

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

ILO/TLP STAFFING SUMMARY

ILO

TLP

DATE OF STAFFING: _____

Section 1: Youth Identifying Information

1. Name: _____ 2. ID #: _____
 3. Date of Birth: _____ 4. Gender: _____ 5. Permanency Goal: _____
 6. Ethnic Origin: White Black Hispanic Asian Native American Bi-Racial
 7. Medical concerns/Current medications: _____
 8. Pregnant/Parenting Teen: Yes No 9. Life Skills Assessment Score: _____

Section II: PG 2002.09 Staffing Information

1. Conveners Name: _____
 2. Convener Position Title: Field Services Manager Clinical Coordinator
 3. Method of Staffing In Person Teleconference Combination
 4. Signature of Youth: _____
 5. List ILO/TLP Provider Participant(s)

<u>Name</u>	<u>Agency</u>	<u>Phone #</u>	<u>Fax #</u>

6. List Other Participant(s):

<u>Name</u>	<u>Relationship to Youth</u>	<u>Phone #</u>	<u>Fax #</u>

ILO/TLP STAFFING SUMMARY

Section III: Staff Identifying Information

1. Caseworker: _____ 2. Supervisor: _____
3. Regional Clinical Manager: _____
4. R/S/F: _____ 5. Agency: _____ 6. Phone: _____
7. Location: _____ 8. Fax #: _____

Section IV: Youth's Current Placement

1. Living Arrangement name: _____ 2. L.A. Code: _____
3. Location: _____

Section V: ILO or TLP Eligibility Criteria

ILO:

1. Youth is 18+ years old and participating in appropriate educational or vocational program, or employed 20 hours per week; **or**
2. Youth is 6 months from high school graduation or from earning GED; **or**
3. Youth is less than 18, but has graduated from high school or earned a GED; **or**
4. Youth 17 or older and stepping down from residential, shelter, or diagnostic center.

TLP:

1. Youth is 16+ years old, not graduated or earned GED, but regularly participating in education; **and**
2. Youth's safety, permanency, well being cannot be met with current caregiver/placement; **and**
3. Youth's maturity, ability, developmental status require adult supervision all, or a portion of, 7 days a week

(PLEASE NOTE: Exceptions to these eligibility criteria are available within the policy guide)

Section IV: Diagnostic Information (when available)

1. IQ: Full Scale: _____ Verbal: _____ Performance: _____
2. DSM IV
- Axis I _____
 - Axis II _____
 - Axis III _____
 - Axis IV _____
 - Axis V _____

ILO/TLP STAFFING SUMMARY

Section VII: Completion of CFS 968-62C, ILO/TLP Wraparound Plan

- All submitted documentation has been reviewed in the staffing and discussed
- The youth has been staffed based upon the 10 Life Domains
- The ILO/TLP Wraparound Plan has been completed describing the services and interventions that would be provided to the youth should the youth be approved for ILO or TLP services

Section VIII: Educational Information

1. Educational Level: Grade: _____ Spec. Ed HS Grad GED College Level: _____
2. Number of High School Credits: _____ 3. Type of Special Ed. Programming: _____
4. Specific Special Education Needs: _____
5. Adjustment to School: _____
6. Plan for education completion and/or deficiencies: _____

Section IX: Safety and Risk Determination

Check all that Apply:

- Mental Illness/Mental Health problem
- Children with Sexual Behavioral Problems
- Developmental disability
- Delinquency
- Department of Corrections
- Alcohol or drug abuse
- Physically aggressive
- Gang involvement
- Complex/serious medical problem

√ ***Each safety or risk condition checked above must be individually and sufficiently addressed in the CFS 968-62B ILO/TLP Safety and Risk Management Plan as part of the Clinical Staffing***

Section X: Completion of CFS968-62B ILO/TLP Safety and Risk Management Plan

- Each of the safety and/or risk conditions checked in Section IX above has been individually addressed in the completed Safety and Risk Management Plan
- The plan provides a sufficient level of detail to maximize the potential for the youth's success

ILO/TLP STAFFING SUMMARY

<p style="text-align: center;"><u>Section XI: Provider Services</u></p> <p>1. Check all that are required for this youth:</p> <ul style="list-style-type: none"><input type="checkbox"/> Life Skills Assessment and Training<input type="checkbox"/> Vocational Assessment<input type="checkbox"/> Vocational Training<input type="checkbox"/> Vocational Placement<input type="checkbox"/> Psychiatric Consultation<input type="checkbox"/> Psychotherapy<input type="checkbox"/> Group Counseling<input type="checkbox"/> Individual Counseling<input type="checkbox"/> Family Counseling<input type="checkbox"/> Mentoring<input type="checkbox"/> Leadership Training<input type="checkbox"/> Peer Support Group<input type="checkbox"/> Social/Recreational Experiences<input type="checkbox"/> Educational Services<input type="checkbox"/> 24 hour Crisis Intervention<input type="checkbox"/> Sex Education<input type="checkbox"/> Sexual Behavior Problem Services<input type="checkbox"/> Substance Abuse Services<input type="checkbox"/> Pregnant/Parenting Services <p>2. Describe level/frequency of staff supervision needed for the youth when approved for ILO/TLP: _____</p>	<p style="text-align: center;"><u>Section XII: ILO/TLP Staffing Recommendation</u></p> <p>1. Check Staffing decision:</p> <ul style="list-style-type: none"><input type="checkbox"/> Youth meets criteria and is being recommended for: <input type="checkbox"/> ILO <input type="checkbox"/> TLP<input type="checkbox"/> Youth does not meet criteria, but is being recommended for <input type="checkbox"/> ILO <input type="checkbox"/> TLP based upon the following: _____<input type="checkbox"/> Youth is not being recommended for ILO/TLP based upon the following: _____ <p>2. Recommended Provider: _____</p> <p>3. Address: _____</p> <p>4. Contact Person: _____</p> <p>5. Phone #: _____</p> <p>6. Fax #: _____</p>
--	---

<p style="text-align: center;"><u>Section XIII: Field Service Manager/Clinical Coordinator</u></p> <ul style="list-style-type: none"><input type="checkbox"/> All necessary documents attached as indicated on page 5 checklist<input type="checkbox"/> Provider has agreed to serve youth if approved <p>Signature: _____ Date: _____</p>
--

<p style="text-align: center;"><u>Section XIV: Clinical Manager Approval</u></p> <ul style="list-style-type: none"><input type="checkbox"/> Approved<input type="checkbox"/> Denied for the following reasons: <p>Signature: _____ Date: _____</p>
--

ILO/TLP STAFFING SUMMARY

Section XV: Attachments

Check all that apply and clearly number each document to correspond to this list:

- 1. Appendix B **ILO/TLP Safety and Risk Management Plan**
- 2. Appendix C **ILO/TLP Wraparound Plan**
- 3. The current CFS 497, Client Service Plan, for the child and the family
- 4. A summary of the youth's placement history (not CM07 screen prints)
- 5. If applicable, a copy of any current SACY protective plan
- 6. If available, a copy of the original social history
- 7. If available, a copy of a social history addendum current within 6 months
- 8. If available, copies of court orders entered within the last 12 months
- 9. If available, copies of any court reports submitted within the last 12 months
- 10. Educational/Vocational Information
 - A summary of the youth's educational history including, but not limited to, the school the youth is currently attending and a summary of attendance
 - The number of high school credits earned
 - If applicable, a copy of the youth's Individual Education Plan (IEP)
 - If applicable, a summary of any vocational testing of the youth within the past 12 months
 - If applicable, a summary of the youth's employment history
- 11. A copy of the Department recognized Life Skills Assessment completed within previous 12 months
- 12. Medical/Developmental Information
 - A summary of the youth's medical history
 - A summary of any medications the youth is taking
 - If applicable, documentation of any developmental disability the youth may have
 - If applicable, documentation identifying the youth's handicap code as contained in the Department's CYCIS system
- 13. A summary of any history the youth has regarding physical aggressiveness toward other persons and/or property, particularly if such aggression has resulted in police reports, arrest, serious injury, etc.
- 14. If appropriate, current status of a referral to the appropriate Pre-Admission Screening agent (PAS)
- 15. If available, a copy of reports submitted within the last 12 months from any service provider for the youth
- 16. If applicable, a summary of any income/savings the youth has currently
- 17. If applicable and immediately available, the most current psychological and/or psychiatric report
- 18. Listing of any ILO or TLP provider(s) who has been identified as being potentially able to meet the needs of the youth
- 19. _____
- 20. _____
- 21. _____
- 22. _____

ILO/TLP STAFFING SUMMARY

INSTRUCTIONS

This form is to be used by the person convening the staffing, either the field service manager for DCFS cases, or the Clinical Coordinator for POS cases. Staffings are best done in person with, at a minimum, the youth, caseworker, supervisor, identified provider and convener participating. The form is divided into 15 sections to be completed **in order** during the course of the staffing itself. Some basic things to remember in completing the form:

- a. All blanks need to be filled in, appropriate words circled, and appropriate boxes checked in each section.
- b. Information not available must be noted and a reason written for why it is not available.
- c. In Section V, if the youth does not meet the determination of neither ILO nor TLP, yet the staffing determines that it wants to recommend approval, justification must be provided. Documentation of this justification is to be attached.
- d. In Section VII and X, these boxes need to be checked indicating that the Wraparound Plan and Safety/Risk Plan have been adequately completed. These points are provided to assist in the full discussions that need to take place to properly complete these two components.
- e. A reminder that any safety or risk factor checked in Section IX must be “individually and sufficiently” addressed in the Safety/Risk Plan.
- f. In most cases, in Section XV, the items checked will be the same as the ones the caseworker checked on the **Preparation Checklist**. However, there are times when the convener may decide a particular item is not necessary for the approval process and so will not include it as a checked item in Section XV. Other times, new information is added through the staffing and would be included in Section XV.
- g. Sections I through XIII and Section XV are completed by the staffing convener. The convener then forwards this packet of information to the Regional Clinical Manager.
- h. The Regional Clinical Manager completes Section XIV.