

ILO/TLP Safety and Risk Management Plan

This form is to be completed when a youth is being recommended for ILO or TLP AND has a current, significant history of a condition, behavior and/or circumstance that might contribute to the occurrence of risk or harm to the youth or others with whom the youth will or may interact.

Client Name	Client ID#	Date
Person Completing	Region/Site/Field	Effective Dates From _____ To _____

Please check all of the following conditions, behaviors and/or circumstances that currently may contribute to a risk of harm to the youth or the community:

- Mental Illness/Mental Health Problem Sexually Aggressive Child or Youth
- Developmental Disability Delinquency Department of Corrections
- Alcohol or Other Drug Abuse Physically Aggressive Gang Involvement
- Complex /Serious Medical Problem

In the space that follows, please describe the type, frequency/intensity and duration of interventions that will be utilized to maximize safety and minimize risk for the youth and/or the community. Clearly and precisely identify and describe the safety and/or risk behaviors that are targeted for decrease.

1. Condition(s)/Behavior(s) Creating the Need for a Safety and Risk Management Plan (Describe in measurable or verifiable terms the condition(s) or behavior(s) that creates a safety or risk issue for the youth and/or the community.)

2. Warning Signs (Describe the warning signs or indicators that the youth is or may be at risk of harming her/himself or others.)

3. ILO-TLP Caseworker Interventions and Supportive Services (Describe the interventions and other supportive services the youth's ILO-TLP caseworker will provide to manage the youth's condition and/or prevent the youth's behavior that causes a safety or risk problem for the youth and/or the community. Describe the type, frequency and duration of each intervention and/or supportive service.)

4. Interventions or Services To Be provided by Other Persons/Providers (List each person/provider OTHER THAN THE ILO-TLP PROVIDER who will be providing a service or intervention and describe the type, frequency and duration of the service and/or intervention each person/provider will provide.)

5. Crisis Plan (Describe what intervention will occur if the youth were to engage in behavior that creates an unsafe or risky situation for the youth and/or the community. For EACH intervention please describe what the intervention is, who will provide it, when it will be provided, and where it will be provided.)

6. Monitoring (Describe the plan for monitoring the youth's compliance with the Safety and Risk Management Plan , including who will monitor the plan, the monitoring activities that will occur, and the frequency of each monitoring activity.)

Approval of Plan

Youth Name _____ Youth Signature _____ Date _____

Caseworker Name _____ Caseworker Signature _____ Date _____

ILO-TLP Provider Agency Name _____

Name of Person Signing for ILO-TLP Provider _____ Signature _____ Date _____

Field Service Manager _____ Signature _____ Date _____

Or Clinical Services Coordinator

DCFS Clinical Services Manager _____ Signature _____ Date _____

DCFS Regional Administrator _____ Signature _____ Date _____

(Required only for youth previously denied by DETS)

Deputy Director, DETS _____ Signature _____ Date _____