Addressing the Complex Needs of Youth: A Call to Action

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APHSA
American Public Human Services Association

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Introduction

Overview of Complex Needs and Systemic Challenges

Across the United States, youth with complex or high-acuity needs are some of the most at-risk populations served by state and local human services agencies. These youth, who often present with severe mental health conditions, behavioral challenges, and developmental disabilities, require intensive, coordinated care that spans multiple systems. As agencies strive to meet the needs of these young people, they are confronted with obstacles, including workforce shortages, limited placement options, and strained financial resources.

Despite their best efforts, many agencies find it increasingly difficult to support this population. Staff burnout, budget limitations, and fragmented service systems have become the norm, leaving gaps in care and pushing agencies to seek creative, yet often temporary, solutions. Compounding these issues are the lingering effects of the post-pandemic landscape, which has further stretched agency capacity and disrupted service delivery. The overwhelming complexity of this population demands a holistic response that goes beyond what today's systems are equipped to offer.

No single system has sufficient resources, knowledge, or capacity to adequately serve this relatively small and highly complex population of young people and their caregivers. A growing number of states are engaged in class action litigation and settlement agreements directly related to this issue. This crisis has coincided with a period of rapid reduction of residential beds in the child welfare system in many states due to provisions related to allowable funding for Qualified Residential Treatment Programs (QRTPs)—part of the sweeping Family First Prevention Services Act (FFPSA).

A recent APHSA survey of 125 health and human services agencies, representing both state and county leaders, provides a snapshot of how these agencies define, assess, and manage the needs of youth with complex or high-acuity needs. The survey reveals not only the immense challenges these agencies face but also highlights innovative practices and urgent calls for systemic change. This text will synthesize the key findings from the survey, capturing the perspective of human services leaders as they seek to address the complexities of caring for these youth.

While this survey sheds light on many of these challenges, it does not capture the full scope of the problem. Critical data on Individualized Education Programs (IEPs), particularly for youth placed out-of-state or in private placements, remains absent, highlighting gaps in our understanding of the full range of services these youth require. Despite these limitations, the findings offer a crucial snapshot of the current state of services and the urgent need for systemic reform..

Purpose of the Survey: Why APHSA Conducted This Research

The American Public Human Services Association (APHSA) initiated this survey as part of its broader mission to support state and local health and human services agencies in improving outcomes for individuals and families.

APHSA's state and local members' consistently rank this issue as an ongoing crisis for their agencies.

In the absence of existing national data, this survey was designed to gather critical information about how agencies are currently addressing the needs of youth with complex or high-acuity conditions, and to identify systemic barriers and opportunities for innovation. Additionally, APHSA has been part of an ongoing group of national peer associations, foundations and partners including the National Association of Medicaid Directors (NAMD), Child Welfare League of America (CWLA), Annie E Casey Foundation (AECF), Casey Family Programs (CFP), National Association of State Mental Health Program Directors (NASMHPD), Social Current, and Health Management Associates (HMA) in a joint effort to support state and local jurisdictions seeking assistance in building cross agency partnerships and shared commitment to solutions.

Goals of the Survey

◈ **Understanding the Scope of Complex Needs**
APHSA aimed to collect detailed information on how agencies define "complex" or "high-acuity" needs and the demographics of youth most affected. This would provide a clearer picture of the challenges facing agencies across the nation and amplify the need for federal, state, and local partnerships.

◈ **Highlighting Key Barriers**
One of the primary goals of the survey was to identify the key obstacles preventing agencies from providing the necessary services to these youth. This includes workforce shortages, funding limitations, placement challenges, and regulatory barriers. Fundamental questions remain as to which system is best positioned to lead comprehensive and collaborative planning efforts.

◈ **Sharing Innovations and Best Practices**
APHSA sought to capture and share the innovative strategies that agencies are using to address the needs of high-acuity youth. By collecting data on what is working well in different regions, APHSA hopes to facilitate knowledge-sharing and inspire other agencies to adopt successful models.

◈ **Informing Policy Advocacy and Systems Change**
The data gathered through this survey will help APHSA and other organizations advocate for policy changes at both the state and national levels. By understanding the needs and challenges of agencies, APHSA can articulate the necessity for increased funding, workforce development, and regulatory flexibility to improve services for these youth.

◈ **Strengthening Cross-System Collaboration**
The survey also sought to understand how agencies are coordinating with other systems, such as mental health, juvenile justice, and education, to serve high-acuity youth. Strengthening cross-system collaboration is a critical goal for APHSA as it seeks to promote more holistic, integrated approaches to care.

Ultimately, the findings from this survey will inform APHSA's broader efforts in partnership with our members and partners to create a more responsive, youth-centered human services system that better meets the needs of all youth.

Research Methodology

Participant Demographics & Survey Design

The survey was designed to capture both quantitative and qualitative data from a diverse group of human services agencies across the country. Agencies were asked a series of questions aimed at understanding the definitions, populations, service delivery challenges, and innovations surrounding youth with complex or high-acuity needs. There were several key factors guiding the survey's formulation:

Particpant Demographics
The survey was distributed to state and local human services agencies across 15 states. A total of 125 unique agencies completed the survey, with a mix of state-level and county/city-level agencies represented.

Qualitative and Quantitative Questions
The survey consisted of both open-ended questions to allow agencies to describe their experiences in detail, and multiple-choice or numerical questions to quantify aspects such as the number of youths served, placement challenges, and financial costs. This combination of methods provided a rich data set that highlighted both the scale of the challenges and the nuanced experiences of different agencies.

Data Collection & Analysis

APHSA collected responses over a two-month period, ensuring that a wide range of agencies had the opportunity to participate. Responses were anonymized and analyzed for common themes, trends, and outliers. The analysis focused on identifying recurring challenges, innovative solutions, and areas where policy or systemic change could make the most impact.

Key Topics Explored

◈ Definitions of complex or high-acuity needs

◈ Population demographics and specific challenges

◈ Service delivery issues and placement difficulties

◈ Staffing and financial constraints

◈ Innovations and solutions currently in use

◈ Cross-system collaboration efforts

◈ Barriers to expanding capacity and improving services

Survey Findings

Defining Complex or High-Acuity Needs

State and local agencies define complex or high-acuity youth as those whose needs span across multiple systems, requiring intensive coordination and support. These youth often have extensive trauma histories, substance use, severe behavioral and emotional issues, co-occurring disorders, and developmental disabilities. The survey identified several common characteristics that agencies use to define this population (*see Fig. 1*):

◈ **Multiple Systems Involvement**

Youth with complex needs are almost always involved in more than one service system. Mental health services, child welfare, juvenile justice, and developmental disability services are often working simultaneously to address different aspects of their needs.
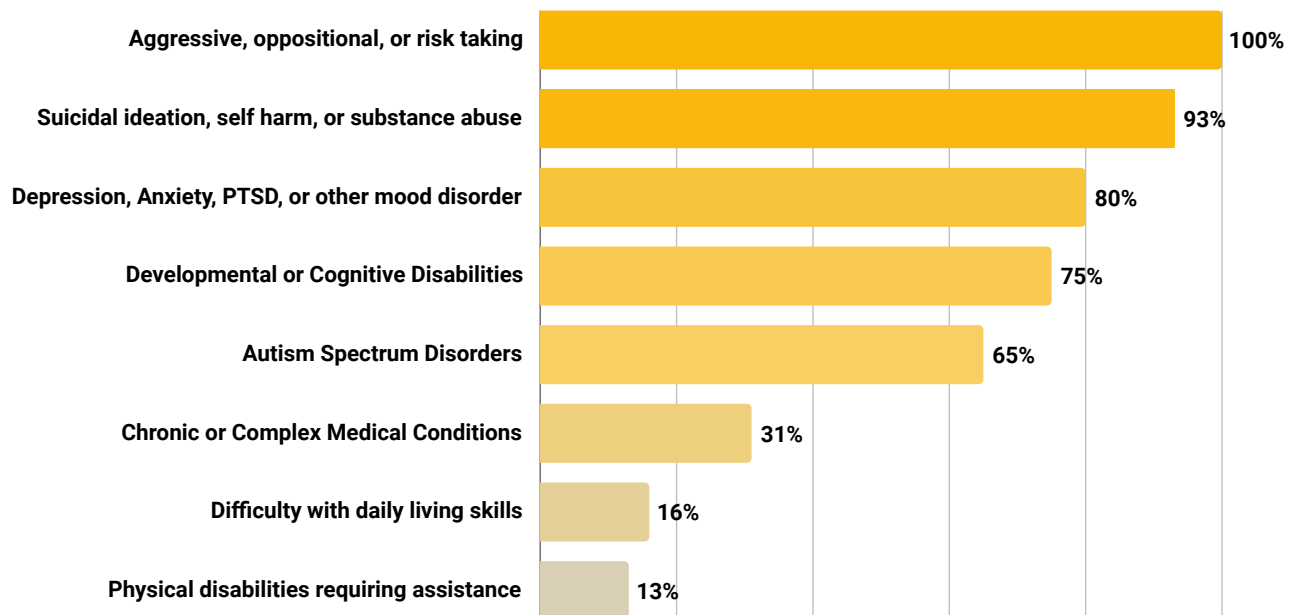
◈ **Severe Mental Health Conditions**

Over 75% of agencies highlighted severe mental health conditions—including depression, PTSD, anxiety, suicidal ideation, and substance abuse—as defining traits of high-acuity youth. These conditions, often exacerbated by trauma, make traditional placements difficult.

◈ **Co-occurring Disorders**

Many youths exhibit co-occurring conditions such as mental health issues combined with developmental delays or intellectual disabilities. The combination of these factors, along with behavioral challenges like self-harm or aggression, makes these cases particularly complex.

Fig. 1: Percentage of agencies that reported the most prevalent needs/behaviors among youth with complex or high acuity needs (137 unique responses).

Category	Percentage
Aggressive, oppositional, or risk taking	100%
Suicidal ideation, self harm, or substance abuse	93%
Depression, Anxiety, PTSD, or other mood disorder	80%
Developmental or Cognitive Disabilities	75%
Autism Spectrum Disorders	65%
Chronic or Complex Medical Conditions	31%
Difficulty with daily living skills	16%
Physical disabilities requiring assistance	13%

*See **Appendix A** for additional common characteristics of youth with complex needs.*

◈ **Risky Behaviors**

Youth with complex needs frequently display high-risk behaviors, such as running away, self-harm, or sexualized behaviors. These behaviors often make them difficult to place and care for in traditional foster or residential settings.

Demographics, Populations, and Pathways

While the definition of complex needs is broad, the survey highlights specific trends in the demographics of youth most affected. Adolescents aged 13-18 are the most common group experiencing complex needs, but these challenges are also increasingly seen in pre-teen populations. Additionally, survey findings reveal that Black, Latinx, Native American, and East African youth are disproportionately represented among high-acuity populations, raising concerns about systemic inequities.

◈ **Common Pathways**

Youth with complex or high acuity needs often come to the attention of agencies through formal systems like juvenile justice, educational institutions, and healthcare providers. Voluntary caregiver placements were among the most commonly cited pathways, emphasizing families' critical role in recognizing and seeking support for their children. However, the involvement of law enforcement and juvenile justice highlights the challenges of addressing behavioral issues that may escalate to legal consequences, underscoring the need for trauma-informed diversion programs (*see Fig. 2*). Less frequent mentions of grassroots or community organization referrals suggest opportunities to better leverage these networks for early identification and intervention.

Figure 2: Percentage of most common pathways through which youth with complex needs come to the attention of agencies (129 unique responses).
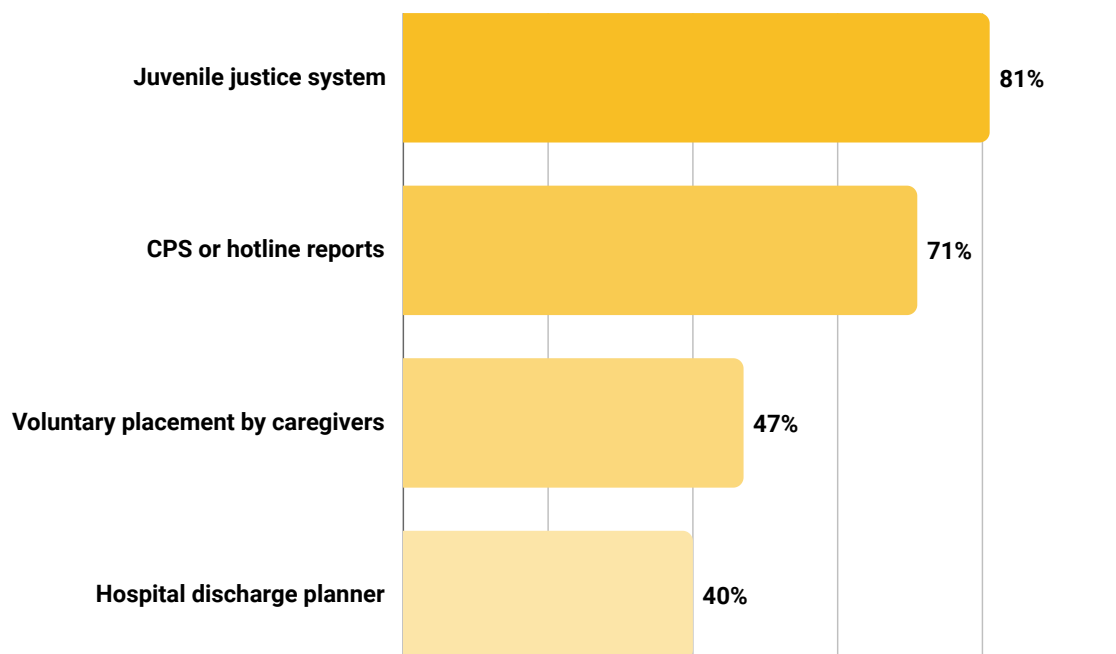
◈ **Adolescents (13-18 years)**
Agencies identified adolescents as the most affected by high-acuity needs. This age group is more likely to display severe behavioral and mental health issues that require intensive, multi-system care.
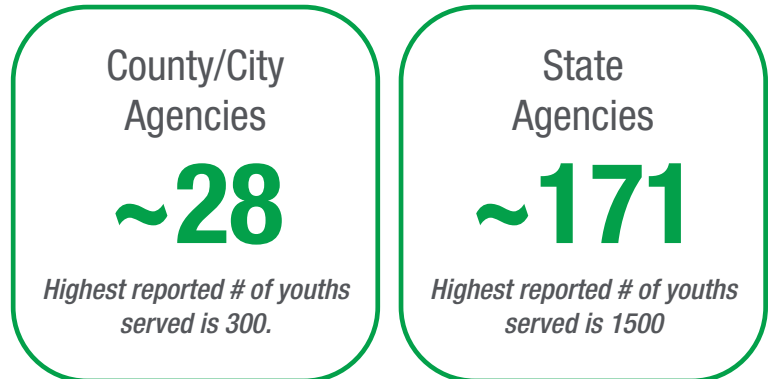
◈ **Pre-teens (9-12 years)**
A growing number of agencies report seeing these challenges emerge in pre-teen populations, suggesting that complex or high-acuity needs often begin developing before adolescence.

◈ **Racial Disparities**
Youth of color, particularly Black, Latinx, Native American, and East African youth, are overrepresented among youth with complex needs. Many agencies point to systemic inequities that contribute to this disparity, calling for culturally responsive care and services that address these youths' specific needs.

Average Number of Youths Served:

County/City Agencies	State Agencies
~28	**~171**
Highest reported # of youths served is 300.	*Highest reported # of youths served is 1500*

Challenges in Placement & Service Delivery

One of the most critical issues highlighted by the survey is the difficulty agencies face in finding appropriate placements for youth with high-acuity needs. These challenges are exacerbated by behavioral issues, co-occurring conditions, and a lack of specialized facilities capable of managing such complex cases. Placement instability is a major concern, as frequent moves can compound the trauma these youth have already experienced.

◈ **Placement Instability**
Youth with complex needs often experience frequent disruptions in placements. Whether due to behavioral challenges, medical needs, or a lack of suitable settings, many youths are moved repeatedly, further destabilizing their lives and complicating their treatment. The survey data shows that placement instability is a persistent problem, with agencies struggling to find stable, long-term solutions.

◈ **Aggressive and Oppositional Behaviors**
One of the most cited challenges is finding placements for youth who exhibit aggressive or oppositional behaviors. Agencies reported that these youth are frequently rejected from foster homes or group care settings due to the intensity of their needs and the safety risks they may pose.

◈ **Co-occurring Mental Health and Developmental Delays**
Youth who present a combination of mental health issues and developmental disabilities, such as autism or intellectual disabilities, are particularly difficult to place. Agencies often report that traditional foster and kinship care settings, including current residential care models are unequipped to handle these dual diagnoses, further limiting placement options.

◈ **High Medical Needs**
Youth with complex medical conditions, such as insulin-dependent diabetes or other chronic illnesses, in addition to behavioral challenges, present another layer of difficulty for agencies seeking appropriate placements.

Top 5 Hardest-to-Place Needs or Behaviors
among youth with complex or high acuity needs, grouped by theme. (131 unique responses)

◈ **Aggression/Violence**

◈ **Sexual Behavior Issues**

◈ **Special Needs**

◈ **Criminal/Delinquent**

◈ **Mental Heath**

Key Challenges

Impacts from Insufficient Access to Care

Between August 2023 and July 2024, agencies reported housing youth in inadequate locations such as offices, hotels, hospital emergency rooms, homeless shelters, and other spaces. Offices and hotels are frequently used, pointing to systemic bottlenecks when traditional options are unavailable. Hospitals and emergency rooms are also cited, reflecting their role as last-resort housing during behavioral or medical crises. Youth placed in homeless shelters further highlight the scarcity of age-appropriate or specialized care settings. These patterns indicate a system struggling to manage overflow and meet the unique needs of high-acuity cases.

The length of stays in these settings varies significantly, with most lasting a few days but some extending for prolonged periods, such as a hospitalization since 2023. These prolonged stays underscore the difficulty of transitioning youth from inadequate placements to suitable environments. The reliance on inappropriate housing not only reflects systemic resource constraints but also raises concerns about the mental and physical well-being of youth exposed to such instability. Addressing these challenges will require investment in specialized care facilities, expansion of placement options, and systemic reforms to reduce reliance on temporary or inadequate housing.

Fifty-seven percent of respondents also reported an increase in the need to send youth out-of-state or out-of-jurisdiction to find placement or treatment options between August 2023 to July 2024. These placements are often a last resort, used when local options cannot meet the complex needs of high-acuity youth. Factors driving this reliance include a lack of in-state facilities equipped to handle severe behavioral and mental health challenges.

57%
of agencies reported increased out-of-state or out-of-juristiction placements
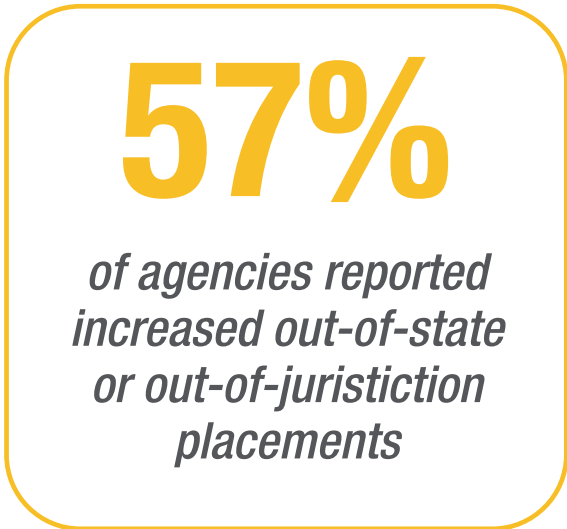
Staffing and Financial Strains

Beyond the difficulty of placing youth, agencies also face substantial workforce and financial challenges in providing care. Staff burnout, high turnover rates, and rising financial costs are recurring themes. Agencies frequently reported that the burden of managing high-acuity youth—particularly those placed in emergency settings such as offices or hotels—leads to significant strain on human resources and budgets.

◈ **Staff Burnout and Morale**
   Many agencies reported that supervising youth in inadequate emergency placements, such as offices or hotels, places immense pressure on staff. The need for constant supervision, often in challenging and non-therapeutic environments, has led to high rates of burnout and stress.

Smaller agencies, in particular, struggle to maintain staff morale under these conditions.

◈ **High Financial Costs**

The financial costs associated with emergency placements are substantial. Agencies reported that placing youth in hotels or temporary facilities can cost upwards of $30,000 per month, with some agencies reporting annual expenditures exceeding $7 million on emergency solutions. These costly, short-term solutions drain resources from other critical services, exacerbating already strained budgets.

◈ **Use of Contract Workers**

In some cases, agencies have resorted to hiring contract workers to fill gaps in supervision for high-acuity youth, further driving up costs. This practice, while necessary in the short term, is unsustainable and underscores the need for long-term solutions to staffing shortages.

Innovations and Solutions

State and local leaders have already begun taking important steps to innovate and expand services for high-acuity youth. Several promising approaches have emerged from the survey data:

Collaborative Partnerships

Many agencies are building partnerships with local providers, community-based organizations, and Medicaid to expand placement options and improve service delivery. These collaborations are essential in creating a more comprehensive support network for youth with high-acuity needs. For example, some agencies have developed retainer agreements with foster families and residential treatment providers to reduce placement disruptions (see Fig. 3).

Crisis Stabilization & Intensive Services

Agencies are increasingly focused on crisis stabilization programs, which offer short-term intensive support to youth experiencing acute behavioral or mental health crises. These programs aim to prevent hospitalizations or out-of-state placements by providing immediate care in local settings. Additionally, several agencies have expanded in-home therapeutic services, enabling youth to remain in their homes while receiving intensive support.

Enhanced Foster Care Programs

Survey data highlight innovative practices such as treatment foster care models, which equip caregivers to manage the unique challenges of high-acuity youth. These programs provide immediate, specialized support in community settings to prevent placement disruptions and reduce the need for more restrictive, out-of-home placements.

Agencies Reporting Active Partnership with Medicaid
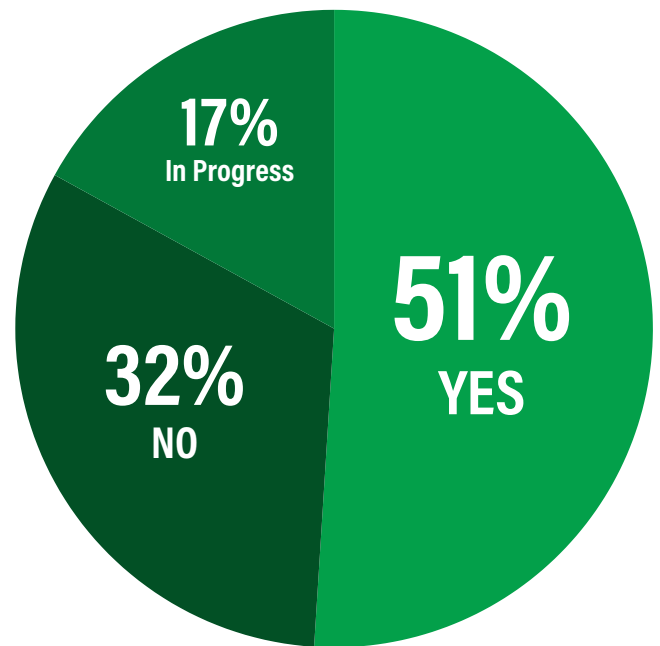
17% In Progress

51% YES

32% NO

Figure 3: Percentage of Agencies reporting active partnership with the Medicaid agency in their jurisdiction to collaborate on solutions to better serve youth with complex needs (125 unique responses).

Barriers & Pathways to Expanding System Capacity

While some agencies have successfully implemented innovative programs, many still face significant barriers to expanding their capacity to serve high-acuity youth. Over 70% of respondents reported that they had not been able to expand their capacity due to a combination of workforce shortages, funding limitations, and regulatory restrictions.

Barriers

◈ **Service Availability and Workforce Shortages**
The most cited barrier is the shortage of qualified mental health providers and specialized foster care providers. Many agencies struggle to recruit and retain staff capable of meeting the needs of high-acuity youth. Survey findings indicate pronounced geographic disparities, with rural agencies reporting significant shortages of local service providers.

◈ **Funding Limitations**
Insufficient funding continues to be a major obstacle. Agencies, especially those in smaller counties, often lack the financial resources to develop new residential facilities or expand existing services. State funding, while critical, is often unpredictable, making long-term planning difficult.

◈ **Regulatory Restrictions**
Some agencies are constrained by state-level regulatory barriers, such as moratoriums on building new residential care homes or restrictive guidelines that limit the development of specialized services.

Pathways

◈ **Increased & Flexible Funding**
Agencies are calling for more predictable and flexible funding streams, such as 1115 Medicaid waivers, to support emergency placements and tailored residential and community-based care solutions. Federal guidance on leveraging these funding tools is critical for addressing high-acuity youth needs. Many agencies emphasized that without sustained financial support, they will continue to experience high turnover, staff burnout, and inadequate service delivery.

◈ **Workforce Development & Training**
The development of a more qualified workforce is essential to addressing the needs of high-acuity youth. Agencies need to invest in trauma-informed training for staff and foster care providers, expand the pipeline of mental health professionals, and offer incentives for

professionals to work in high-need areas. Addressing the geographic disparities also requires investment in innovative solutions such as virtual services and mobile crisis response units tailored to underserved areas.

◈ **Cross-System Collaboration**

Agencies need stronger coordination between child welfare, mental health, and juvenile justice systems. By fostering collaboration across these sectors, agencies can better address the complex needs of youth and provide comprehensive, coordinated care. Many agencies are already working to develop cross-system leadership teams, but further efforts are needed at the state and national levels to drive meaningful change.

Pathways to Expanding System Capacity

Increased & Flexible Funding	Workforce Development & Training	Cross-System Collaboration

The Call to Action & Recommendations for Activating a National Response Strategy

Addressing the needs of youth with complex needs requires more than incremental adjustments; it demands a holistic and coordinated response across sectors. To meet the needs of these youth effectively, agencies require increased funding, technical assistance, policy flexibility, workforce development, and greater collaboration among federal, state, and local systems. Federal agencies should provide technical assistance and policy guidance to support state and local innovations, such as developing residential programs for youth with intellectual and developmental disabilities. At the local level, agencies should focus on leveraging community partnerships to implement these solutions effectively.

The Path Forward: Building a Comprehensive System of Care

The path forward requires a concerted, national response that leverages the expertise of policymakers, public agencies, healthcare systems, community partners and people with lived experience to create a more responsive, integrated system of care for high-acuity youth. This response must focus on both immediate interventions and long-term strategies to address the root causes of systemic gaps in care.

Recommendations to Accelerate a National Response Strategy

◈ **Establish a Joint National Commission on Complex Youth Needs**
   Key federal agencies—such as the Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Centers for Medicare & Medicaid Services (CMS), Substance Abuse and Mental Health Services Administration (SAMHSA), and the Administration for Community Living (ACL)—must collaborate to convene a national commission. This commission should include state and local leaders, national associations, philanthropic organizations, those with lived experience and key stakeholders to develop a shared vision and accountability plan for addressing the needs of high-acuity youth. The goal is to foster alignment across systems and establish clear accountability measures to ensure that youth with complex needs receive the services and supports they deserve.

◈ **Increase Federal Guidance and Funding Opportunities**
   Federal agencies, including CMS and SAMHSA, should issue explicit guidance that encourages states to prioritize high-acuity youth in partnership with multiple state agencies. New funding streams should be established to incentivize states to develop comprehensive systems of care that integrate services across child welfare, mental health, juvenile justice, and healthcare. These funding opportunities should support

the expansion of community-based care, crisis stabilization, and innovative residential models tailored to the unique needs of youth with complex or high acuity needs.

◈ **Address Gaps in Services for Youth with Intellectual and Developmental Disabilities**

The ACL and other federal agencies must examine and address the significant gaps in services and supports for children and youth with intellectual and developmental disabilities (IDD), particularly those with Autism Spectrum Disorder (ASD) and other developmental disabilities. Currently, the absence of a structured system of care for these youth before age 18 often leads families to turn to child welfare, mental health, or juvenile justice systems for services. This long-standing issue must be addressed by developing a comprehensive system of care for youth with developmental disabilities that provides early, coordinated support and avoids funneling these youth into inappropriate systems.

◈ **Create a National Matrix of Approved 1115 Waivers**

CMS should develop and maintain a national matrix of 1115 waivers approved in the past five years that specifically address the needs of youth with complex or high acuity needs. This resource would allow states to learn from one another and replicate successful models that have been implemented elsewhere. By streamlining access to waiver information, CMS can help states accelerate the development of tailored programs that address the unique needs of youth with complex health and behavioral challenges.

◈ **Expand Philanthropic Investments and Peer Learning Communities**

Philanthropic investments have been critical in supporting national convenings and peer-to-peer exchanges that foster solution-focused dialogue among states, local jurisdictions, and national associations. Additional investments are needed to curate a national peer learning community that allows for the sharing of best practices, policy innovations, and successful models of care. Funds should be allocated to support the development of innovative, evidence-based programs that can be piloted and scaled across jurisdictions.

◈ **Develop New Models of Care Outside of Child Welfare and Juvenile Justice Systems**

HHS, ACF, CMS, and SAMHSA should collaborate with states to design and implement new models of care that exist outside of the traditional child welfare and juvenile justice systems. These models should emphasize community-based care, crisis stabilization, and short-term residential solutions that provide comprehensive, wraparound services to youth and their families. Families and youth with lived experience must be involved in designing these models. Agencies should formalize feedback mechanisms, such as advisory councils or workgroups involving families and youth with lived experience. Incorporating these perspectives can create more effective, community-responsive service models. Additionally, these models should include strategies to address workforce shortages by improving agency rate structures, offering

training in trauma-informed care, and increasing compensation to attract and retain qualified professionals. The development and implementation of these new models should be co-designed by people with lived experience.

◈ **Empower Cross-System Collaboration**

To effectively serve high-acuity youth, collaboration between agencies—across child welfare, healthcare, mental health, and juvenile justice systems—is essential. Federal agencies must support state efforts to break down silos and create more integrated, holistic approaches to service delivery. This includes cross-system leadership teams, regular interagency coordination and shared data systems that track youth across multiple systems. Expanding such collaborative frameworks can reduce fragmentation and ensure that youth receive comprehensive, coordinated care. See Appendix C for examples from agencies on the inclusion of those with lived experience.

Conclusion: A Collective Commitment to Systemic Change

The systemic challenges faced by youth with complex or high-acuity needs are substantial, but they are not insurmountable. With the right combination of funding, policy reforms, and collaboration, state and local agencies can build a more robust, responsive system of care. The key is to recognize that these challenges require a national strategy—one that brings together federal leadership, state and local innovation, and community engagement to ensure that every youth, regardless of their complexity of needs, can access the stable, safe, and supportive care they deserve.

The time for action is now. By committing to collective, cross-system solutions, policymakers, agencies, and communities can build a stronger system that provides high-acuity youth with not only the care they need but also the opportunity to thrive. With targeted investments, peer learning, and strategic leadership, we can chart a new path forward for high-acuity youth and their families.

For more information on this report or if you have questions, please reach out to Meg Dygert - Senior Policy Associate, Child and Family Well-Being at mdygert@aphsa.org, or Adrian Geraldo Saldaña, MPA - OE Consultant at asaldana@aphsa.org.

Appendix A

Below are the top 10 takeaways from the survey responses on how agencies define "complex" or "high acuity" needs in youth (134 unique responses):

1. **Multiple Systems Involvement**
   Youth with complex or high acuity needs often involve multiple systems, such as mental health services, child welfare, juvenile justice, and developmental disability services.

2. **Severe Mental Health Conditions**
   Many agencies mention severe mental health conditions, including depression, anxiety, PTSD, suicidal ideation, and substance abuse as key factors in defining high acuity needs.

3. **Behavioral Issues**
   Complex needs include significant behavioral challenges like frequent runaway behavior, aggressive or oppositional behavior, delinquency, self-harm, or substance abuse.

4. **Co-occurring Disorders**
   Youth exhibiting co-occurring disorders, such as a combination of mental health issues, behavioral problems, trauma, developmental delays, and intellectual disabilities, are considered to have high acuity needs.

5. **Chronic or Complex Medical Conditions**
   Some agencies include chronic and complex medical conditions, such as diabetes or other life-threatening illnesses, as part of their definition of high acuity needs.

6. **Difficult to Place**
   Youth who are difficult to place in foster care or services due to their complex diagnoses, trauma, or disabilities are frequently described as having high acuity needs.

7. **Immediate and Frequent Needs**
   Agencies define high acuity by the immediate, frequent, and intense nature of the youth's behavioral, emotional, or physical treatment requirements.

8. **Risky or Unsafe Behaviors**
   Youth with high acuity needs often display risky behaviors, which may pose imminent harm to themselves or others, necessitating immediate intervention.

9. **Placement Instability**
   A common theme is placement instability, where youth experience frequent disruptions in placements due to their complex behaviors or needs.

10. **High ACEs Scores**
    Agencies often consider youth with high Adverse Childhood Experiences (ACEs) scores, indicating a history of trauma, as part of their complex needs assessment.

Appendix B

Below are the ten takeaways about the main challenges leading to the out-of-state placement of youth (112 unique responses):

1. **Provider Availability**
   A significant challenge is the lack of in-state providers equipped to meet the high and complex needs of youth. Issues such as aggressive behaviors, substance use, sexual behaviors, and physical aggression make it difficult to find appropriate placements within the state.

2. **Lack of Specialized Facilities (PRTFs)**
   Many agencies mention the scarcity of Psychiatric Residential Treatment Facilities (PRTFs) within their states. The limited number of these specialized facilities, combined with extensive documentation requirements and lengthy placement processes, often leads to out-of-state placements.

3. **Capacity Issues**
   In-state facilities often operate at capacity, leaving them unable to accept additional youth, especially those with complex needs. Long waitlists for available beds further exacerbate the difficulty in finding timely, appropriate placements.

4. **Behavioral Health and Intellectual/Developmental Disabilities (IDD)**
   Youth exhibiting a combination of behavioral health issues and intellectual or developmental disabilities are particularly challenging to place. In-state facilities may lack the necessary resources, training, or willingness to manage these complex cases, prompting agencies to look out of state.

5. **Geographic and Travel Barriers**
   For smaller counties or those in remote areas, the distance to appropriate facilities poses challenges. Monthly visits and maintaining relationships with biological families become difficult when placements are far away, increasing travel costs and logistical complications.

6. **Medicaid and Funding Constraints**
   Transferring Medicaid coverage across state lines and funding restrictions can create financial and administrative barriers to securing out-of-state placements. Additionally, cost considerations limit the ability of agencies to support out-of-state care.

7. **Lack of Appropriate In-State Options**
   Many agencies point out that their state simply lacks the necessary residential programs, treatment facilities, and crisis stabilization options. When local options are unavailable, agencies have no choice but to consider out-of-state alternatives.

8. **Denial by In-State Facilities**
   In-state facilities often refuse admissions for youth with complex behaviors such as aggression, elopement, sexual behaviors, or eating disorders. These denials force agencies to seek out-of-state placements where providers might be more willing to accept high-risk youth.

9. **Maintaining Family Connections**
   Sustaining relationships with biological families becomes more challenging with out-of-state placements. Changes in medical systems, insurance, and family visitation logistics contribute to the difficulty of keeping youth connected with their families while in care.

Appendix C

Below are the top ten takeaways about the inclusion of families, kin caregivers, and youth with lived experience in the creation of innovative models of care (107 unique responses):

1. **Kinship and Birth Family Involvement**
   Many agencies emphasize the involvement of kinship and birth families in supporting children and maintaining relationships. This includes a strong reliance on placement with relatives or kin as a core part of the care model.

2. **Advisory Boards and Councils**
   Some agencies are developing or utilizing family resource centers, advisory boards, and family cabinets that include individuals with lived experience. These boards offer recommendations and input on various aspects of the child welfare system, aiming to guide the creation of more effective models of care.

3. **Pilot Programs**
   A few agencies are starting to pilot programs that include input from families, kin, and youth. While still in the early stages, these initiatives represent an effort to formalize the inclusion of those with lived experience in service design.

4. **No Formal Process in Place**
   Several agencies mention that while they may take recommendations from families and youth informally, there is often no formal process for including them in the development of innovative models of care.

5. **Peer Support for Specific Cases**
   Some agencies incorporate peer support, particularly in substance use cases, to leverage lived experience in providing guidance and support to families.

6. **Limited Involvement**
   A number of responses indicate limited involvement of families and youth in the system's overall design. While social workers may seek feedback and input, there is a recognition that more structured and meaningful participation is needed.

7. **Focus on Individual Situations**
   Involvement of families and youth often happens at the individual case level. Agencies highlight creative problem-solving and the inclusion of family networks in decision-making for specific situations rather than a system-wide approach.

8. **Workgroups with Lived Experience**
   Some agencies have established workgroups comprised of staff who have been in care, providing feedback and recommendations to inform policy and practice. This inclusion of individuals with lived experience aims to bring a more nuanced perspective to service delivery.

9. **Gaps in High-Acuity Cases**
   There is an acknowledgment that biological families typically do not participate in the care of high-acuity children, pointing to a gap in the involvement of families when addressing the most complex needs.

10. **Varied Levels of Inclusion**
    The extent of inclusion varies widely among agencies. While some are actively working to engage families and youth as much as possible, others are just beginning to explore this area or believe it to be managed primarily at the state level.

APHSA
American Public Human Services Association