DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Distribution: X & Z

POLICY GUIDE 2013.03

Clinical Intervention for Placement Preservation (CIPP)

DATE: June 27, 2013

TO: All DCFS and Private Agency Child Welfare Staff and Supervisors

FROM: Richard H. Calica, Director

EFFECTIVE: Immediately

I. PURPOSE

The purpose of this Policy Guide is to implement the transition from Child and Youth Investment Team (CAYIT) to Clinical Intervention for Placement Preservation (CIPP) in Department Policy and to issue instructions to Department staff regarding the CIPP referral, staffing and follow-up process. This Policy Guide replaces Policy Guide 2010.01, Child and Youth Investment Teams.

II. PRIMARY USERS

Primary users of this Policy Guide are DCFS and Private Agency Child Welfare Staff and Supervisors.

III. BACKGROUND

This Policy Guide introduces the Clinical Division's new placement stabilization and preservation program, Clinical Intervention for Placement Preservation (CIPP) which recently replaced the Child and Youth Investment Team (CAYIT). This program is designed to have greater emphasis on earlier interventions to improve placement stabilization by preserving youth and family social connections and relationships and minimizing changes in placement. The goal is to reduce the amount of changes in living arrangements and to prevent entry into residential and group home settings.

IV. CLINICAL INTERVENTION FOR PLACEMENT PRESERVATION

Clinical Intervention for Placement Preservation (CIPP) is a facilitator-guided, team decision-making process to improve placement preservation and increase placement stability. A CIPP staffing is conducted to determine the array and intensity of services needed for a child or youth whose current placement is threatened with disruption or whose care cannot be provided for in his/her current placement. A CIPP staffing is also

conducted to determine the array and intensity of services needed for a child or youth whose placement has disrupted.

In a CIPP staffing, the caseworker brings together key people in the child/youth's life, with the assistance and support of a trained facilitator who leads a discussion sensitive to the individual needs, motivation and capabilities of the child/youth. Participants are encouraged to offer their assessment of the child/youth's wishes, needs and strengths and to generate ideas on how those wishes, needs and strengths can be best addressed, ideally in the child/youth's current placement.

When the services needed cannot be provided in the current placement, staffing participants will determine the setting best suited to meet the child/youth's individual needs. In these situations, matching the child/youth with placement resources that can meet the identified needs will be initiated by members of the Centralized Matching Team during the staffing, whenever possible. Additionally, caregivers will be encouraged to participate in the child/youth's treatment and to remain a placement and/or visiting resource for the youth when residential/group home care and/or a transitional living or independent living program is warranted.

a) Population Served by CIPP

A CIPP staffing is recommended for any child or youth at risk of placement disruption from his/her current caregiver in a traditional or specialized foster family home placement, a home of relative placement, or a transitional living program (TLP). According to national research, cases at highest risk for placement disruption involve children/youth with a history of recent police involvement, frequent school truancy, runaway behaviors and/or untreated psychiatric disorders.

b) CIPP Objectives

The goals of CIPP are to:

1) Improve placement preservation and increase placement stability by:

   A) Reducing the number of unplanned placement changes;

   B) Diverting entry into residential or group home settings unless clinically indicated as a treatment intervention; and

   C) Ensuring that the child/youth's connections to family, community and social supports, including his/her caregiver, are maintained when a change of placement is required.

2) Improve the child/youth's well-being and functioning by building and maintaining connections to family, social supports and community.

3) Improve access to and use of community-based supports including the involvement of DCFS System of Care (SOC) services.

Note: A CIPP referral is not required to access or use SOC services.

4) Improve the timeliness of interventions prior to placement disruption.

c) CIPP Participants

The core participants of a CIPP meeting include:

1) Required participants

- the caseworker;
- the casework supervisor**;**
- the youth (age 12 or older), unless clinically contraindicated; and
- the current caregiver.

2) Additional participants recommended

- family members;
- the GAL
- the CASA worker;
- youth-identified supports/advocates; and
- a member of the Centralized Matching Team (CMT) or SOC provider.

Others who may be invited to a CIPP staffing include, but are not limited to, former caregivers, Clinical Specialty Consultants, school staff, members of the Child and Family Team, the child/youth's or family's therapist, the Foster Parent Support Specialist, DCFS Permanency Specialist, DCFS Foster Care Recruitment and Development Specialist, DCFS Dually-Involved Specialist, DCFS Consulting Psychologist, DCFS Regional Nurse, and/or Educational Liaison.

d) CIPP Process

CIPP uses a consensus-based decision-making process to help participants determine the array and intensity of supports and services needed to maintain a child or youth in his/her current placement or when a change in placement is required. CIPP ensures that child/youth-identified supports and SOC involvement are incorporated into the process to help identify the child/youth's strengths and to provide and/or expedite timely access of community resources.

The **CFS 1452-1, CIPP Referral Form** is the CIPP referral document. The **CFS 1452-1** serves as the basis for the staffing discussion and exploration of the child/youth's service needs. Prior to the CIPP meeting, CIPP Intake and the CIPP

Facilitator shall assist the caseworker in reaching out to and preparing all non-professional participants (caregiver, child/youth, family and other supportive adults) on the expectations of the CIPP team decision meeting.

The **CFS 1452-2, CIPP Action Plan** developed during the CIPP meeting shall focus on the top 2-3 concerns identified during the meeting. The **CFS 1452-2** shall be drafted by the caseworker and distributed to all staffing participants at the conclusion of the CIPP meeting. The casework supervisor shall monitor and ensure implementation of all tasks identified in the **CFS 1452-2** within 30 days of the CIPP meeting. The caseworker and supervisor shall review the **CFS 1452-2** in ongoing casework supervision, and the supervisor shall document that review in supervisory note. The caseworker shall invite the CIPP participants to ongoing Child and Family Team Meetings to review implementation of the **CFS 1452-2**, and the **CFS 1452-2** shall be reviewed at each Administrative Case Review.

When the current caregiver or child/youth age 12 or older is not able to attend the CIPP meeting by phone or in person, the CIPP meeting and **CFS 1452-2 s**hall address urgent safety needs and include steps to be taken to engage the absent required participants in future meetings. Decisions involving placement changes for an absent child/youth shall only be considered when CIPP staff verify (prior to the meeting) the child/youth or caregiver's refusal to participate in the meeting. In these situations, the **CFS 1452-2** shall address steps needed to communicate with and engage the caregiver and/or youth when a placement move is pending.

When a child/youth age 12 or older is unable to participate in the CIPP staffing either in-person or by phone, the caseworker shall ensure that the youth receives a copy of the **CFS 1452-2** within 7 business days.

e) When a CIPP Is Required

A referral for a CIPP staffing is required when:

1) A change in caregiver or living arrangement is being considered by a caseworker or caregiver for a child/youth in a traditional, home of relative or specialized foster family home placement due to difficulties associated with the child/youth's behavioral and/or emotional needs. This includes a child/youth being considered for:

   A) A specialized foster care placement, including a lateral move with change in home needed or designation of status in the same home as "specialized";

   B) Treatment in a residential facility or group home; or

   C) A Transitional Living Program (TLP);

2) A youth and/or caseworker is seeking an initial or ongoing Placement Alternative Contract (PAC); or

3) A child/youth is residing in a temporary living arrangement (e.g., a shelter, detention facility or DOC facility) without an identified placement.

Note: This does not include children/youth who are currently hospitalized in psychiatric facilities without an identified discharge placement. These cases are reviewed by Regional Clinical Staff.

f) When a CIPP Staffing Is Not Required

A CIPP is not required for cases:

1) Involving a planned change in placement that complies with policy (e.g., placement with siblings, removal from an unsafe living arrangement, etc.);

2) Involving an emergency request from the field for specialized foster care services for a child/youth new to care (e.g., in protective custody or who has been in placement for fewer than 45 days) and written confirmation of the need for such services is not yet available. These referrals should continue to be requested by sending a **CFS 418-J, Checklist for Children at Initial Placement** to the DCFS Specialized Foster Care Unit at "Spec FosterCare" via DCFS Outlook email. When agreement cannot be reached, the Specialized Foster Care Unit may refer the case for a CIPP staffing.

3) Involving a request for the Independent Living Program (ILO) for a youth meeting the referral criteria established in **Procedures 302, App. H**.

4) Involving lateral moves or step-ups within TLP, residential, group home, or ILO.

5) Involving a request for a CILA, MI-TLP or DD-TLP.

6) Seeking SOC services.

7) Seeking a Clinical Consult with DCFS Specialty Services or the Regional Clinical staff.

8) Seeking a psychological, parenting or neuropsychological assessment.

Note: Requests for an ILO living arrangement will be initiated by completing the **CFS 1452-1** and submitting it to CIPP Intake. CIPP Intake shall forward the **CFS 1452-1**directly to the Centralized Matching Team for matching to providers, bypassing the need for a CIPP meeting. Casework supervisors and ILO program providers shall ensure that referrals to independent

living programs adhere to **Procedures 301.60(e), Transitional and Independent Living Program Services**.

g) Referrals

The caseworker or current caregiver can call CIPP Intake to swiftly schedule a meeting. When receiving a call from a caregiver, CIPP Intake shall contact the caseworker prior to scheduling a meeting.

CIPP shall accept referrals from caregiver only for purposes of identifying services and supports needed to preserve the current placement. CIPP does not replace the existing procedures for accessing SOC, SASS, a Clinical Placement Review or the Advocacy Office for Children and Families. CIPP Intake shall redirect requests for placement changes and/or concerns to the assigned caseworker and supervisor for follow-up.

When requesting a CIPP meeting, the caseworker shall contact CIPP Intake by phone at 312-814-6800 or by DCFS Outlook email at "CIPP Intake". The caseworker shall complete the **CFS 1452-1** prior to scheduling a CIPP. When possible and if needed, CIPP Intake can assist the caseworker in completing the **CFS 1452-1** via phone. All efforts will be made to schedule CIPP meetings at times and locations that will support involvement by the child/youth, his/her family and caregiver, and minimize school disruptions.

Note: The CFS 1452-1, CIPP Referral Form; CFS 1452-2, CIPP Action Plan; and CFS 1452-3, CIPP Referral Packet Documentation Checklist replace all CAYIT forms and CMT electronic documents.

After receiving a CIPP referral, CIPP Intake and the assigned Facilitator shall collaborate with the caseworker to invite and prepare participants for the upcoming meeting. Caseworkers should continue their efforts to discuss the upcoming CIPP meeting with the youth, caregiver and youth's family.

When the referral process is complete, the CIPP Intake Coordinator shall send written confirmation of the date, time and meeting location via email to the caseworker/supervisor, CIPP Facilitator and other participants.

h) Matching

A member of the Centralized Matching Team (CMT) will participate in CIPP staffings in person or by telephone, whenever possible, when a child/youth's individual needs appear to require more intensive services than those available in the current placement and/or require placement in a residential facility or group home, or a treatment or transitional living program.

CMT shall initiate the matching process during the CIPP meeting. The caseworker shall document identified matches the **CFS 1452-2.** The caseworker

shall prepare and send out a referral packet to each matched provider within 24 hours after the CIPP meeting. Each packet shall contain all the items marked as "Attached" on the **CFS 1452-3, CIPP Referral Packet Documentation Checklist**.

When a CMT staff person cannot attend the CIPP meeting, the CIPP Facilitator shall provide CMT with the updated **CFS 1452-1** and **CFS 1452-2** within one business day of the CIPP meeting. CMT will provide matches to the caseworker via email within three business days of receiving the **CFS 1452-1** and **CFS 1452-2** from the CIPP Facilitator. Using the **CFS 1452-3** for guidance, the caseworker shall prepare and send out referral packets to the identified providers within 24 hours of receiving the list of matched providers from CMT.

Note: Providers will not interview a child or youth without receipt of the complete referral packet and documentation, as specified on the **CFS 1452-3 CIPP Referral Packet Documentation Checklist**.

CMT staff shall continue to notify the caseworker and providers by email of any other potential matches following the CIPP meeting. The caseworker and supervisor shall check their email daily for correspondence from CMT to expedite placement and address any barriers that may arise.

Form CFS 1455 is now obsolete.

V. QUESTIONS

Questions regarding this Policy Guide may be directed to the Office of Child and Family Policy at 217-524-1983 or via Outlook at OCFP – Mailbox. Non Outlook users may e-mail questions to cfpolicy@idcfs.state.il.us.

VI. FILING INSTRUCTIONS

Please remove obsolete Policy Guide 2010.01 from behind Procedures 301 and discard.

Please file this Policy Guide immediately following Procedures 301.60, Placement Selection Criteria.

VII. ATTACHMENTS

CFS 1452-1, Clinical Intervention for Placement Preservation (CIPP) Meeting Referral Form
CFS 1452-2, Clinical Intervention for Placement Preservation (CIPP) Action Plan
CFS 1452-3, Clinical Intervention for Placement Preservation (CIPP) Referral Packet Documentation Checklist

Staff can access these forms on the SACWIS T drive and the DCFS Website.

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State of Illinois
Department of Children and Family Services

CLINICAL INTERVENTION FOR PLACEMENT PRESERVATION (CIPP)
Meeting Referral Form

Scheduling Information (Administrative Use Only)

Date of Referral: **Referral Source:** Select One **Meeting Type:** Select One

Meeting Date: **Meeting Time:** ☐ **a.m.** ☐ **p.m.** **Meeting Location:**

LAN: **SOC Agency Name:**

Has a regional clinical staff been contacted about this case in the previous 3-6 months? ☐ **Yes** ☐ **No**

If yes, who from Regional Clinical has been involved?

Youth Personal Information

Youth's Name: **ID#:** **DOB:** **Age:**

Gender: **Ethnicity:** **Weight:** **Height:**

Legal Status: Select One **Permanency Goal:** Select One

Special Needs 1: Select One **Special Needs 2:** Select One **Special Needs 3:** Select One

Native/Alaskan American Indian: ☐ Yes ☐ No **Deaf/HOH:** ☐ Yes ☐ No

Burgos: ☐ Yes ☐ No **Other Language Needs:** ☐ Yes ☐ No **Language Needed:**

Pregnant or Parenting? ☐ Yes ☐ No **If Yes, Age(s) of Children:**

Case Management Information:

Agency Name: **R/S/F:**

Case Manager: **Phone:** Ext: **Fax:**

Supervisor: **Phone:** Ext: **Fax:**

Placement

Current Placement Location: **Placement Date:**

Agency/Program Name:

Current Placement Type: Select One **Type of Placement Sought:** Select One

Why is a CIPP meeting requested?

Is the current caregiver able/willing to keep youth in his/her home? ☐ Yes ☐ No

If no, explain the reasons:

Have UIRs been completed for the youth while in the current placement? ☐ Yes ☐ No

If yes, briefly describe:

SOC Involvement

Is the youth/family currently receiving SOC services or were SOC services provided in the past ☐ Yes ☐ No

If yes, continue.

SOC Agency Name: **Date of Service:**

Geography

City or region in which the youth currently residing:

Primary location of the youth's family supports:

City or region in which the youth would prefer to reside:

Geographic placement concerns:

Education

Last school attended: **Last grade Attended:**

Location:

Length of time attended: **Graduated High school/GED:** ☐ Yes ☐ No

Type of Program: Select One **IEP:** ☐ Yes ☐ No **IEP Date:**

Level of Cognitive Functioning

What is the worker's impression of the youth's cognitive functioning?

Last Full Scale IQ:	**Source of IQ Information:** Select One	**Date of IQ Information:**

For youth with IQ below 70, is there a current adoptive functioning measure (e.g. Vineland, etc.)? ☐ Yes ☐ No

If IQ below 70, indicate adaptive functioning scores:

Maladaptive Behavior Index: **Communication:**

Daily Living Skills: **Socialization:** **Motor Skills:**

Has a PAS referral been approved: ☐ Yes ☐ No ☐ NA

Medical History

Does youth have a chronic or acute medical condition requiring current medical care? ☐ Yes ☐ No

If yes, please note the condition, date of diagnosis, and treatment compliance:

If yes, is there a current nurse working with this youth? ☐ Yes ☐ No **If no, complete a nursing consultation form.**

Psychiatric History

Does the youth have a DSM Axis Diagnosis? ☐ Yes ☐ No **An Axis II Diagnosis?** ☐ Yes ☐ No

- **If yes, please state most recent diagnoses:**
  - **Source:** Select One **Year:**

Has the youth been prescribed psychotropic medications? ☐ Yes ☐ No

- **If yes, does the medication appear effective?** ☐ Yes ☐ No
- **Is the youth currently compliant with the medication?** ☐ Yes ☐ No

Has the youth been psychiatrically hospitalized with the last two years? ☐ Yes ☐ No

- **If yes, please cite reason, date(s) and discharge diagnoses:**

Detention/DOC Legal Concerns

Has the youth been involved with the corrections/legal system? ☐ Yes ☐ No ***If yes, continue below.***

- **Has the youth been convicted of an offense(s)?** ☐ Yes ☐ No ***If yes, continue below.***
- **Indicate type of conviction(s)?** ☐ Juvenile ☐ Adult ☐ Juvenile and Adult
- **Briefly note the crime(s), conviction(s) and date(s):**

Indicate type of probation: ☐ Juvenile ☐ Adult ☐ NA

Describe conditions of current probation and stipulations, if applicable:

Indicate type of parole: ☐ Adult ☐ NA **ARD/Parole Date:**

Describe conditions of current parole and stipulations, if applicable:

If youth is currently in detention/DOC, indicate the youth's counselor, if applicable:

Sexual Behavior Problems

Has the youth exhibit sexually problematic behavior? ☐ Yes ☐ No ***If yes, continue below.***

- **Has the youth received treatment for the behavior?** ☐ Yes ☐ No
- **If yes, briefly describe the type of treatment and dates treatment occurred:**
- **Did the youth complete treatment?** ☐ Yes ☐ No

Is the youth currently involved in treatment? ☐ Yes ☐ No

Has the DCFS Sex Abuse Service Coordinator been consulted? ☐ Yes ☐ No

If yes, name of SBP Coordinator:

What are the recommendations and date issued?

Has a treatment provider issued recommendations? ☐ Yes ☐ No

If yes, what are the recommendations and date issued?

Is the youth convicted as an adult sex offender? ☐ Yes ☐ No **Supervision Plan?** ☐ Yes ☐ No

Is the youth convicted as a juvenile sex offender? ☐ Yes ☐ No **Supervision Plan?** ☐ Yes ☐ No

Describe any placement restrictions, supervision plan or the need to register as a juvenile or adult offender:

Presenting Problems and Risk Behaviors	Last 60 days	History Only	Prior to controlled environment**
Conduct Disorder	☐	☐	☐
Domestic Violence	☐	☐	☐
Elopement/History of Running	☐	☐	☐
Encopresis	☐	☐	☐
Enuresis	☐	☐	☐
Fire Setting – Property	☐	☐	☐
Fire Setting – With Intent to Harm	☐	☐	☐
Food Hoarding	☐	☐	☐
Gang Involvement	☐	☐	☐
Homicidal Ideation	☐	☐	☐
Homicidal Gestures	☐	☐	☐
Oppositional/Defiant	☐	☐	☐
Physical Aggression/Assault	☐	☐	☐
Psychosis (e.g., hallucinations, delusions)	☐	☐	☐
Self-Harm/Mutillation	☐	☐	☐
Substance Abuse	☐	☐	☐
Substance Use	☐	☐	☐
Suicidal Ideation	☐	☐	☐
Suicidal Gestures	☐	☐	☐
Trafficking (e.g., prostituting, pimping)	☐	☐	☐
Verbal Aggression	☐	☐	☐

** Complete this column if youth has been in the hospital, DOC, detention or highly structured residential program for the previous 60 days or more. If so, indicate problems and behaviors the youth demonstrated in the placement prior to its interruption or admission to the residential program.

CIPP Participants Name	**Role**	**Address**	Phone	Invited	Prepared	Attended
	Select One			Select One	Select One	Select One
	Select One			Select One	Select One	Select One
	Select One			Select One	Select One	Select One
	Select One			Select One	Select One	Select One
	Select One			Select One	Select One	Select One
	Select One			Select One	Select One	Select One
	Select One			Select One	Select One	Select One
	Select One			Select One	Select One	Select One
	Select One			Select One	Select One	Select One
	Select One			Select One	Select One	Select One
	Select One			Select One	Select One	Select One
	Select One			Select One	Select One	Select One
	Select One			Select One	Select One	Select One
	Select One			Select One	Select One	Select One
	Select One			Select One	Select One	Select One

CIP Information for Matching (completed by the Facilitator)
Placement decision: ☐ Preserve current placement ☐ New placement ☐ New placement – MATCH NEEDED
If new placement, complete the following questions:
What is the reason(s) why the youth cannot remain in the current placement?
Indicate the matches identified during the CIPP meeting, if applicable:
Match 1:
Match 2:
Facilitator's comments – may pertain to observations about the youth or dynamics during staffing (optional):

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State of Illinois
Department of Children and Family Services

CLINICAL INTERVENTION FOR PLACEMENT PRESERVATION (CIPP)
Action Plan

Identifying Information		
Youth name:	ID#:	DOB:
CIPP meeting date:	Meeting date location:	
Worker name:	Supervisor name:	
Worker phone:	Supervisor phone:	
Agency:	Name of person completing the action plan:	

Concerns/Needs	
1.	☐ Current Priority ☐ Future Priority
2.	☐ Current Priority ☐ Future Priority
3.	☐ Current Priority ☐ Future Priority
4.	☐ Current Priority ☐ Future Priority
5.	☐ Current Priority ☐ Future Priority
6.	☐ Current Priority ☐ Future Priority
7.	☐ Current Priority ☐ Future Priority
8.	☐ Current Priority ☐ Future Priority
9.	☐ Current Priority ☐ Future Priority
10.	☐ Current Priority ☐ Future Priority

Youth Name:	ID#:	Page #:

Action Plan

Concern(s) addressed: #_____; #_____; #_____; #_____;

Description of service/support/relationship needed. How, when, where and to whom will it be provided?

Type? ☐ Social/Concrete/Case Management Support ☐ Clinical ☐ Care Environment

Urgency? ☐ Now ☐ Within a Week ☐ Within a Month | Who is responsible?

Special approval/supplemental funding assistance? ☐ Yes ☐ No

Concern(s) addressed: #_____; #_____; #_____; #_____;

Description of service/support/relationship needed. How, when, where and to whom will it be provided?

Type? ☐ Social/Concrete/Case Management Support ☐ Clinical ☐ Care Environment

Urgency? ☐ Now ☐ Within a Week ☐ Within a Month | Who is responsible?

Special approval/supplemental funding assistance? ☐ Yes ☐ No

Concern(s) addressed: #_____; #_____; #_____; #_____;

Description of service/support/relationship needed. How, when, where and to whom will it be provided?

Type? ☐ Social/Concrete/Case Management Support ☐ Clinical ☐ Care Environment

Urgency? ☐ Now ☐ Within a Week ☐ Within a Month | Who is responsible?

Special approval/supplemental funding assistance? ☐ Yes ☐ No

Youth Name:	ID#:	Page #:

Action Plan Continued

Concern(s) addressed: #_____; #_____; #_____; #_____;

Description of service/support/relationship needed. How, when, where and to whom will it be provided?

Type? ☐ Social/Concrete/Management Support ☐ Clinical ☐ Care Environment

Urgency? ☐ Now ☐ Within a Week ☐ Within a Month | Who is responsible?

Special approval/supplemental funding assistance? ☐ Yes ☐ No

Concern(s) addressed: #_____; #_____; #_____; #_____;

Description of service/support/relationship needed. How, when, where and to whom will it be provided?

Type? ☐ Social/Concrete/Management Support ☐ Clinical ☐ Care Environment

Urgency? ☐ Now ☐ Within a Week ☐ Within a Month | Who is responsible?

Special approval/supplemental funding assistance? ☐ Yes ☐ No

Concern(s) addressed: #_____; #_____; #_____; #_____;

Description of service/support/relationship needed. How, when, where and to whom will it be provided?

Type? ☐ Social/Concrete/Case Management Support ☐ Clinical ☐ Care Environment

Urgency? ☐ Now ☐ Within a Week ☐ Within a Month | Who is responsible?

Special approval/supplemental funding assistance? ☐ Yes ☐ No

Youth Name:	ID#:	Page #:

Action Plan Continued

Concern(s) addressed: #_____; #_____; #_____; #_____;

Description of service/support/relationship needed. How, when, where and to whom will it be provided?

Type? ☐ Social/Concrete/Management Support ☐ Clinical ☐ Care Environment

Urgency? ☐ Now ☐ Within a Week ☐ Within a Month | Who is responsible?

Special approval/supplemental funding assistance? ☐ Yes ☐ No

Concern(s) addressed: #_____; #_____; #_____; #_____;

Description of service/support/relationship needed. How, when, where and to whom will it be provided?

Type? ☐ Social/Concrete/Management Support ☐ Clinical ☐ Care Environment

Urgency? ☐ Now ☐ Within a Week ☐ Within a Month | Who is responsible?

Special approval/supplemental funding assistance? ☐ Yes ☐ No

Concern(s) addressed: #_____; #_____; #_____; #_____;

Description of service/support/relationship needed. How, when, where and to whom will it be provided?

Type? ☐ Social/Concrete/Case Management Support ☐ Clinical ☐ Care Environment

Urgency? ☐ Now ☐ Within a Week ☐ Within a Month | Who is responsible?

Special approval/supplemental funding assistance? ☐ Yes ☐ No

Youth Name:	ID#:	Page #:
Proactive Stability and Crisis Plan		
Situations that could lead to a crisis:		
Youth's strategies for managing conflict/crisis:		
Caregiver's strategies for managing conflict/crisis:		
Supports and resources including names and contact information of people who will help:		

Youth Name:	ID#:	Page #:

Action Plan Signature Page

Signature Indicating Support of Plan	Role/Agency

Concerns regarding action plan:

Name/Role:

Concerns regarding action plan:

Name/Role:

State of Illinois
Department of Children and Family Services

REFERRAL PACKET DOCUMENTATION CHECKLIST

The following checklist is a tool to be used by all stakeholders throughout the various stages in the referral process, each time the youth is referred to a new placement/setting. Ultimately, it is the responsibility of the DCFS/POS caseworker to ensure the documents are provided. The expectation is that every item in this document will be addressed as either "Attached" or "Not Applicable," in accordance with the timeframes listed below.

NOTE: SUPERVISORS HAVE THE ABILITY TO ASSIGN PARALLEL ACCESS TO SACWIS TO THE MATCHED PROVIDERS IN ORDER FOR THEM TO ASSESS THE REFERRAL. IF PARALLEL ACCESS IS GIVEN, ANY DOCUMENTS THAT ARE IN SACWIS DO NOT NEED TO BE INCLUDED IN THE REFERRAL PACKET.

NAME: _____ **ID#:** _____

I. Centralized Matching Team Referral Documents:
These documents are sent by the Centralized Matching Team to matched providers as the initial electronic referral packet.

Date:			
		Attached	**N/A**
CIPP, Clinical, or Residential Transition & Discharge Protocol		☐	☐
1.	Initial Referral Packet Documentation Checklist (CIPP, Clinical, and Residential Transition & Discharge Protocol)	☐	☐
2.	CFS 1452-1 CIPP Referral (CIPP)	☐	☐
3.	CFS 1452-2 CIPP Action Plan (CIPP)	☐	☐
4.	Placement History (CIPP)	☐	☐
5.	Clinical Summary (Clinical, and Residential Transition & Discharge Protocol)	☐	☐
6.	CANS (Residential Transition & Discharge Protocol)	☐	☐
7.	CSR/Action Plan (Residential Transition & Discharge Protocol)	☐	☐
8.	Other: _____	☐	☐

Missing Documentation and Timeframe for sending document(s) once obtained: _____

II Initial DCFS/POS Caseworker Referral Packet Documents:
These documents are sent by the assigned DCFS/POS caseworker to the matched providers. These documents are to be provided immediately in order for the provider to make a disposition.

Date:		

		Attached	N/A
9.	Updated Referral Packet Documentation Checklist	☐	☐
10.	Integrated Assessment/Social History and most recent update	☐	☐
11.	Hispanic Client Language Determination Form CFS 1000-1	☐	☐
12.	Current Client Service Plan	☐	☐
13.	CFS 119 Unusual Incident Reports (past 90 days)	☐	☐
14.	Court Reports (past year minimum)	☐	☐
15.	Permanency Reports (past year minimum)	☐	☐
16.	Most Recent Treatment Plan	☐	☐
17.	Psychological Evaluation Report (most recent)	☐	☐
	• If IQ under 70, Measure of Adaptive Functioning (i.e., Vineland) must also be attached	☐	☐
18.	Progress reports (past year minimum)	☐	☐
19.	Psychiatric/Mental Health Reports		
	a. Mental health records including Mental Health Assessments or	☐	☐
	b. Psychiatric evaluations	☐	☐
	c. Inpatient psychiatric hospital records	☐	☐
	d. Other: _____	☐	☐
20.	Any other specialized assessments/plans		
	a. Most recent Psychosexual assessments and current level of risk	☐	☐
	b. Substance abuse assessments and/or discharge summaries	☐	☐
	c. Neurological Report	☐	☐
	d. Wards Supervision Plan CFS 685	☐	☐
	e. 0-3 Evaluation	☐	☐
	f. Runaway Risk Assessment	☐	☐
	g. Other:_____	☐	☐
21.	Probation Social Investigation and other Delinquency Court Evaluations	☐	☐
22.	Academic/Educational Records		
	a. Educational Behavior Management Plan	☐	☐
	b. 504 Plan	☐	☐
	c. Current Individualized Education Plan (IEP)	☐	☐
	d. Current IEP Triennial Evaluation Reports	☐	☐
	e. Education Transition Plan for special education youth 14.5 years & older	☐	☐
	f. Other:_____	☐	☐

		Attached	N/A
23.	Ansell Casey (most recent)		
	a. Youth	☐	☐
	b. Caregiver	☐	☐
24.	Medical documentation if specific special medical need	☐	☐
25.	Other:_____	☐	☐

Missing Documentation and Timeframe for sending document(s) once obtained: _____

III. Additional DCFS/POS Caseworker Referral Packet Documents: *prior to* admission:
These documents are sent by the assigned DCFS/POS caseworker. These documents are needed once a confirmed admission has been determined.

Date:			
		Attached	**N/A**
26.	Updated Referral Packet Documentation Checklist	☐	☐
27.	Academic/Educational Records		
	a. High School Diploma	☐	☐
	b. GED	☐	☐
	c. Current Educational/School Transcript	☐	☐
	d. Current Report Card	☐	☐
	e. ISBE Student Transfer Form	☐	☐
	f. Current CFS 407 Education Report Form	☐	☐
	g. Current CFS 407HS Annual High School Plan	☐	☐
	h. Other: _____	☐	☐
28.	Relapse Prevention Plan	☐	☐
29.	Copy of Birth Certificate	☐	☐
30.	Copy of Social Security Card	☐	☐
31.	Medical Card	☐	☐

		Attached	N/A
32.	Health/Medical Records		
	a. HealthWorks Health Passport	☐	☐
	b. Current Physical Exam within last 12 months	☐	☐
	c. Current TB Test	☐	☐
	d. Current Flu Shot	☐	☐
	e. Immunization Record	☐	☐
	f. Dental Exam within last 12 months	☐	☐
	g. Vision Screening	☐	☐
	Exam (if failed)	☐	☐
	h. Hearing Screening	☐	☐
	Exam (if failed)	☐	☐
	i. Other:_____	☐	☐
33.	Current Consents		
	a. CFS 431-B Consent for Psychotropic Medications (for ALL prescribed psychotropic meds)	☐	☐
	b. CFS 415 Consent for Ordinary and Routine Medical and Dental Services	☐	☐
	c. Consent for Behavior Treatment Techniques	☐	☐
	d. CFS 431 Consent of Guardian to Medical/Surgical Treatment	☐	☐
	e. Other Consents as needed	☐	☐
	f. CFS 600-3 Signed Consent for Release of Information	☐	☐
	g. Other:_____	☐	☐
34.	Dependency/Permanency Court Records		
	a. Disposition or Temporary Custody Order	☐	☐
	b. Most recent Permanency Order	☐	☐
	c. Updated Permanency Report	☐	☐
	d. Other:_____	☐	☐
35.	Juvenile Delinquency Court Orders/Records		
	a. Police Reports and Petition for Adjudication	☐	☐
	b. Adjudication Order	☐	☐
	c. Sentencing/Probation Order	☐	☐
	d. Petition to Revoke	☐	☐
	e. Updated Probation Social Investigation	☐	☐
	f. Other:_____	☐	☐
36.	DJJ/DOC Parole Order	☐	☐

		Attached	N/A
37.	Offender Registration Act—Current Registration Form		
	a. Juvenile Delinquent	☐	☐
	b. Sex Offender (adult)	☐	☐
38.	Adult Criminal Court Orders		
	a. Indictment Information/Arrest Report/Criminal Complaint	☐	☐
	b. Judgment Order (Conviction/Sentencing/Probation Order)	☐	☐
	c. Petition to Revoke	☐	☐
	d. Other:_____	☐	☐
39.	Child Identification Form CFS 680 (including Fingerprints and Photo of Ward)	☐	☐
40.	Other:_____	☐	☐

Missing Documentation and Timeframe for sending document(s) once obtained: _____

IV. Additional DCFS/POS Caseworker Referral Packet Documents at admission: These items are required at the time of intake.		
Date:		

		Attached	N/A
41.	Updated Referral Packet Documentation Checklist	☐	☐
42.	SSI Award letter	☐	☐
43.	Current contact info. of supportive individuals including related guidelines/restrictions	☐	☐
44.	Dates and times of next court dates		
	a. Delinquency	☐	☐
	b. Permanency	☐	☐
45.	Date and time of next ACR	☐	☐
46.	Clothing-7-10 days of weather appropriate clothing	☐	☐
47.	CFS 534 Medication Administration Log (list including type, dosage, and times given)	☐	☐

	Attached	N/A
48. Medication Prescription for all prescribed medications	☐	☐
49. Minimum 14 day, preferably 30 day supply for all medication.	☐	☐
50. Finalized Comprehensive Transition Plan	☐	☐
51. Other:_____	☐	☐

Missing Documentation and Timeframe for sending document(s) once obtained: _____