with self-harm. There is a gap in services for youth with complex mental health needs like self-harm. Self-Harm is not viewed as "suicidal ideation" or "suicidal tendencies," but a manner in which children with trauma utilize coping skills, despite being unhealthy.

Child's Experience

In the State of Wisconsin, group homes/residential care centers do not appear to have consistent treatment services for this type of youth. In the past year, the ongoing case worker contacted over 135 high level placement providers (Group Home/Residential Care Center) for the eldest youth. This include placements in California, Illinois, Minnesota, Ohio, etc. Many placement providers reported an extensive wait list, or declined placement based on the youth's substantial complex needs.

Many youths struggle with placements that are further than sixty miles from the family of origin. Case Workers spend hours trying to locate placements, completing referrals, and transporting youth to and from multiple placements. Additionally, placements over sixty miles creates transportation barriers. Many youths do not have weekly contact with family and friends, fall behind academically, etc.

Parent's Experience

The biological parents were not involved in ongoing treatment. It is fair to include, that the biological father of these youth remains incarcerated, and the biological mother was unable to utilize community services to gain an understanding of how trauma has a negative impact on children.

Impact on Case Worker

Due to the intensity and needs of these youth, multiple case workers have been assigned to team. The current worker has described feelings of sadness, frustration, anxiousness, fear, guilt, etc. Often, case workers that manage cases with youth that have complex behaviors are exhausted and more likely to experience secondary trauma and eventually leads to turnover. This impacts the case worker and the County agencies fiscal budgets due to a need to train a new case worker. It is difficult for case workers to perform self-care when there is a youth that does not have a placement provider.

Chippewa County

Story Background

- a. A youth had multiple foster homes, group homes and residential placements within WI from a young age due to neglect type circumstances. Unfortunately, as the youth got older, the youth became physically aggressive towards others, and engaged in criminal damage to properties, that put the youth and others in danger. This led to no placements willing to accept the youth in WI due to the physical aggression and flight risk.
- b. A teenage youth was informally staying with friends and/or relatives for a number of years as the youth was not able to return to their parental homes. This youth was at risk for exploitation, was a flight risk, and engaged in physical assaultive behaviors that became a risk to themselves and others. There was opportunity for this youth to be in a least restrictive care, however, behaviors made it unsafe to continue. Placements within WI were sought for assessment and after that, we were unable to find a long-term placement option in WI.
- c. A pre/teen-teenage youth needed a higher level of care for more structure and daily treatment services to build skills and better understand how to manage behaviors and all odds against due to a number of diagnoses. Due to the behavioral concerns (physical aggression, threats, sexualized behaviors, and poor boundaries), no placements would accept this youth in WI.

Child's Experience

- a. This youth saw it as an opportunity since they did not have many opportunities available to them growing up. They did not appear to have any concerns with being out of state. It made it difficult for the County to maintain the same level of face-to-face contact given the distance and this youth was used to have more direct contact. It impacts the county as well for time, \$, and being able to case manage affectively if communication wasn't consistent from the placement provider.
- b. This youth had no other choice and was open to the experience, given the family dynamic was not the greatest. This youth wanted the placing county to visit often and what appeared to end up as becoming a parental role.
- c. This youth was nervous to go as never been away this far from the parental home. With the out of state placement distance meant no face-to-face interactions and therapy between the youth and parents, only virtual. This can hinder resources in working towards getting the youth back home.

Parent's Experience

- a. N/A
- b. The distance was too far to be able to visit or conduct any treatment services in person. It had a financial impact on the parents.
- c. The distance was too far to be able to visit or conduct any treatment services in person. It had a financial impact on the parents among other personal matters that prevented parents from traveling.

Impact on Case Worker

5. ALL cases: A lot of time and energy goes into seeking placements whether in state or out of state. We as workers know the impact it has on the youth and families when the youth have to be placement out of state, and even within state if it is a far distance from their residence. This impacts case management and working towards eliminating the concerns that prompted an out of home care placement. Often times, it seems like it is all on the youth to change their ways and the parents don't have to change at all. We all know if the environment doesn't change, but the youth may, and then ends up going back into that environment can have a negative impact on the youth. For case workers, we do our job to the best of our abilities and though when out of state, face to face timelines is extended, we know best practice is to see the youth on a regular basis. This takes a lot of work time and even personal (family) time away when needing to travel thousands of miles away. Granted with the virtual world being more acceptable, it has helped, but prior to that it was balancing caseloads and schedules to make sure we are meeting statute and ongoing standards. Fortunately, our county supports travel and best practices, but it has a financial impact. There have been experiences where out of state placements have great communication and where other do not, so it can make it hard for check-ins and making sure the youth we have placed is okay.... liability issues come into play.

Additional Information

6. ALL cases: There are also factors on whether or not out of state placements work with matters that could be referred to law enforcement but handle them inhouse or they call law enforcement, and the youth now has a charge out of state. This brings in ICJ and other all legal hoops to jump through. When seeking placements in WI, most of the time the reason they are denied is "they are not a good fit for their programming or the current makeup of residents," "or due to the physical aggression and non-compliance we will not be able to meet their needs," "due to staffing, we cannot accept youth at this time," and responses from other states when seeking out of state placements, but denied, they always recommend a PRTE, which WI doesn't have. It affects youths' SSI and insurances as well. Sometimes the county has to pay for medications, etc. that would otherwise be covered under insurance if placed in WI. When a youth transitions back to WI, typically the recommendations include continuing with medication management and the out of state placement write a RX or sends it to a pharmacy in WI, however, WI pharmacies are unable to fill the RX's since it was not prescribed by a medical provider in WI, which Badgercare requires, ultimately causing a lapse in medications.

Dodge County Human Services and Health Department

Story Background

Youth has a long history of trauma and mental health concerns. Youth was first placed into a guardianship to extended family members before the age of 2. Both parents would be in and out of jail for their entire childhood, largely due to drugs and mental health struggles. Youth was involved in therapy and other intervention services starting at a young age.

Youth became involved with the youth justice system in middle school. There were a number of referrals received for behaviors in the school where the youth was being destructive, hitting/threatening, and inappropriately touching a peer.

These were handled through informal supervision initially with additional services being implemented. However, the youth's behaviors and needs continued to escalate. The youth was placed on a youth justice dispositional order due to ongoing behaviors and referrals while on informal supervision.

Shortly after being placed on a dispositional order, the youth had several incidents where they were taken to a mental health facility on an emergency detention for unsafe behaviors to themselves and others. During one of the stays at the mental health facility, the current guardian expressed that they were no longer able or willing to have the youth return to their home. They feared for the safety of the other children in the home and felt unable to meet the escalating behaviors and mental health needs. The youth was taken into custody through CPS (Ch 48) and a petition was started for a CHIPS order.

The youth was placed in a group home while the situation was evaluated. This was the beginning of a downward spiral for this youth. What was unknown at the time, but now seems clear, is that this youth's needs would make living in congregate care settings especially difficult. However, as they had behaviors and needs that continued to escalate, the youth was accruing new criminal charges and damaging their ability to be accepted into any treatment programs. Their behaviors (threats to self/others/staff, destruction of property, running away, overall insubordination, etc.) led to them getting kicked out or removed from multiple group home sites, until they had to be in secure detention until a placement could be found.

With the youth's behaviors, they were denied admission to all options in the state of Wisconsin. They were sent out of state for 9 months to a residential center. When it was time to return to the state, they were stepped down to a group home within 1 hour of home to allow for the transition process (visits, home passes, additional family therapy). This lasted less than 3 weeks before the youth was back in secure detention for the same behaviors that were previously seen in a group home setting.

The youth was then sent out of state for residential placement again, this time to a new program. The youth struggled in care again, often displaying unsafe behaviors, feeding into peers, running, threats of harm, etc. Despite their best efforts, the residential program was forced to discharge the youth after a significant incident. The youth was again returned to WI and secure detention.

The youth was eventually accepted into a secure residential program in another state, allowing for the concerns over running and safety to be better controlled while the necessary treatment services were implemented. The youth did very well in this environment- one that does not exist in the state of WI.

When the youth discharged successfully from that program, they were stepped down to in-state residential programming. The youth struggled again being in a congregate care setting without the supports that were in place in the previous programming. The youth ended up running from care and was missing from care for months, until they were found and ended up being placed in an independent living arrangement that had not been available previously. Overall, this youth was sent out of state 3x because no appropriate placements were available in the state.

Child's Experience

The youth struggled with being in care, especially when sent out of state. The distance was very hard to navigate, especially with the family.

The youth largely disengaged from their maternal family, who had been the ones involved in their life up until that point. They refused to engage in the needed contacts and family therapy. They often refused all contact. The guardian, while trying to stay involved, was only allowed to get updates from providers as the youth refused all contact. The youth felt betrayed and wronged for not being allowed to return home, especially when it was clear that it was a choice between out-of-state placement or letting them return home.

The youth was able to establish close connections with some paternal family through phone calls. These were relationships that did not really exist previously for them. They had frequent phone calls but refused to have them involved in family therapy.

When placed out of state, the youth only had on-site visitors from human services. Despite efforts to encourage and support family going, the youth refused the contact and the family was not able to afford it. Human services sent a worker to see the youth on-site every 3 months. Luckily, video calls and phone calls were able to occur frequently.

The return home was damaged due to the distance each time. The family was not able to take the necessary steps to transition home straight from the out-of-state residential programs, such as home passes and visits. As a result, there was a necessary step-down in-state to allow for those steps. While a youth in that same residential program in that state may be able to go on home passes during treatment and return home straight from graduation, the out-of-state youth were not able to have the same opportunities.

Parent's Experience

The guardian struggled with the decisions to have the youth sent out-of-state. The agency was very transparent and involved in the family with the placement searches, keeping them apprised of the options during each search for placement. While they wanted the youth to receive the services and care that they needed, it was a struggle to send them out-of-state the first time. Unfortunately, it did become easier with the 2nd and 3rd time being sent out-of-state as the guardian had been through it already and knew the process/reasoning.

Impact on Case Worker

As a worker, it was extremely frustrating to be unable to find the needed services in-state. The worker could explain the entire timeline and how the explosion of behaviors was due to being in an inappropriate level of care for their needs (while at the group home) but at the end of the day, the youth was denied because they have had those behaviors.

Maintaining contact was something the worker had to be very mindful of. The worker was very involved through phone, email, and video. The agency also sent someone to see the youth on-site every 3 months. This did incur costs and time as it involved flights/driving and long days.

Additional Information

Overall, this story is one that shows that the lack of the appropriate services in-state lead to extended time in care and out-of-state placements for 1 youth who was having mental health needs.

Green County Human Services

Story Background

The child I worked with was 16 years old when they were placed out of home and they eventually ended up aging out of foster care at the age of 18 years old. This child was born outside of the United States and adopted as a young child. They experienced significant trauma prior to the adoption and were previously removed from the care of the adoptive family due to abuse/neglect. The incident that resulted with the child being placed out of state was primarily due to safety concerns for the child, in which case they required a locked facility and intensive supervision. This child had mental health concerns and significant suicidal attempts resulting in multiple emergency detentions at Winnebago Mental Health Institute. The child's parents were unable and unwilling to safely supervise this child in the home, which resulted in placement outside of the home. Due to this child's severe suicidal attempts and degree of self-harm, a more restrictive and higher level of care was required. This child had multiple placements at various residential facilities in Wisconsin,

which ultimately resulted in these facilities requesting discharge due to the child's high level of needs and continued suicidal attempts. This also impacted other residential facilities decisions to not accept placement. The only facility in the state of Wisconsin that could ensure for this child's safety was Winnebago Mental Health Institute (WMHI). Winnebago Mental Health Institute is not a long-term placement option for children and there were no other options to ensure for this child's safety than to have them placed out of state in a more secure setting.

Child's Experience

It was a difficult process to get the court and family to agree to placement out of state. This required multiple court hearings and meetings. There was limited chance of reunification in this case, however, it would have been difficult to facilitate family visitation and a transition for the child to return home. Due to the parent's lack of involvement; as well as concern with safety/elopement risk, this child was required to be transported by a secure transportation service that is typically used to transport criminal inmates being extradited. This required the child to be closely monitored and handcuffed. The child informed me that they felt like a criminal and that people were staring at them during stops due to the child having to be escorted and in handcuffs. In this situation, the child was unable to maintain placement in a setting for an extended period of time due to the facilities requesting discharge and not being able to safely meet the needs of this child. This child had little hope that their life would improve as they continued to experience the transitions of new placements and were unable to maintain treatment from consistent providers. This case resulted in the child aging out of foster care and returning to the state of Wisconsin. This did not allow time for the child to transition from a residential facility to a less secure setting. The county did not have jurisdiction to monitor the case following this child's 18th birthday or provide the child/family with additional services that would support the transition from out of home placement. In my opinion, out of state placement was not ideal; however, was the only option to provide this child a setting that could control for their personal safety. If a placement option was available in Wisconsin, this could have potentially set up the child for a better outcome by allowing the child to transition to a less restrictive setting, as well as have familiar and more available supports. Due to the lack of parental involvement in this situation, I felt that placing the child out of state alienated them from receiving similar support and independent living skills that are typically offered when a child ages out of foster care.

Parent's Experience

In this situation, the parents had a contentious relationship with the Department and were not in favor of the out of state placement. Due to this child's high level of needs and number of different placements around the state of Wisconsin; they did not have confidence that out of state placement would be beneficial.

Impact on Case Worker

In this situation, the only option that could guarantee and maintain this child's safety was a locked residential facility outside the state of Wisconsin. It was very time consuming and frustrating process to find this child a placement. I contacted every single residential facility in the state of Wisconsin in to provide reasonable efforts to locate placement. During the 2 years that this child was placed out of the home they were admitted to two different residential facilities in Wisconsin. The facilities eventually gave notice of discharge with placement due to not being able to meet this child's needs. There is a lot of research, paperwork and planning to refer a child to a placement out of state. One issue that we ran into was with insurance when placing the child out of state. This child was non-IV-E (4-E) eligible; therefore; the state where the placement was located did not accept Wisconsin Medicaid. This required additional costs to the county; as well as the parents of the child as they were required to keep the child on their private insurance. The parents did not want the child on their insurance, therefore this required additional court hearings/orders. In this situation, the family of the child were offered visitation with the child out of state; however, refused it. This could have had potential high costs to the county to cover the cost for in person family interaction to occur. This child had a very limited support system; making it difficult for the child to maintain any informal supports while being placed out of state. The agency was very

supportive to this child and to me as a worker for the child. The agency/ county board allowed this writer to travel out of state on two different occasions to visit this child; which allowed the child to participate in activities outside of the facility similar to what would be done during a family visitation contact. In my opinion, the use of an out of state placement facility was the only option for this child at the time due to the child being unable to be reside in a less restrictive setting. This is due to the lack of resources and residential treatment facilities in the state of Wisconsin. In this case, I unfortunately felt that the goal was to keep this child alive and safe from self-harm; which meant relocating the child to a different state, causing further attachment and trauma that continues to impact this child into their adult life.

Jefferson County

Story Background

This young person had a high level of very concerning behaviors from a very early age. Multiple law enforcement agencies were involved due to his threats of community violence and actions, including the FBI. He had significant mental health issues, and his parent also had a disability that prevented her from properly supervising and caring for him and attending to his level of need.

Child's Experience

-Visits with mom were difficult to schedule as it involved out of state travel/accommodations. This boy was very connected to his mother, and struggled without contact.

-When on visits, there was little to do due to being in a hotel room/on campus (quality time was lacking).

-During the youth's time out of state, his grandmother's health worsened (dementia). His grandmother was a key support person for him and when he returned, she no longer knew him.

-Within hours of being placed, youth was involved in a physical incident that involved going to the hospital. Mother could not be there during hospitalization.

Parent's Experience

Mother desperately wanted to have placement of youth and missed out on key time with him throughout his childhood (youth was mostly placed out of home due to his own unsafe behaviors).

Impact on Case Worker

Case Manager impacts of out-of-state placement:

-Travel was difficult (It would take four flights in one day to accommodate the necessary visits).

-One time, return flight was cancelled and due to exhaustion and being overwhelmed, case manager needed assistance from personal family members to book hotel/transportation to hotel.

-When stranded due to cancelled flight, no personal items were available, nor was there food available on site (at hotel).

-Exhaustion due to travel schedule.

Additional Information

These placements are financially and emotionally taxing on the county and the teams that are involved in them. Having a youth placed so far away is not good for children and youth.

La Crosse County CPS

Story Background

16-year-old male was living with his adoptive family and they could not manage his behaviors and felt unsafe. It was determined through CANS assessment and collaboration with local treatment providers for the youth that the youth required higher level of care greater than a foster home. CPS social workers searched and contacted 27 different group homes and residential treatment centers within Wisconsin, however, the youth didn't qualify for any in-state services. Denials included reasonings such as: concerns of sexual behaviors, IQ being too low, homicidal comments, runaway behaviors, and high risk. In addition to the in-state searches, the CPS social workers also had to search and reach out to the out of state options which consisted of an additional 80 contacts.

Child's Experience

The 16-year-old male verbally shared with CPS social workers that he didn't want to go but eventually agreed to go. He shared that he was fearful about leaving WI, his parents, the Packers and his home. Prior to going to FL, the youth spent 60 days in La Crosse County WRAS. The workers spent time with the youth almost daily, incorporating conversations about his emotions and behaviors, his past, and what things could look like moving forward. The workers and youth also spent time doing "kid things" such as playing games, doing crafts and cooking lunch together. Also during this period, the youth put on weight likely due to lack of physical activities and the added stress the youth was feeling. After his 60 days in the WRAS, the youth was transitioned to Northwest Passage for an assessment period. Workers from La Crosse County drove youth there which was about a 3.5-hour drive one way. When a bed at the residential treatment facility in FL opened, the youth was brought to the Twin Cities by a worker from NWP (about 1.5 hours) in Frederick WI to meet his La Crosse County CPS workers. The workers and youth flew out of MSP and landed at the airport in Tampa, FL. The workers then transported the youth from the airport to the residential in Brooksville, FL (about 45min - 1hour). The youth remained very cooperative with workers the entire trip. Since the placement was so far away, it was not feasible or fiscally responsible to travel to see the youth face to face each month, therefore the CPS social workers did it quarterly. In the three visits that were made by the CPS social workers during the youth's stay, it cost the Department in total about \$7,500 for food, travel and lodging. Had the workers traveled down there each month, it would have been about \$1,750 each visit. The youth was able to settle in and once he became comfortable with his surroundings, did have some behaviors. The residential helped him work through those behaviors and remained a consistent voice for him to continue to help him work through situations and think before reacting. The youth lost the added weight in a healthy manner likely due to increased physical activities he was able to participate in. CPS social workers were able to maintain virtual contact with the youth 1-2 times each month. The youth also had weekly family therapy sessions through virtual means with his adoptive parents which also included occasional drop-ins from extended family members. For this case particularly, the parents did not travel to see the youth in placement in Florida despite having the means to do so and financial support from the facility if needed.

Due to the distance of the placement, there were no transition visits for the youth to prepare to transition back to Wisconsin. The youth had previously seen the group home they would be transitioning to via virtual video chats. The youth and CPS social workers had also maintained connection with the Group Home Director while the youth was in placement in Florida. Due to the youth's own anxiety, he was aware that he was transitioning to the group home in Wisconsin but wasn't informed of the exact date. The workers picked up the youth from the residential and traveled to the Tampa airport. The youth and workers then flew to Minneapolis Airport and drove to La Crosse, WI where the youth was able to see his parents for the first time in a year. Upon transitioning back to Wisconsin, the youth was able to

process their feelings in a healthy way and shared feelings of happiness and anxiousness. The youth was very excited and hopeful to see their niece and nephew upon their return to Wisconsin in addition to just being back in his home state.

Parent's Experience

The parents of the 16-year-old male had shared with CPS workers that they were nervous and didn't like the thought of their child going to Florida. However, the parents didn't appear concerned overall as they had been asking for assistance removing the child from their home as they could no longer support his behaviors effectively and safely. The parents did engage in the weekly therapy and shared feelings of missing their child. The parents were encouraged to contact the child more outside of weekly therapy and visit in person, however they did not take up these opportunities. Both parents worked full time including mom who operated an in-home daycare at her house. It was difficult to plan and financially commit to a visit to Florida to visit their son despite the ability for the placement to provide some financial support. The parents both had struggled with the amount of trauma they had been a part of while this youth was in their home as well as within the community and they clearly needed space and time to recover. Partially due to these factors, it was difficult for parents to fully engage in case planning.

Although the youth was returning to Wisconsin, the plan was for him to step down to a group home to maintain additional supports and structure for his mental health and behavioral needs. The parents had an in person visit upon the youth's return to the state. This youth was anxious to be back in his home state and excited to be moving on to his next journey. He was clearly excited to share some of his desires for his next placement which included some potential activities he wanted to be involved in as well as some things he was wanting for Christmas. It was evident that his parents were still hesitant and anxious themselves for their son's return to the state and his next placement. When the parents talk about their worries for their son, it's as though they are still stuck in their own trauma they had experienced with him prior to him leaving the state. These emotions and feelings likely had some part to do with them not being fully emotionally available to embrace their son upon his return and even share a hug with him. From the workers perspective, the interaction between parents and the youth was hard to watch as the youth was emotional and nervous, but the parents were reserved with minimal eye contact with the youth.

With out of state placements, it is difficult for any parent or caregiver to be a part of the day to day work the youth is engaging in and really, fully engage in the treatment planning for their youth. Anytime an agency is transitioning a youth back to the environment they were removed from, it is evident there will be some hesitation and emotions to work through from all parties involved. The lack of physical connection for this youth to his family due to the out of state placement was difficult and clearly impacted their relationship.

Impact on Case Worker

This case has two assigned ongoing CPS social workers. The youth was placed in stabilization for approximately 60 days, which was the timeline CPS social workers had to find a treatment placement. CPS social workers spent several hours a day searching for a treatment home. This was done prior to SYNC being released, and thus, more time was spent duplicating work to send referral information to state treatment facilities. It became more and more frustrating for the social workers as denials from Wisconsin facilities were being sent back. Some placements were willing to consider the youth's placement at their facility which required additional referral paperwork and even intake paperwork to be completed by the CPS social workers. This work not only consisted of filling out anywhere from 10–20-page packets, but also gathering required documents, reports and signatures from parents to be included. In addition to the many contacts made during the time placement searching was being prioritized, the CPS social workers were also expected to manage and maintain their caseload of anywhere from 9-13 families.

In addition to all the work expectations that had to be completed and addressed, both CPS workers had families at home that also were impacted due to a spouse back home having to take on the responsibilities of parenting while their spouse was out of state for work.

CPS social workers felt disconnected from the youth as they couldn't see him in person every month due to the distance. Evolving practice to include virtual options has been helpful for out of state placements, which allowed workers to see him virtually during the month.

The travel necessary to transport the youth there, visiting the youth in person, and the travel to bring him back to Wisconsin is all very costly to the agency. They also required long days of travel for the CPS social workers, which required CPS social workers to be out of Wisconsin and unable to manage their other cases on their caseload.

There was strain and frustration as adoptive parents were minimally involved in trying to find a place for the youth to go. They were also hard to keep engaged when filling out intake paperwork or ongoing placement paperwork and obtaining signatures, for example.

La Crosse County Human Services 2

Story Background

CPS social worker was searching for residential treatment for a 15-year-old female after a 30-day assessment was completed at Northwest Passage recommending a residential placement. The youth's CANS level is identified as a level 6 along with her FSIQ being at 69. The youth's behaviors are pain based due to years of neglect and many forms of abuse. The youth was diagnosed with Persistent Depressive Disorder (Dysthymia); Post-Traumatic Stress Disorder; Reactive Attachment Disorder; Oppositional Defiant Disorder; Attention-Deficit, Hyperactivity Disorder, Combined Presentation; Intellectual Disability (Intellectual Development Disorder), Mild; Borderline Personality Traits; Child Physical Abuse, Confirmed, Subsequent Encounter; and Child Neglect, Confirmed, Subsequent Encounter. CPS social worker contacted 15 residential Wisconsin facilities and 20 treatment foster homes and group homes, and no residential treatment center within the state could or was willing to meet the youth's need as she had runaway behaviors and physical aggression.

Child's Experience

The youth was very opposed to leaving the state of Wisconsin for any reason (residential or treatment foster home). The youth was terrified of leaving the state, the only community she knows and her family. The youth had a very contested change of placement court hearing where the youth was refusing to leave the state. Ultimately, the Judge ruled that the change of placement was approved, and the youth would be attending the residential in Georgia. After the ruling, the youth became extremely dysregulated and threw her medication across the courtroom directly at the Judge. This resulted in Law Enforcement coming into the court room, tackling her to the ground and placing her in handcuffs. She was escorted out of the courtroom and temporarily placed in the secure juvenile detention center. Due to this encounter, she was escorted by Talon Security to the residential in Georgia by car. Within the first 5 days of placement, the youth had stabbed a staff member at the residential center and was sent to secure juvenile detention in Georgia. The child was hoping to be returned to Wisconsin's juvenile detention.

The youth was unable to set up a transition plan to return home or set up services due to CPS services being run differently in each state. There was lack of understanding from Georgia of Wisconsin programming and treatment services. Additionally, due to the youth's fixation on leaving residential, she was willing to discuss a transition home but continued to state that she would do whatever she needed to come back but would not follow through during programming. She was initially unwilling to even have a conversation about steps she needed to take due to her frustrations with even attending out of state residential in the first place. To encourage her participation and treatment work, social workers and team members were unable to talk to her directly about transitioning home.

The youth was able to maintain monthly contact with her CPS social worker and her Intensive Permanency social worker via video calls. Despite initial feelings, the youth was able to build connections and relationships with her therapist and staff members at the residential treatment center as they shared her African American culture and background.

Parent's Experience

The youth's mother was not able to see or physically touch her child for 6 months due to out of state placement. Mom has her own mental health concerns, in that she has paranoia and severe mistrust of technology. Mom was uncomfortable and unwilling to do phone calls or video calls, despite this being the only option given the distance to the youth. Mom did not have her own means of transportation to visit the youth in person. At the time the youth was in placement, Mom had spent a few months in jail and was unable to participate in the treatment plan for the youth. Nearing the end of the youth's treatment, Mom had engaged in some virtual meetings and family therapy as she was seeking her own treatment.

Mom was involved in talking with the CPS social worker about the transition back to Wisconsin and what the next steps were as the youth was going to be reunifying with mom. This was in part due to no other options in the area and that both Mom and youth wanted to be reunified. Due to the youth being in residential treatment in Georgia it was not an option to bring her back occasionally to help facilitating increasing face to face visits with Mom for a transition plan. Therefore, Mom couldn't have a solid transition and went from phone calls to providing full time cares when the youth returned from Georgia.

Impact on Case Worker

The CPS social worker felt a lot of frustration searching for residential treatment for a youth that needed treatment after completing an assessment. As mentioned initially, the CPS social worker sought out 15 residential treatment centers in Wisconsin, 20 treatment level foster homes and group homes in Wisconsin, along with 90 residential treatment centers and group homes across the nation outside of Wisconsin. There continued to be barriers to seeking treatment and service for the youth within the Wisconsin agencies such as short staffing, or lack of staff training to meet youth needs. For the agencies outside of Wisconsin, there were barriers as some states do not accept out of state clients or utilize QRTP. Additional stress came from searching for out of state options, despite serious pushback from the youth's attorney and the court. Both the court and the youth's attorney were contesting out of state placements and request all informal and formal options within Wisconsin to be attempted first. These options were exhausted quickly, as the youth's high needs could not be managed by informal supports, foster homes, or treatment level foster homes within Wisconsin. This resulted in at least 22 formal change of placements and the youth bouncing from placement to placement, often running away and hiding from the CPS social worker.

When the youth first went to placement, the CPS social worker felt the need to rebuild the rapport with the youth after the traumatic court incident. However, due to the distance of placement, it was very hard to rebuild the relationship virtually. Since the placement was so far away, it was not feasible or fiscally responsible to travel to see the youth face to face each month. It would be approximately 0.4% of the annual out of home care budget for two social workers to visit this youth face to face each month. Team members were able to visit the youth within the first month of her placement and make face to face contact. Which was difficult as the youth refused to see her CPS social worker due to anger and resentment for being sent to Georgia. Team members were scheduled to visit the youth once in person during the stay, however unfortunately was canceled due to inclement weather. The CPS social worker felt disconnected from the youth as they couldn't see her in person every month due to the distance. Evolving practice to include virtual options has been helpful for out of state placements, which allowed the worker to see her virtually once a month.

The travel necessary to transport the youth there, visiting the youth in person, and the travel to bring her back to Wisconsin is all very costly to the agency. This also required long days of travel for the team members, which required the CPS social worker to be out of Wisconsin and unable to manage their other cases on their caseload.

Story Background

Thinking back to the last few out of State placements that we have had in Youth Justice the following themes have come forward.

The youth were adopted from the CPS system. They have significant trauma histories from abuse and neglect that happened in their bio homes. Adoptive parents did not have the skills to meet their needs when they adopted the youth, and the children's needs were compounded by the trauma's experienced from when they were with their bio parents in addition to the new trauma's experienced in their adoptive homes. Adoptive parents have vocalized, to the children, that they are the problem. They have also vocalized that they no longer wanted them to be in their homes.

By the time these youth entered the YJ system, the extent of the damage was already deeply entrenched and quite complex. The youth are often responding to their caregivers with behaviors (physical aggression, verbal aggression, property damage, using drugs, and exhibiting significant mental health needs – PTSD, attachment disorder, suicidal ideation, depression, and anxiety). They enter our system with charges of battery, criminal damage to property, and disorderly conduct to name a few.

When we have approached residential providers regarding placement of these youth, their primary concerns are managing mental health needs and the intense behaviors that the youth has been exhibiting in their homes. They indicate that they do not have the resources to meet their needs in their facilities. There are concerns regarding how they will keep their staff and other residents safe if our youth was to escalate.

Child's Experience

The distance from home made things difficult as they were far away from friends and family. They didn't get to see their families as frequently as youth placed in State, and contact with their social worker was primarily virtual (which was a change from what they were used to).

Parent's Experience

Engaging in treatment was difficult, we had expectations that the parents engaged in family counseling to work on the relational challenges that existed within the family system which is difficult when your child is multiple states away.

Impact on Case Worker

This is difficult for social workers in many ways. Having to tell the youth that no facility in their home state will accept them for placement is difficult, and the youth start to think what is wrong with me that nobody will take me. It is a daunting task to reach out to all in State providers, just to be told no we can't help this youth. Figuring out how to transport the youth the the facility out of State, and how to make this happen in the safest way that will have the least negative impact on the youth is of the upmost importance. Helping the youth deal with all the feelings/emotions that come up during the trip is challenging. Additionally, there is a lot of paperwork that needs to be compiled and completed for these placements to happen.

Additional Information

There is a need for additional resources in the State of Wisconsin. Our children deserve to have the best treatment options available to them in their home State.

Story Background

This child did not have to leave the state; however, they were in Winnebago Mental Health for over a year due to lack of higher level placements available to meet their needs. This youth was under a Chapter 51 Commitment, and this was why this was possible, but was very damaging to their mental health. The youth would self-harm by swallowing objects and no residential or treatment foster home in the state or outside of the state was able to confidently meet the youths needs due to safety risks. This youth also had other struggles such as behavioral concerns, extreme anxiety, and a very negative self-view. This youth only had one informal support person which was a big contributor to their belief that no one cared about them and the only people that were there to support them were “getting paid to be there”.

Child’s Experience

Workers had open communication with this youth regarding the fact that they were applying outside the state of Wisconsin to find a residential placement. This youth would lash out during these conversations and would say things like “good luck getting me on a plane” or “find me a foster home” despite ongoing conversations about safety concerns with the youths self-harming behaviors.

Parent’s Experience

Unfortunately, this youth’s parents were very seldom involved in any case planning. The youth’s father would rarely respond to correspondence and lived out of the resident county. The mother has her own mental health barriers that resulted in her seeming as though she did not care. This youth was also sexually assaulted by a family member and her mother did not support/believe this claim. This had very negative impacts on the youth as well. The youth’s grandmother was involved in her case and the youth leaving the state would have prevented her from ever being able to visit. As the youth’s only informal support, that contact was vital to the youth.

Impact on Case Worker

As a worker this process of trying to find an out-of-state placement is heart breaking. It is extremely hard to maintain a positive relationship with a youth when you are looking for a placement that you know the youth strongly fights/disagrees with. This worker had constant weekly conversations with this youth regarding the out-of-state placements that the worker was looking into, and the youth would become upset due to not wanting to leave. The judge on this case encouraged in-person contact between the worker and the youth which would have been impossible if the youth was placed outside of the state. This worker also had concerns about the youth’s safety during travel due to their self-harming behaviors and their animosity towards leaving the state. Typically for our county two workers would accompany a youth that is traveling out of state.

Additional Information

Workers applied to every residential that they could find in the United States, which was roughly 67 facilities and many would reject a youth based on very limited/surface level information that was able to be provided in their applications. Occasionally, residentials would reconsider after a phone call was made to provide more context regarding the youth’s behaviors and trauma, however in this case they still rejected the youth.

Story Background

Currently we have a youth that is placed in Lincoln Hills School which is not an appropriate setting for this youth. This youth has several mental health diagnosis including but not limited to ODD, ADHD, and intermittent explosive disorder. This youth has been placed in multiple different inpatient facilities for being suicidal and attempting to harm themselves. At the time of initial placement this youth only had one police referral for battery however, given this youths extensive mental health history residential facilities, group homes, and foster homes were unwilling to accept placement of the youth. This youth therefore, was placed in a secure detention facility. This was a very inappropriate setting for this youth because this youth lost all of their services including therapy, mentoring and case management. This youth stayed in Secure for five months received three new police referrals and in turn also began the process of becoming institutionalized. This youth's behaviors began to escalate drastically until placed at a residential facility. While at the residential the youth began therapy once again, started taking the proper medication, started having positive adult interactions and supports and was seen making huge improvements. Unfortunately, due to unforeseen circumstances the youth therapist, case manager and group leader left the residential facility in the same month and the youth began to self harm, became aggressive/violent and became suicidal. Once again the county was placed in position that the youth was no longer accepted at their current facility and due to their mental health and behavioral needs facilities were unwilling to accept this youth. This youth was then placed at another Secure detention for 3 months in which this youth once again did not receive proper treatment for this youth's needs. This youth was then transferred to Lincoln Hills School due to no placement availability.

Child's Experience

The youth's experience of being placed in many facilities that were/are inappropriate for their needs has been very detrimental for the youth. This youth has expressed feeling institutionalized. This youth has stated there has been a large impact to their every day life. This includes being able to build relationships with peers and adults. This youth has expressed that if "things" would have gone differently maybe they would be doing better and not in a locked facility for going on two years. This youth has expressed comfort with only being in locked facilities which in turn shows the huge impact on the youth now and in the future.

Parent's Experience

The parents of the youth have had a hard time with the placement of the youth in a locked facility that is not able to fully address the youth's needs. The family has expressed a disconnect with the youth and frustration with the system.

Impact on Case Worker

Placing this youth in a placement that was an inappropriate setting was very hard on the county. In court, by the attorney, the youth and by the DA's office the county would often hear that there needs to be more attempts made and that this setting was inappropriate. Often times there was blame placed on the county by the youth which in turn hurt the relationship with the youth and the county and as many know relationships with youth are essential to the success of the youth. This youth in particular already lacked positive supports and being placed in a facility that first off, could not even meet the therapeutic needs of the child, and then the fractured relationship with their county worker cause several problems for the youth.

Story Background

In the past we had a youth who had severe mental health needs and was diagnosed with multiple things. This youth also had many behaviors including being oppositional, exploiting themselves and running away. These behaviors were due to the youth's mental health, the youth's family dynamic and the youth's lack of positive supports. This youth was denied from every facility in Wisconsin. Many facilities stated that due to their diagnosis they would not be able to meet the youth's needs therefore, this youth was placed in Secure Detention facilities for 9 months as there were no options for the youth.

Child's Experience

Per the child, there was a lot of mistrust placed within the system for being in a secure facility that cannot address their mental health needs. The youth felt as if they were getting punished for their mental health. The youth multiple times stated that being in a facility like secure did not help their mental health at all and tended to actually increase their negative behaviors.

Parent's Experience

N/A

Impact on Case Worker

Placing this youth in a placement that was an inappropriate setting was very hard on the county. In court by attorney, the youth and by the DA's office the county would often hear that there needs to be more attempts made and that this setting was inappropriate. Often times there was blame placed on the county by the youth which in turn hurt the relationship with the youth and the county and as many know relationships with youth are essential to the success of the youth. This youth in particular already lacked positive supports and being placed in a facility that first off could not even meet the therapeutic needs of the child and then the fractured relationship with their county worker caused severe problems for the youth.

Lutheran Social Services of WI and Upper MI (Contracts with DCF to operate the State's Public Adoption – aka, adoption through foster care – Program)

Story Background

12 year old came to State Guardianship through substantial trauma and neglect, after many years in out of home care. Was under a CHIPS and JIPS order, no family involvement. Was placed in many foster homes but there was a great deal of physical damage, should not be around young children, would run away from home, targeted diverse populations and needed frequent medical appointments causing time away from work for foster parents. Has not been able to maintain at school. Currently this child has not been able to find placement and is in a medical facility with an active search in state and out of state.

Child's Experience

This child does not know how to live within a family. His social worker is his main support, weekends and visits. If placed out of state he will lose this contact and acts out based on fear. It also would be difficult to facilitate foster home visits

and with every passing year, there is less of a chance to find a family. We have a better chance to locate a family if this child remained in state.

Parent's Experience

A sister is the only emotional connection for this child, and does not have the resources to maintain contact without support from his social worker. By moving this child out of state it would be difficult to continue the relationship and grow it as she and this child desires.

Impact on Case Worker

The stress on the social worker and agency is draining and constant. Burnout of the worker, needing to be available at all times of the day and night, 7 days a week. Stress of responding to placement inquiries, not being successful in finding a placement, working with the child's attorney to understand options, the amount of dollars required to secure a safe placement. Although it would be beneficial to rotate workers to reduce stress, the worker has maintained through hospitalizations, multiple placements and providing supervision when there was not a placement alternative.

Additional Information

We continue to look for placement options across the US that will meet the needs of this child and have social work staff from the hospital and our agency assuring his story and needs are explained. Ongoing interviews are in process. The hope for an instate placement continues to maintain sibling contact and proximity to the social worker that has spent so much time with this child.

Oneida County Department of Social Services

Story Background

The child entered through an Abuse and Neglect referral to our Agency. The father was sent to prison for the neglect and abuse, and the mother suffered severe mental health and had a number of previous children removed from her care through TPR. The child was placed in multiple foster homes and then went to a Residential Facility. The facility felt that they had given the child all of the support and services that they could offer. The child was sent to a Mental Health Institute many times. The Agency tried a Professional Foster Home, which was something new to our Agency. In the end, not enough services could be put into place, or fast enough, and it did not work out. The child again was back in the Mental Health Institute which did not provide the treatment needed to succeed. Even though many facilities were contacted over and over again reaching out to find this young person a place to go to make their life better, no one would accept the child, each having their own reason why not; not enough room, not enough staff, not enough services, the child had sexual behaviors, was on the Autism Spectrum, or had too low of an IQ, had physical aggression, they were too young or too old or the wrong gender, they did not take their insurance and even if we said we would pay they were denied for another reason and the list goes on and on. Many times, I would get a message that the information was received, and the facility would get back to me, however they never did. Worker was looking for a place for the child to go to get the needed treatment and care to be able to one day be adopted and have the forever family the child deserved.

Child's Experience

I don't believe that the child understood at first the distance and how far they would be away from the worker and guardian. The child did well on transport, was given adequate things to do on the trip and plenty of treats that the child enjoyed. The child did not have communication with their mother or father, and by the time the child went to an out of state facility, the father had died in prison and the child didn't remember the mother. Worker was the only connection,

except for the person that tried for the Professional Foster Home, who became the Guardian to sign needed paperwork for the child due to the mother never being available or willing. The child would ask when worker would be coming, and it is believed the child may have a little better understanding of the distance due to worker being unable to go and see the child whenever she needed or wanted. Before the child left, worker was able to locate a cousin at the father's funeral and made a connection. However, even though there are phone calls between them, the family member has not been able to meet with the child in person. The Agency made arrangements for the worker to go see the child, and the guardian has also had the opportunity to go. However, without a constant in person connection, the workers at the facility feel that the child is more depressed and has high anxiety due to when they see others having visitors or looking forward to Holidays with families.

Parent's Experience

The father is deceased and there is no contact with the mother. The Guardian was going to see the child regularly but was unable due to the out of state placement.

Impact on Caseworker

The task to find a placement that was just right for the child became finding any placement due to the child's placement giving a 30-day notice, and daily it was like a ticking time bomb. Long days and longer nights with referral after referral and call after call, email after email. It became all you thought about day and night and with each non-reply or the daily no, no, no, it became depressing and heart breaking. Our Director and my Supervisor were very sympathetic and concerned and did everything and anything to help including hiring an LTE to help with the search. In the end, she also stated that she was feeling down and defeated with all of the calls and messages that turned down the child. My Agency is highly supportive of not only my travel, but the guardian's travel to see the child, however the cost of the out of state facility, the travel costs to see the child, and the time away from the Agency are a huge factor. Until we can fix this problem and have the necessary facilities in Wisconsin it is our only option.

Additional Information

The out of state facilities know that they are able to charge whatever they want or need because at this time they know we have no place to go with our children. Our money would be better spent here in Wisconsin where the families would have access to their children and the children without families could have access to their workers. Thank you for any consideration you give this.

Pierce County

Story Background

The teenage child had significant childhood trauma and experienced several stays at Winnebago and other CPS related placement episodes. The teen was not able to safely remain at any Wisconsin placement sought; they "failed" from 3-4 placements and every other refused placement, as they were not able to meet their needs. Placement was secured out of State at a facility attached to a hospital, so they could meet the teen's needs. There were two out of State placements for this teen, before they aged out of the CPS system and are now receiving adult services at a residential facility.

Child's Experience

This was a terrifying experience for the teen. They had been outside of their parent's home and care for quite some time (CPS assessment center, treatment foster home, shelter, group home, hospital placements). However, they had been within driving distance for their family to visit; this became impossible once they moved out of State. The family was not able to fly to visit in person, so zoom and phone calls were the only contact they had. The child needed secure transport

to each placement, which was also scary for the youth. The youth only returned back to Wisconsin when they aged out of the CPS system and began to receive adult based services in Wisconsin, also in placement.

Parent's Experience

Although the parents understood the need for out-of-state placement, it added to the sadness that they felt with their child so far away. They were frustrated and disappointed that there were not placement or service options within Wisconsin, or even in nearby Minnesota. The family was not comfortable flying and the distance was too far to drive; they were only able to maintain contact by phone and zoom "visits". Mom and Dad felt very disconnected from their child's care, as they were not able to meet with service providers or attend meetings in person.

Impact on Case Worker

This was also a frustrating process for workers involved with the family. There were countless hours of time spent searching for placement options for this youth. It was disheartening to have a youth in a hospital setting for prolonged periods of time, only because there was not another option available for them to receive needed treatment, less secure than the hospital. Workers tried to help the youth feel comfortable with the plan for placement, but that is difficult when workers had no previous experience and couldn't visit before placement to help the child with questions and such. This was a joint case with the county's CBH Unit, so responsibilities were shared. This allowed for more contact by the Department with the child, family, and facility; it also allowed staff to support one another when working with the difficulties of the case.

Pierce County Human Services 2

Story Background

Child was removed from the home due to parental mental health, substance use, and sexual abuse. Child most likely has been sexually abused and has been neglected. Child was only six years old and was perpetrating on her two younger siblings. Child also demonstrated some anti social behaviors. Child needed significant treatment to meet her needs; there were no options for treatment or placement for a child of that age (6) and with her needs. Child was placed in a local foster home until out of state placement was found and made.

Child's Experience

Child has very flat affect and does not verbalize a lot of feelings. However, child was very upset that she was going far away from her family and placement provider. Child is only six so being placed several states away was detrimental for them parent and the child as visitation could not occur due to location and facilities video chats were infrequent. Child needed more contact and visitation from family or the workers.

Parent's Experience

Parent was very emotional about the child leaving the state, especially with the child only being 6. Parent understood the child needed treatment and it could not be located in Wisconsin but the parent was devastated that the child would be alone several states away and she could only visit twice a year. The facility out of state did not allow frequent contact by the which was significantly hard on the child.

Impact on Case Worker

It was extremely frustrating to not have options in the state. The worker called every facility in the state and was very frustrated that they could not find an in state option to meet the needs of the child. In addition, the child was only six so

it was devastating and very emotionally taxing for the worker to transport the child out of state on an airplane and leave her there.

Additional Information

As an agency it is very frustrating to not have the programs needed to meet the needs of our children.

Rock County Human Services

Story Background

In 2005, a 10 year old boy “J” was removed from his home and placed in shelter care due to his significant behaviors. Over the next 8 years, J moved to 29 different placements prior to going to an out of state residential facility. During that time, J was placed in multiple foster homes, shelter care settings, inpatient assessment programs, 8 in state residential facilities, and 8 stays in secure detention. Due to his high level of need, aggression, and significant behaviors, no in state facilities would take J and he was at risk of being incarcerated. J moved to a facility out of state that was 833 miles, or nearly 13 hours away from home, 8 months prior to his 18th birthday.

Child’s Experience

J’s entire experience in out of home care was challenging, as he spent much of his time bounced from one placement to another. J was unable to have a “normal” childhood experience. He did not develop healthy attachments and connections to peers, relatives, or others as he moved frequently or struggled with behaviors so significantly that he pushed away adults who cared for him. J’s last placement was so far away from home that it did not allow for a successful transition into adulthood. J returned to Wisconsin twice during his stay – once for a short visit with family for the holidays, and once for an evaluation to determine if he was eligible for adult services. Ultimately, it was determined that J was not eligible for adult services. Because he was so far away, little to no planning was able to be done prior to his return to Wisconsin when he turned 18. J did not have appropriate services or supports set up when he returned and planned to couch surf with relatives until a plan could be made. Unfortunately, J was incarcerated within 4 months of discharge from his last residential placement and discharge from foster care.

Parent’s Experience

J family was not regularly involved in his treatment or care.

Impact on Case Worker

As is any residential placement, the costs are extremely high which puts a financial burden on the agency. Coordinating travel logistics and travel is no easy arrangement. J was able to fly, but two staff were required to travel with him on the plane to the facility and home. This was time consuming to coordinate and execute, in addition to expensive as most trips were not able to planned in advance to secure better prices. Quarterly face to face contacts needed to be made in person, which was difficult and expensive to coordinate as the travel logistics were extensive. Due to this, it was often a new worker each time, as opposed to someone J was familiar and comfortable with.

The distance made planning for discharge challenging. Ultimately, the services and supports J needed to be successful could not be put into place until he returned to the community. By that time, J was 18 and requested to be discharged from care. The lack of planning, compounded by 8 years in and out of institutional facilities made J ill equipped to handle adulthood and he was quickly incarcerated in the adult system.

Story Background

A 10 year old male child “D” came to the attention of the department following his mother requesting services and support to manage her child’s exceptional needs. D has a significant trauma history including sexual abuse beginning at a very young age. D struggles significantly with his behaviors and regularly is aggressive, hits, kicks, punches, smears feces, destroys property, and struggles to regulate his emotions. The family fears for their safety, particularly for the other children in the home, when D is dysregulated.

D has been heavily involved in other county services including CCS, CLTS, and crisis services. He receives a number of services including in home support, individual therapy, skills building, family therapy, respite, OT, and home modifications to help him be successful in the community. His team worked diligently to ensure his safety and success in the community; however, due to their ongoing concerns, his mother requested he be placed in a residential treatment facility. Unfortunately, because of D’s young age and significant behavioral needs, no facilities in the state of Wisconsin accepted him and D was placed 636 miles away from home – or a nine and a half hour drive – from his only supports.

Child’s Experience

Prior to going to residential, D believed that it would be a “fun experience” where there was a pool to swim in and friends to play with. Unfortunately, his experience was not entirely positive as he hoped. Though D did well in the routine of a highly structured facility, his behaviors did not drastically improve as his mother hoped. D was able to have two in person visits with relatives who made the trip to see him. While he enjoyed these trips, he was sad to see his relatives leave and struggled with dysregulation. D stated his glasses were taken from him upon arrival and were never returned. As such, he was unable to see clearly throughout his 5 month stay. In addition to his glasses not returning home with him, his mother noted that he did not return with a remote control car, fortnite blanket, bible, sloth stuffed animal, shoes, games, suitcase, and pop it bag that he took with him.

Parent’s Experience

D’s mother struggled significantly with her decision to support an out of state placement. She wanted to remain involved in his every day care and services; though having him so far away made this nearly impossible. Mom was unable to afford regular trips to see D, which impacts her satisfaction with the department, his care, and overall decision. With the support of the department, she was able to make two trips to visit D which she felt was not enough.

Mom also indicated she wanted more contact with D’s treatment team and wanted the ability to be involved with his treatment. Due to the distance, it was unrealistic for her to be involved in in person family sessions or therapeutic work in a meaningful way to truly address the reasons he entered residential in the first place. The distance made planning for discharge exceptionally difficult, as services could not be put in place until he arrived home – leaving a large gap during what was likely the most vulnerable time for the family reuniting in the home.

Impact on Case Worker

As is any residential placement, the costs are extremely high which puts a financial burden on the agency. In addition, D’s mother was extremely invested and wanted regular visitation with her son. The department funded two trips, which also were a financial cost. On the contrary, we know that separation is trauma and the ways the family needed to heal all include being together – so not being able to allow more time together comes at a cost as well.

Coordinating travel logistics and travel is no easy arrangement. D was unable to fly, so two staff were required to travel with him via car to the facility and home. Unfortunately, the facility is not in a safe location, so finding lodging for staff

was incredibly difficult. After our staff were in two unsafe situations in a short amount of time, they needed to be moved to a new hotel immediately – increasing stress and cost for staff, leadership, and the agency.

Navigating an out of placement and it's intersection with our court system is a challenging. New changes of placement require 10 day notice; though in most instances out of state residentials give 2-3 days worth of notice for children to arrive in their facility. This makes it challenging to complete all ICPC required paperwork, court documents, travel logistics, and gain approval for the child to go. It can cause strained relationships with court partners, families, facilities, and workers when tight timelines are difficult to meet.

Rock County Human Services CPS 3

Story Background

A 12 year old boy "A" has been working with the department on and off almost the entirety of his life for significant concerns of abuse and neglect. A has been in and out of foster care placements until ultimately being placed in a guardianship with his grandparents. Things went well for a while; however, A's behaviors quickly became very challenging for his grandparents to manage. A is involved in county programming including CCS, CLTS, and crisis services in an attempt to help meet his mental health and behavioral needs. Following a significant incident in his home where A displayed both suicidal and homicidal ideation, his family indicated they were no longer able to care for him in home and needed him placed outside of the home. The family hoped he would be able to receive treatment in a residential setting. While A waiting for an opening in a facility, he remained in a shelter care placement where he continued to struggle with behaviors, peer relationships, and mental health. A statewide recruitment was completed; however, no in state facilities accepted him. A was accepted to an out of state facility 609 miles, or 9 hours, away from home. The facility required A to arrive within 2 days of a bed opening. Despite his ongoing struggles, the family did not wish for A to be that far away as they wanted to maintain a close relationship and be involved in his treatment. A's attorney also opposed to the placement – requiring the department to have a hearing prior to the placement occurring. Due to the court calendar, this was not possible in the two days needed. Ultimately, the family requested A not be placed in the facility and opted for him to return home under an intensive in home safety plan. While the department supported the decision, a number of ongoing concerns have arose and continue to impact A and his functioning.

Child's Experience

Though A ultimately did not go to an out of state residential facility, the limbo he lived in for months while awaiting a placement was stressful and confusing. He was placed in a shelter facility while he awaited placement. This facility was not appropriate for his needs and a number of issues arose while he was there. This lead to multiple contacts with law enforcement in addition to hospitalizations. All of A's services were required to be paused while he was in shelter care awaiting his placement. A was told multiple times he would be going, only to be abruptly returned to his home. A has continued to struggle since returning home, has been hospitalized many times, and has been on the brink of needing another out of home placement as a result of the household dynamics and his behavioral needs.

Parent's Experience

Although A did not go to an out of state residential facility, their has been significant stress on the family during the process. The family desperately wants A to get treatment; however, they were unwilling to sacrifice their relationship and support to A by sending him out of state. This was a tough decision to make and has required them to make changes to their home in order to accommodate his frequent and intensive treatment needs in the home and in the community.

Impact on Case Worker

Planning for A and his family has been challenging for the agency to navigate. A has had multiple hospitalizations, which is a significant cost to the agency. Things change quickly for A and his family, which required frequent and extensive staff time to be responsive to their needs. In addition, our relationship with the facility was strained when he was initially planning to be placed there then ultimately was not at the last minute. This could impact our ability to place other children there in the future.

Rock County Human Services CPS 4

Story Background

A 15 year old female “P” came to the attention of the CPS department after a number of initial assessments related to sexual abuse and neglect in the home. Though the concerns were unsubstantiated, it became clear the family needed additional support in managing the needs and behaviors of P. P has faced a number of adversities in her life and has a number of mental health diagnoses that require a high level of support. P struggled to maintain safety at home and in the community. She was hospitalized a number of times for suicidal ideation and ultimately, her family indicated they were no longer able to care for her in the home. A statewide search was completed for residential options close to home; however, none would accept her given her high level of needs in addition to significant behavioral challenges. P stayed a short time at a shelter care facility prior to going to an out of state residential 845 miles, of 13 hours from home.

Child’s Experience

Unfortunately, P has not enjoyed her time in residential thus far. P was very connected to her treatment team and struggled to be so far away from her supports. P has not had a visit with her family since arriving, as they have not wanted to be involved in her treatment or have visits. P has had a number of issues with staff and other youth in the facility. She’s been placed in holds numerous times, which has impacted her ability to feel safe. P is a quirky kid and has struggled with bullying and peer conflicts. Due to her diagnoses and functioning level, she struggles to understand peer relationships and hasn’t been able to find meaningful support. P regularly indicates she would like to leave or move to a group home; however, no appropriate placements have been willing to take P. Because P is so far away from home, planning for her adulthood has been challenging. P needs a psychological evaluation, though the distance has made coordination difficult and it has yet to occur.

Parent’s Experience

P’s family has been unwilling to provide ongoing support in the ways our department has hoped. They have not been involved in treatment or visited P since going to residential. Unfortunately, the distance has made it easier for the family to be uninvolved, citing time and distance as the main reasons they are unable.

Impact on Case Worker

As is any residential placement, the costs are extremely high which puts a financial burden on the agency. Coordinating travel logistics and travel is no easy arrangement. P was unable to fly, so two staff were required to travel with her via car to the facility and home. This was an incredibly long day for staff and P, who spent over 15 hours in the car.

Ongoing face to face contact is also challenging. Our department is required to see P quarterly. It would be best practice for P’s assigned worker or the people she has a relationship with to visit her; however, due to the distance and worker’s availability, we’ve had to send whoever is available – often leaving P to meet with yet another new worker every 3 months.

Navigating an out of placement and it's intersection with our court system is a challenging. New changes of placement require 10 day notice; though in most instances out of state residentials give 2-3 days worth of notice for children to arrive in their facility. This makes it challenging to complete all ICPC required paperwork, court documents, travel logistics, and gain approval for the child to go. It can cause strained relationships with court partners, families, facilities, and workers when tight timelines are difficult to meet.

Sawyer County DHS

Story Background

In the juvenile scenario that I am speaking of, it did not lead to the juvenile having to leave the state due to no facilities being able to admit him due to significant behavior concerns. Specifically, he was becoming physically aggressive with staff in all facilities that he was placed in. There were no facilities that would accept him. This lead to him having to go to Lincoln Hills where he was transferred to Mendota Mental Health Services.

Child's Experience

This juvenile was frustrated with being moved from place to place but would also act out in placements because he felt that it would lead him to being able to go back home to his mother's care. It appears that juvenile's continue to feel "not wanted" or "not accepted" when workers have to explain that no facilities in Wisconsin will accept them.

Parent's Experience

This was a case where LCO ICW had guardianship of the juvenile as his mother struggled with her own mental health and was unable to meet her son's needs.

Impact on Case Worker

It is very time consuming and frustrating to put so much time and effort into sending all the required paperwork to each facility to be turned down again and again. In this case, we did not feel that Lincoln Hills was the best answer to meet this juvenile's needs, but it was the only answer.

Due to no placements being available, this also required this juvenile to be held in Winnebago on a Chapter 51 as he was originally placed there. This requires a significant amount of money to be paid by the county as well. This juvenile was held there from approximately May 2023-November 2023 which was also against his rights. However, there was no option for an alternative placement and we would have to wait to get to his dispositional hearing for him to be placed at Lincoln Hills.

Additional Information

The State of Wisconsin desperately needs better placement options for our youth. Having to go out of state to find placements should be on a rare occasion but it seems to be coming up more and more often. We also need facilities that can meet the psychological needs of a juvenile without having to have the experience of going to Lincoln Hills to get into a facility such as Mendota. Our main goal as social workers is to lessen the trauma placed on the kids that we work with. There has to be a better way and/or a better system to meet kid's needs.

Story Background

Taylor County has worked hard to avoid placing youth out of state. This has been a struggle as well, but we believe that there are so many barriers to reunification and even treatment if children are not local.

Our biggest success has been a male youth that was placed at Lincoln Hills School and subsequently placed at Mendota. He made significant strides in his choices, behaviors, family interactions, peer interactions, coping skills, etc. He was having multiple contacts with law enforcement and the agency weekly and returned home with a treatment plan in place, after a short term (9 months) placement at Mendota. There have been zero issues upon return, due to what he learned, as well as being on the correct treatment regimen. It would have been helpful to have this option prior to a correctional placement.

We currently have two males that have struggled with similar behaviors but are CHIPS/JIPS youth. They do not qualify for a correctional placement, but also, we would not want to place them in corrections if it can be avoided. However, their behaviors in RCC placements continue to escalate. They are getting “kicked” out of placements before they can even get to the treatment programs. Placements are not tolerant of behaviors caused by mental health but display as criminal and defiant behaviors. These youth are typically lasting one week to one month in placements before the agency receives a 30-day notice. At that point finding a next placement is nearly impossible due to the behaviors that got them removed from the last place.

Recently, we had a youth that was removed from the home due to severe neglect and physical abuse. He was placed temporarily into a local foster home, which lasted about one week. He then had to go to a shelter until another placement could be located as we were unable to find a placement. From there he was accepted into a group home. He was there approximately one week, when they gave a 30-day notice, which fell on Christmas. They indicated that they would be willing to work with us on a date, due to the holiday, however as his behaviors continued, they stated that he needed to be moved “NOW”. The Wednesday before Christmas, the youth’s mother passed away. Because this youth had no supportive persons at the Group Home, it was decided that the agency workers would deliver the news the following day when we were picking him up because the group home insisted that he be moved. We did not have any success for placement options, after calling relatives, treatment foster homes, group homes, RCC’s and shelters. The SYNC referral was completed, but the system is not for immediate placement needs.

We brought him back to the county and had a team deliver the news about his mother. We had crisis available to assess any needs for inpatient. It was deemed that inpatient was not necessary, but the youth was clearly in shock and not fully processing what was happening. This was the Thursday before Christmas. The Protective Services Supervisor felt it was appropriate for this youth to be considered for Crisis Stabilization based on what he was processing or could occur when reality set in. Upon contacting Willow Creek for Crisis stabilization, we were asked if he was homicidal or suicidal (no), has he tried hurting anyone (yes). They would not take him because he had attempted to harm a member of staff at the group home and threatened to harm a peer. So, you need to be homicidal or suicidal, but not actually threaten or attempt harm? That is a very small space to fall into. We proceeded to contact North Central Health Care for Crisis Stabilization. After explaining the situation, they stated that he would be better suited for the hospital. Upon contacting the hospital, the psychiatrist returned a call and indicated that he would be better suited for Crisis Stabilization. The youth was willing to go wherever he needed to go, knowing that he had nowhere else to go.

Ultimately NCHC Crisis Stabilization agreed to take him. The agency was contacted within days that they wanted him to leave because he was verbally acting out. He was reassessed for a 51 but determined not to meet the criteria, and in the meantime was voluntarily admitted to their Inpatient Unit. There was some confusion between NCHC and the agency regarding the 51, but ultimately the 51 was dismissed and the youth remained admitted voluntarily to the Inpatient Unit. The agency was contacted numerous times over the next week, asking to remove him as he did not need that level of care. We had no alternative placement and were working furiously on locating a placement, again contacting relatives,

treatment foster homes, group homes, RCC's and shelters, continuing to utilize SYNC. We had 3 workers, our Foster Care Coordinator, a Supervisor and the Director working on making calls. NCHC was threatening to discharge the youth at midnight, if not removed. Our Director and Corporation Counsel became involved, pushing NCHC that in order to discharge, there had to be an adequate discharge plan. In coordination with our Corporation Counsel, NCHC's Corporation Counsel and the youths Adversary Council the youth remained at NCHC voluntarily knowing that he had right as a patient to leave, which he chose to stay. Youth voiced that he was choosing to stay as he did not want to be "bounced around," until a placement was found.

The youth returned to Taylor County on Tuesday, January 2nd for his mother's funeral. We were advised that he was not to return to NCHC. Fortunately, that morning, we were able to locate a treatment foster home willing to try. This was stressful for staff at the agency and likely very upsetting for the youth who was already going through a difficult time. He has been in care for 2 months and is currently in his fourth placement, along with recently losing his mother (caregiver). He has yet to begin any type of treatment. It would be beneficial for this young to be receiving intensive treatment with a plan for moving forward.

Walworth

Story Background

Our department has an open case on an 11 year old girl, who has been receiving services from our agency since she has been 8 years old. Her family has been provided ample services through CCS, including OT, therapy, family therapy, play therapy, and medication management, as well as the child received prevention services from the Youth Justice Department. The child became involved with CPS when she was 10 years old due to significant behavioral issues and her parents inability to manage her behaviors. She would become very aggressive with her mother, step father, and there were times that she was aggressive with her grandparents, who seemed to be able to manage her behaviors slightly more effectively than her mother and step father. Some of the actions she committed were putting a bag over her step fathers head, breaking windows and throwing glass in the home, chasing her grandfather with a meat cleaver, kicking her mother in the head while she was driving a vehicle, giving her aunt a black eye while she was driving, and she also had moments of suicidal ideations. Many of these behaviors were due to not getting her way. Our department had a thorough assessment completed on this child to better understand her mental health, as well as a bonding assessment completed on this child and her mother. The conclusion was that the child was not on the spectrum, and did not have any learning deficits; however, the assessor was very concerned that the child was exhibiting signs of antisocial personality disorder, and there were significant concerns around this child needing DBT services due to her extreme lack of empathy. Unfortunately, this child was too young for DBT services, as the required age throughout the state is 13 years old, and there were not many options for this service locally. As a county we continued trying intensive services, and eventually placed her with her grandparents as the mother was not able to manage her child in her home. We tried rotating her time between the mother and grandparents, and this was not working due to the mother contacting crisis and law enforcement on the nights that the child was in her care. The child remained in out of home care for 4 months with her grandparents, with minimally reported incidents. However, the grandparents had several unreported frustrations, despite several services, and attempted to place the child at the Agape House. Our department assisted with this; however, in order to place there, the child cannot be in out of home care, resulting in a reunification. This agency discharged the child approximately one month after being placed there due to minimal aggressive acts. The child had to return home to her mother, and her aggression started again. Our agency found a respite provider for weekends to support this mother, however, it was a challenge early on in the case to locate any respite, not even family. The child was observed attacking her mother on a ring camera that really demonstrated her level of control over her mother, and her lack of empathy. She was then placed in secure detention awaiting a placement. All RCC placements denied this child due to her aggression. These are the following places that the department reached out to and were denied: Tomorrows Children Inc, Chileda Institute Inc, Family Services, Genesee Lake School, Northwest Passage Prairieview, and River Bend Place. Due to no placement options within the state, she was placed at Heartland in Missouri, where they provide psychiatric residential placement, including DBT and family therapy.

Child's Experience

The child has some struggles with separation anxiety, so leaving state or even leaving home has been a struggle. This is also the first time the child had been on an airplane, and she was not leaving with her parents.

Parent's Experience

The parents feared the child leaving the state. That is part of the reason RCC was not sought sooner. The parents and grandparents worked with every service thrown at them to avoid her leaving the state. Since she has been gone, the mother has not gone to visit the child, but the grandmother has. The distance is creating a barrier for the child to work with her mother and heal. If the mother is not able to travel to visit her, then the child's anger toward her mother will grow.

Impact on Case Worker

The last thing a worker wants is to keep a child in secure detention awaiting a placement. It is incredibly time consuming to search over and over to get the same response that the child is not a fit for their program. Leadership is not a fan of children going out of state, and there is a disconnect, as they are not aware of how difficult it is to place children in state. It seems like the children that qualify for RCC, are not really RCC level. It is also very difficult for staff to have such a large distance between them and their consumer. They cannot stay connected to the child and they have to break the news to the family that their child will be so far away. It is also a large expense for the county to pay for the travel to take the child to the placement, to visit the child at the placement, as well as go get the child and bring them back.

Walworth County 2

Story Background

The female youth was placed with foster parents at 4 days old. An adoption was done through Milwaukee County. The parents split up and the youth resided primarily with her mother in Waukesha County, while the father resided in Illinois. As a pre-teen the youth had aggressive, acting out behaviors. The youth had a JIPS order and services through youth justice and the Comprehensive Community Services (CCS) program in Waukesha County.

The mother, the youth and her adopted sibling moved to Walworth County. There were frequent police calls to the residence for aggressive, acting out and abusive behavior to the disabled mother by both girls. Both girls were removed from the home, put in foster homes and placed on delinquency orders in Walworth County.

The female youth was in several different foster homes and a group home before ending up in secure detention while the county searched for a placement. Each placement ended because she acted out in an aggressive manner. In the final foster home the youth endangered the pregnant foster mother, an in-home therapist and a foster child by going after them with a knife.

The assigned worker requested placement for the youth in all the Wisconsin residential facilities. She was rejected by all, so we had to look out of state. The youth's first out of state residential facility was in the State of Arizona for a duration of 15 months. When we felt she was stable enough, we requested placement in a Wisconsin residential facility so we could work on reunification with her mother. The mother unexpectedly passed away while the youth was waiting for a bed to open up in the Wisconsin facility that accepted her.

The youth was brought back to Wisconsin, but acted out aggressively toward staff in the Wisconsin facility. She had to be immediately removed and put in secure detention. The youth was in secure detention from early October 2022 until January 2023, which contributed to her mental health seriously deteriorating. She was able to be placed in a PRFT in

Missouri, where she spent 9 months. She returned to Wisconsin after she completed treatment and turned 17 years of age. She is receiving intensive services through the supervised independent living program and CCS.

Over time we realized this young woman had severe mental illness and that her needs could only be met in a long-term psychiatric treatment setting.

Child's Experience

The youth was very close with her mother, but she was placed out of home from the age of 13 to the age of 17 and rarely saw her mother. She was scheduled to start at a Wisconsin residential facility in early July of 2022. She was literally waiting at the airport to fly to Wisconsin when she received word that she could not go to the Wisconsin facility due to staffing issues and that she could not be admitted to the facility until that was resolved. It was traumatic for her to have to go back to the Arizona facility to wait for a date that she could return to Wisconsin, and then her mother passed away unexpectedly in mid-July. It was also very traumatic that she could not spend any time with her mother before she passed. She was admitted to the Wisconsin facility in mid-August and we were able to arrange for her to be at her mother's memorial.

This youth struggled because she didn't recognize or accept the severity of her mental health issues. To this day she doesn't really seem to understand.

Parent's Experience

The disabled mother could not have her child with her for her own safety, but I'm sure she would have preferred to have her daughter in Wisconsin so she could at least visit her on a regular basis. The mother was able to effectively participate in the youth's treatment virtually, but in person would have been preferable. Despite her disability the mother was able to fly to the facility in Arizona on one occasion to see her daughter. If the youth had had adequate treatment in Wisconsin reunification probably would have happened sooner and before the mother passed away.

The adoptive father has been entirely uninvolved since he separated from the youth's mother. He has wanted to terminate his parental rights since the time of removal.

Impact on Case Worker

The agency impact has been from the worker, to the supervisor, to the manager, to the deputy director and the director himself. We primarily want our youth close, but we also want them to have the treatment they need. Our agency rarely placed a youth out of state until 2019, and then it became more typical, especially for placement of our troubled girls. We've had times where we've had 5 youth placed out of state, which makes for a great deal of travel.

It's stressful to search for a facility that will provide them the treatment they need, where we feel confident they will be safe. It's also stressful that we cannot see them in person as often as we would like since they are in facilities we are not familiar with, and that we cannot respond in person quickly if something happens when they are far away.

It's hard on the workers who fly and drive long distances to transport and visit our youth. We only have 6 youth justice workers, but for safety reasons we often send two workers when transporting or visiting youth. Our workers also often choose to fly out in the morning and return the same day, which makes for a very long day.

I believe any worker will tell you that searching for placements and having a youth placed out of the home is far more work and stress than a youth who is placed in the home. Having them placed out of state adds a whole other level of complexity.

Additional Information

I've shared my view as a supervisor. I think my staff that handle these placements would have good information to share as well.

I also feel very strongly it is highly inappropriate to keep youth in secure detention for weeks or months while they are waiting for their worker to find a placement and for a bed to open up. These are good facilities, but they are not designed or equipped to handle many of these youth. This is unfair to the youth and the staff. It also causes beds to be unavailable for youth who actually should be confined in secure detention.

Walworth County Department of Health and Human Services 3

Story Background

Child was previously in several in-state placements, including foster homes, respite homes, secure detention, shelter cares, as well as in-state residential facilities. When those placements failed and all other in-state residential treatment centers did not accept him due to his behaviors and past history, we were forced to send him out of state to Youth Villages.

Child's Experience

The child did not want to be sent out of state. The child was scared to be going into another residential facility as it was and when the child learned it was out-of-state that made it even worse. child adjusted well and made good connections while there, however the child did not have anyone back in the state he left from as a strong informal support. The child did miss being closer to case workers and providers. It was incredibly challenging trying to find a long term placement for him. When we received interested home studies for the child, we would connect them via zoom. We even flew a family out to meet him on 2 different occasions in order to have longer meaningful visits. Not only are residential facilities costly, but it is very costly to maintain connections with the worker and the child, family and the child as well as any potential future placements.

Parent's Experience

N/A

Impact on Case Worker

This process was incredibly time consuming. The worker took so much time to complete referrals for all in-state facilities including group homes, shelter cares, residential facilities, and treatment foster homes. Then there was a waiting period for the agency to review the referral and do an interview with the child only to be told they will not accept him, or that there is a very long waitlist. We had to have weekly court hearings to review his placement as he sat in secure detention awaiting a lesser restrictive placement.

Washington County Human Services

Story Background

Washington County provided mental health services to a youth from ages 14-18 who had significant mental health and physical health challenges. They engaged in self-harm behaviors and suicide attempts frequently and often refused to

participate in safety planning. One of the identified manners of suicide for this individual was refusing to eat which led to physical health concerns, including low blood pressure and the eventual placement of a feeding tube. Despite a community based mental health team and supportive parent/family, they were placed on a mental health commitment multiple times and received treatment at many psychiatric hospitals in Wisconsin, including Winnebago Mental Health Institute. The youth also was selectively mute and utilized a white board and marker for communication which made treatment challenging and required significant medical testing to rule out any physical issues. She was eventually admitted to Children's Hospital for multiple months due to her physical health concerns. This was not an appropriate placement for her due to her ongoing psychiatric needs--she often became aggressive with staff, attempted to flee, and attempted to self-harm. She was placed in restraints at the hospital and required to wear a helmet due to frequent head banging but was not able to be medically cleared to be admitted to a psychiatric facility. Washington County Behavioral Health worked closely with Child Protective Services and Children's Hospital staff to find appropriate placement for this youth. Children's Hospital spoke with every facility in Wisconsin and they all declined this individual due to her complex combined mental health and medical needs. Staff reached out to an additional 25 facilities around the country that specialize in cases like this and were able to find placement at a facility in Virginia that could treat both mental health and medical issues. The Virginia placement was the only facility willing to accept them. CPS had to place the youth on a voluntary CHIPS petition in order to place them at this facility and arrange air travel for the youth to arrive at the residential center.

Child's Experience

Extensive coordination was needed to get this youth to out of state placement, including arranging private air travel with medical staff present. Both the youth and parent were frustrated with the need for an out of state placement, especially one that was far enough away to make travel challenging. Additionally, this child was in placement throughout the COVID pandemic meaning their family was not able to travel and visit with them in person at all during the duration of their year long stay. This was quite upsetting for the youth's entire family, both parent and siblings, who felt like they lost time together and did not have the ability to connect outside of a video chat. The distance made transitioning the youth home challenging as well since they were gone a year with very little contact or ability to visit or slowly transition home. This was challenging for both the youth and family. Additionally, out of state placement had a significant impact on the youth's education. They were placed in an alternative/specialized school setting prior to leaving the state and when they returned, the family had moved homes and was in a different district, meaning the youth had to start over in a traditional school setting to determine her level of need before being placed again at the alternative school. Additionally, her family moving homes was a major challenge for the youth upon her return since she was coming home to a completely new house and community. Again, being placed out of state prevented any sort of gradual transition home process that would have been helpful to acclimate this youth to a new home.

Parent's Experience

The parent of this youth was frustrated by out of state placement and felt conflicted about their child's need for intensive treatment and their inability to keep them safe at home—at times, the parent expressed they would just keep the youth at home to avoid the placement even though they also recognized the need for additional treatment and support. The parent was especially frustrated about the distance of the placement which meant they were not able to frequently see their child or be involved in treatment in a significant way. This issue was further complicated by the COVID-19 pandemic which meant a planned trip to visit the youth was cancelled and the parent could only interact with their child via virtual options. This parent was also aware of the resources available to them (they worked full time and made a decent salary, had benefits, including private insurance and time off) and had the ability to travel sparingly if possible. Many parents/families would not be able to afford a long distance trip such as this or have the ability to take time off work or from other responsibilities. The parent also has other children and discussed the impact this placement had on them—they were away from their sibling for over a year which impacted sibling relationships and made the transition home challenging. The parent also expressed frustration with communication while their child was out of state. At times, the parent felt they were not promptly notified of incidents and concerns about their child (such as the need for restraints/holds and injury/illness) and they felt disconnected and unable to assist their child because of this.

Impact on Case Worker

The mental health team felt extremely frustrated by this case and the issues with not being able to find appropriate placement in-state. Staff often felt helpless and uncertain about the best ways to help this family and felt like they were not able to provide the youth or the family with the treatment that was needed. Additionally, trying to find out of state placement was an extremely challenging process due to not being familiar with resources and options in other states. Without the assistance of Children's Hospital, behavioral health staff would not have known where to look. Staff consulted with multiple DHS staff about the case and were often frustrated by these conversations as well as our state partners had many of the same barriers regarding finding an appropriate placement. COVID-19 made transition planning very challenging and a new team needed to be put in place when the youth returned home. Washington County spent significant time, money, and resources on this case over many years as we worked to find the best treatment for this youth.

Additional Information

One of the most challenging pieces of this case was the youth's many month stay at Children's Hospital due to not being able to find appropriate placement. Being in a hospital setting and often restrained was not appropriate or helpful for this youth and likely caused additional trauma. The Children's staff were put in a challenging situation as they needed to treat this youth who had needs beyond what their facility was able to handle. Winnebago often declined acceptance of the youth due to her physical health issues or admitted and then discharged her to a hospital. At one point, county staff had to assist Mom in filing a petition for guardianship to allow Mom to override the youth's refusal of medical treatment since she was over the age of 14.

Waukesha County Health and Human Services

Story Background

In June of 2022, a 16-year-old youth was opened to the Department youth justice division due to uncontrollable behaviors. There were two social workers assigned due to the high needs of the youth and family. The youth has been with adoptive parents since 6 years old but was formally adopted at age 10. The youth has a history of abuse and neglect and a trauma history, including reported sexual assault from biological father at the age of 1, 3, and 6 years old. During the Department's time with this youth, they had been hospitalized at Winnebago Mental Health Facility over a dozen times. While placed at Shelter Care due to behavioral concerns, the youth had engaged in aggressive behaviors toward staff, as well as dangerous behaviors such as repeatedly lying in the street.

When trying to locate residential facilities for this youth, this worker had put in 16 referrals for residential facilities across the US. Most of the facilities, including the facilities in Wisconsin, denied the youth due to physically aggressive behaviors, self-harm, and suicidal ideation. Some facilities did not respond at all to the referrals or contacts. Millcreek of Arkansas a secure psychiatric residential facility was the only location that accepted this youth. While attending Millcreek of Arkansas, the youth engaged in Cognitive Behavioral Therapy, and completed a trauma narrative, which allowed them to address struggles with Post-Traumatic Stress Disorder, as well as learning healthy coping skills. However, the fact that they had to be placed out-of-state to receive these critical services was detrimental to other areas of wellbeing. As the youth needed the support immediately, and the facility was out of state, pre-placement visits were not an option.

Child's Experience

In December 2022, the youth was admitted to Millcreek of Arkansas. The logistical options to facilitate the transition from Wisconsin to Arkansas were limited. The youth wasn't stable enough to be transported by the Department, parents, or via plane, which resulted in a secure transport agency with 2 officers to transport the youth from Wisconsin

to Arkansas. Ultimately, the youth was driven over 13 hours from Winnebago Mental Health Facility to an unfamiliar treatment center by 2 employees of a transportation company, people they had never met.

While in treatment, the youth did not have the opportunity to visit with any of their siblings or their father. The hardest challenge for the youth was not being able to see their youngest brother with whom there is a close relationship.

The youth continued to receive services until October 2022, when they were successfully discharged from Millcreek to Positive Alternatives, a QRTP group home in Wisconsin. Because Positive Alternatives was in Wisconsin and the youth was placed in Arkansas, the youth was only able to have one virtual visit with one of the workers before transitioning to the QRTP group home. The youth was not able to see where they were going to live until the day they moved. Thankfully the youth's mother was able to fly down and transition the youth from Arkansas to Wisconsin, which took a total of 2 days of traveling, a luxury not all families have the ability to do.

Parent's Experience

The youth's parents and family resided in Wisconsin while she was in treatment in Arkansas. The mother was able to fly down to Arkansas to visit a total of 2 times out of the 11 months while placed at Millcreek. Fortunately, parents were able to afford the cost, as well as time off from work and being able to arrange for the care of the other children in the family. The only other in-person visitor the youth had was the social worker. The worker was able to travel to Arkansas on a quarterly basis and see the youth, which was 3 times over the 11-month stay at Millcreek. Millcreek's programming does incorporate family therapy into their practice, which had to occur virtually instead of in person since the youth was placed so far out of state. Even though the youth's parents engaged in the virtual sessions, the quality and effectiveness of the sessions were hindered by it occurring virtually instead of in person.

Impact on Case Worker

The search for in-state options to match the treatment needs of this youth were challenging. While seeking placement this youth lingered in Secure Detention and had frequent contacts with mental health crisis services resulting in emergency detentions. The limited placement options and lack of resources contributed to the impact this case had on the social work team involved. There were times when secure facilities would no longer accept the youth due to behavioral history resulting in placement in secure detentions up to 4 hours away. The time in secure custody, without access to treatment and services, increased the behavioral and mental health instability to a level that caused harm and made it difficult to provide consistent supportive services. The social work team provided consistent messaging to the parents about the process and limited options. Parents were torn with the option of out of state or return home, knowing treatment for their child was necessary. The workers spent countless hours assisting the family with the process as best they could with the distance barrier. Another difficult decision was how to transport the youth to another state in the safest manner. This required the use of a secure transport company. This did not align with our trauma informed philosophy, however in weighing out the risks for the youth, it was the safest option. Travel to the residential facility for face-to-face visitation with the youth was arranged by the worker in compliance with Out of Home care standards. This happened quarterly. This travel took the social worker offline for multiple days and incurred costs for airline tickets, rental car, and hotel. The worker was supported to determine best timing of visits based on their schedule. The social worker also attended to virtual meetings with the treatment providers and youth on a consistent basis. If the youth was in a state-run facility the social worker could meet more frequently, continue to build relationship, and connect the youth to community services for supports prior to discharge.

Additional Information

The youth was stepped down to a group home setting in Wisconsin, Positive Alternatives, and is projected to return home later this month. Because Positive Alternatives is in Wisconsin, the youth has been able to have a 5-day Thanksgiving visit, as well as a 6-day Christmas visit, which has allowed the youth to more smoothly transition to reunification, an option an out of state placement does not allow.

In the end, the youth is going to be transitioning back home 6 months before their 18th birthday, but the whole experience and process was not as trauma informed as it could have been if the youth would have been placed at a residential facility in state. There is also a possibility that the youth could have transitioned from the residential facility straight home instead of a group home first if the residential facility had been in Wisconsin near the family. If the youth would have had the opportunity to have extended visits at home with family while in a residential facility like the Wisconsin group home allowed, the youth could have transitioned home 3 months earlier. Additionally, the youth went from living in a locked facility with a regimented routine for 11 months to a group home with one or two staff present and limited structure. Ideally, the youth would have been able to begin executing some of the skills learned at Millcreek in the community toward the end of the program, like they are able to do at Positive Alternatives once placed in Wisconsin, and close enough to family for an extended visitation to occur. However, the youth did not have other formal or informal support in Arkansas to help assist in the transition. It would have also been ineffective to try and connect to other community supports while at Millcreek knowing that they would be moving back to Wisconsin after being discharged. The youth experienced sudden changes in their support systems, losing all known supports while moving to Arkansas and then again when transitioning back to Wisconsin at Positive Alternatives. These abrupt losses increase feelings of mistrust and attachment issues, which the youth has had from a young age due to the trauma they have experienced throughout their lifetime.

Wellpoint Care Network (Contracted with the Division of Milwaukee Child Protective Services)

Story Background

Wellpoint Care Network provides care for a 17-year-old male who has been diagnosed with multiple co-occurring disorders that were severe and imminently dangerous to themselves and the people that cared for them while they were living close to family in Milwaukee. He requires close monitoring and frequent interventions to ensure he remain safe. If he wasn't being closely monitored by specialized treatment providers, he would put themselves and others in very dangerous situations or would take action to attempt suicide. For nearly 10 months, he was inpatient in various short-term treatment facilities throughout Wisconsin, none of which had the capacity to provide the level of treatment required to stabilize and support him. Many other providers were not willing to enroll him due to his high needs.

As weeks turned into months, his needs continued to escalate. Providers throughout southeastern Wisconsin met regularly to discuss how to keep this young person safe and get him access to the treatment they needed. After 10 long months of being in and out of short-term hospital stays, an out of state facility accepted him to their treatment facility. Youth Villages in Georgia believed they were equipped to meet the needs of this young person.

Child's Experience

The 17-year-old in our care has grappled with intense thoughts of suicidality. The weight of his mental health disorders became too much for him to bear. He sought out care, with the support of his family and care team, at multiple in-state hospitals and residential treatment centers. He was denied care for months, so when he learned that he was accepted at Youth Villages, he was relieved. Despite the urgency of his situation, they reported feeling anxious about leaving his family and care team. The day before he was set to leave, he was nearly hospitalized for putting himself and others in severe harm. He said they were so worried about leaving his loved ones that he wasn't sure he was going to be able to make it through the two-day trip to Georgia. After helping him to stabilize, his child welfare case manager went along on the trip to Georgia to help them feel safe transitioning to the treatment facility. He said this helped him feel more at ease moving into the unfamiliar facility in an unfamiliar state.

Parent's Experience

Mom is a single mother with younger children living with her at home, so traveling to Georgia to visit her 17-year-old is very difficult. The distance has created a physical and emotional gap between them, intensifying feelings of helplessness. She grapples with a mix of emotions, including worry, guilt and hope, while she navigates the complexities of supporting

her child from afar. Similarly, distance has created barriers to maintaining a connection to their siblings. This 17-year-old has missed all his siblings' recent birthdays on top of not being together for Christmas.

Impact on Caseworker

The impact of out-of-state residential treatment placement extends beyond the individual child and family; it reverberates within the community. The decision to place any child out of state is never easy, but the process of finding appropriate treatment for this 17-year-old was extraordinarily burdensome on our agency and partners. There were challenges at every step.

From January through September 2023, there were over 100 leaders in behavioral healthcare, child welfare, law enforcement, and the judicial system that tirelessly worked to respond to crises or to find appropriate care for this 17-year-old. After being denied placement because in-state providers were unable to meet his needs, frustration and disappointment grew.

Now that he is placed out of state, maintaining regular contact creates a logistical challenge. Facilitating travel for visitations, providing guidance to the family on navigating the out-of-state healthcare system, and coordinating creative ways to offer him emotional support while being disconnected physically are all new challenges the team must navigate.

Additional Information

This 17-year-old has transformed in the four months of care that he's received at Youth Villages. He reports that he has few thoughts of suicidality, and Youth Villages has reported that he is learning effective coping skills. His care team in Milwaukee is worried about his transition home. He should be able to get this care closer to home and have an opportunity to slowly transition back home with increasing visits from family.

Wraparound Milwaukee

Story Background

The youth had a significant trauma history and struggled immensely in the community, at school and at home. He was on a CHIPS order because his mother was unable to meet his needs in home. He was placed in foster care where he continued to struggle with mental health and behavioral needs, which resulted in numerous inpatient hospital stays, multiple changes in foster homes and some time in temporary shelters while placement was found. He was eventually placed in a Treatment Foster Home and the TFC Parent eventually took guardianship to allow for the youth to live with them permanently as it was determined that his mother was unable to meet his needs.

Due to his trauma history, he struggled with understanding appropriate boundaries, consent and sexualized behaviors that led to contact with the delinquency system. When I joined the Team, the youth was in the juvenile secure detention center. The services and support in place (Individualized Education Plan, individual and group therapy, Crisis Stabilizers, Mentoring, medication management, care coordination) were unable to appropriately address his trauma history and support his mental and behavioral health needs. He continued to struggle significantly with impulsivity and emotional regulation. When triggered he would become physical, which led to frequent contact with the police. He also struggled to remain in care and would frequently runaway when he was upset.

His Guardian and Team believed he needed a higher level of care to appropriately support his needs and provide more intensive treatment. His guardian and the court did not think group home level of care was appropriate due to safety concerns. Wraparound referred for all in state Residential Treatment Centers, however he was denied due to his high level of need, behavioral struggles, and safety concerns with his trauma responses. No in state centers felt that they

could appropriately support his needs and keep him and other youth in their care safe. Ultimately, he went to an RTC out of state, many states away from his family.

Child's Experience

This caused him immense amounts of stress leading up to the move as he was afraid to be away from his family. When he moved out of state he had to disenroll from Wraparound services. I am no longer on the treatment Team.

Parent's Experience

This caused him and his caregivers immense amounts of stress leading up to the move as he was afraid to be away from his family and not able to have in person visits on a consistent basis. When he moved out of state he had to disenroll from Wraparound services. I am no longer on the treatment Team.

Impact on Case Worker

It was very frustrating and sad that he had to go out of state. The workers continued to re-refer to all in state options multiple times, but he was denied over and over again due to them not being able to meet his needs. It was heartbreaking to continue to have to tell the family that he was denied for all in state options. This made the youth feel unwanted and unloved and negatively impacted his self-esteem and mental health.

Additional Information

We need more in state options that can support youth who have high and complex mental health needs and trauma responses. We especially need these services for youth with sexualized behaviors.

Wraparound Milwaukee 2

Story Background

Joey (name changed to protect his identity) was placed in foster care at a very young age (3) after his birth-mother voluntarily terminated her rights due to struggles with substance abuse. His foster mother adopted him within a year, and within a couple of years afterwards he began having significant behavioral issues in the home, community, and school. Within another couple of years, his adoptive mother was unable to confidently and safely care for him due to physical aggression towards younger youth in the home. She ended up filing for a Pro-Se CHIPS order at Childrens' Court, with initial placement in a foster home. He was very much opposed to being placed in foster care, wanting desperately to remain with his family. There was substantiated physical abuse towards him in one foster home when the foster parent used corporal punishment in an attempt to redirect his erratic behaviors. He ended up in four different foster homes in the course of a year.

As he grew older, it was determined that he was on the Autism Spectrum and he had also developed Reactive Attachment Disorder due to the multiple changes in his caregivers. He ended up in group home after group home, getting discharged due to extreme behavioral issues, including physical aggression to staff and other residents as well as property damage and runaway behaviors. He ended up in a residential facility in Milwaukee but due to similar behaviors as he had in group homes, he was unable to remain there. He ended up in another residential facility out of county, where he struggled with day-to-day expectations and conflicts with staff and residents. The facility closed down unexpectedly and he was relocated to another residential placement. After this placement was unsuccessful and he had "burned his bridges" at other placement options, along with being denied at several facilities in Wisconsin due to the paper trail of negative referrals, he ended up in a residential facility out of state. He was disenrolled from Wraparound and only had minimal contact with DMCPs due to their policies of youth placed out of state on CHIPS orders. When he

was placed away from Wisconsin, he lost all the connections he had with his adoptive family as well as his informal/natural supports and his community as a whole. He had to adjust to an entirely foreign world on his own, and, unsurprisingly, did not do well in this new setting.

Child's Experience

Basically, the youth expressed that he was "scared" and "worried about" being out of state, and also made comments to his mother about how he thought that he would never return back to Milwaukee. He said he also felt like people didn't care about him and just wanted him "gone."

Parent's Experience

The mother of the youth initially thought that her son was going to finally get the care and treatment he needed, but after experiencing the actual process of her son going out of state, she felt like she was not kept in the loop with regular communication and updates. She said that she wished that he would never have gone out of state and was frustrated that there were not alternative placements available in Milwaukee or Wisconsin.

Impact on Case Worker

The worker (care coordinator) expressed feeling frustrated and helpless about the situation.

Additional Information

I feel as though youth should never be placed out of state, as there is a default status of "out of state/ out of sight/ out of mind."

Wraparound Milwaukee 3

Story Background

This youth in particular came into Wraparound in August of 2021 the youth at this time was residing with her mother, grandmother, and siblings in the home. At this time, the youth came in on an open CHIPS order. In May 2021 that youth experienced homicidal ideations in which CMC responded. In 2018, the youth began Child Dynamics Day Treatment, but due to physical reactions while at the day treatment, such as throwing chairs and fighting, the police were called, and she was restrained. The youth was no longer able to attend. The youth has also threatened members of her family as well as teachers at school when she is upset. The youth continued to have struggles with physical altercation with family and a youth was taken into Temporary Physical Custody (TPC) by the Division of Milwaukee Child Protective Services (DMCPS) in March 2022, and was placed into a group home the youth continued to struggle with her behaviors and suicidal ideations and along with attempts. Over the course of her enrollment in Wraparound this youth attended over 10 group homes, stayed with other relatives, shelters, Foster Homes, along with time in detention. While after her inpatient stay at Winnebago youth was ordered to go out of state to a Residential Treatment Center in Ohio. The youth was there for less than 6 months and was sent back to Milwaukee and continued to struggle with her mental health and behavior where she was sent to the Milwaukee Emergency Mental Health Hospital over 10 times in less than two months where she ingested medications, cutting her wrist, and attempting to hang herself while inpatient. This youth continues to struggle with her mental health and aggressive behaviors. This youth is currently at risk of going out of state again pending acceptance of a placement due to no placements available or equipped to manage this youth behaviors in Wisconsin.

Child's Experience

The youth was not happy about going out of state due to not being around family and being in a completely new environment that was unfamiliar (Setting, city, state etc.) The youth also received more delinquent charges and this youth in particular behaviors increased and became more physical than previous. During this time the youth was not able to see a familiar face like family or case workers due to this youth being out of state and providing case management and coordination services.

Parent's Experience

This youth mother in particular was not happy about the decision made for her child to be sent out of state. The mother fought against, and the judge ruled and ordered this youth out of state. The mother was not able to go out of state to visit her child due to work and identifying travel to get there which but additional stressors between this youth and parent.

Impact on Case Worker

Due to the youth being sent out of state. Wraparound was removed and all services that were provided through Wraparound were terminated due to the youth being sent out of state. Positive relationships were built due to being involved with this particular family. Learning that the youth did worse in an out of state placement and new behaviors were presented made it even more difficult to identify a placement once the youth came back into Wraparound. The whole referral process had to start over. Placements were not accepting this youth due to not being equipped to manage the behaviors and mental health of this particular youth.