
Learning Inventory of Skills Training L.I.S.T

What is the LIST?

The LIST (Learning Inventory of Skills Training) is a life skill assessment with recommended training resources. This is a modified/updated version of the assessment used by our sister agency, DMHAS. The LIST was supported by the DCF's Life Skills Initiative Steering Committee. This Committee included representation from the regional offices, USD II, the provider community, the DCF Training Academy, our DCF facilities, DCF nursing staff, DMHAS, Central Office, and the life skills workgroup from the New Britain/DMHAS pilot.

How do we access to the LIST?

The assessment instrument and resources are located at the DMHAS website. Staff attending the LIST Training are provided with the relevant materials and the link to the website. To find the LIST, go to [DMHAS Skill Building](#) and select the DCF Learning Inventory of Skills Training.

What is the target population for the Life Skills Initiative?

Youth ages 14 and older who are committed to DCF (Abuse, Neglect, and Uncared for) are required to have a LIST assessment and instruction components provided. For youth referred to DMHAS Young Adult Services (YAS) a LIST is required in the initial referral packet regardless of their legal status. . Non-committed youth should be considered for a LIST on the case by case basis. Information from individuals who know the youth well (e.g., caregivers, family members, etc.) should be included in the life skill assessment process.

Who is responsible to complete the LIST assessment and instruction components?

Providers who serve youth in congregate care programs, Therapeutic Foster Care (TFC); Community Based Life Skills (CBLS) credentialed providers; Work to Learn (WTL); Community Housing Assistance Program CHAP/CHEER; and Only those credentialed CBLS providers can administer the LIST, TSS providers are no longer eligible to administer the LIST. The LIST is also administered at DCF operated facilities.

Youth in CORE, FictiveKin or Kinship care will use CBLS for completing the LIST. Referrals to CBLS credentialed providers are made through the area office liaisons. The liaisons are the point person for this process. The practice will include:

- Accepting referral and approval
- Identify a provider from ABH approved list
- Accepting invoices and processing them based on the Region's internal system Trouble shooting – liaisons are the link between the providers and our staff

Funding comes from WRAP funds and we shifted the money from the contracts to the Regions in order for providers to begin the services. The DCF Social Worker has to create a WAF in Link; the provider will not be able to provide the services without an approved WAF and the provider will need to request a copy of the WAF.

Domains identified as areas of need will be incorporated into the youth's case plan and monitored by the DCF worker through standard monthly visits. The process will be monitored and documented by the DCF social worker. CBLS providers will provide summaries and support.

Is the LIST assessment and instruction a one-time event?

The LIST assessment and instruction is an ongoing process that should help prepare our youth for success. Youth in CORE, FictiveKin or Kinship homes being serviced by Credentialed CBLS providers can be reassessed and approved for services every 6 months as they master domains.

How often should the LIST assessment be completed?

Full LIST assessments should be conducted annually. Providers should give updates on the specific domains that the adolescents focus on every 6 months. Providers should share information with the adolescent's social worker in line with their treatment plans and as outlined in the providers' scopes of services or Provider Agreements.

Who is responsible for the LIST when a youth is in more than one of these programs?

Ultimately it is the DCF AOSW's responsibility to ensure that services are not duplicated. In order for this to occur a meeting should convene to determine who will take the lead. It is the expectation that the social worker will initiate the meeting to make a collective decision regarding who will oversee life skills training. Multiple providers can provide skills training but at no time should a youth have multiple LIST assessments. It is the responsibility when efforts are being coordinated that the lead provider receive the all information necessary to complete the data report. The decision of which provider should take the lead is then documented and forwarded to the LIST PDOC.

Do I need to complete a LIST to make a referral to DMHAS?

Yes, a LIST assessment is required for all youth being referred to DMHAS. At the very least the initial assessment needs to be included in the initial DMHAS referral packet. As of November 2016, DMHAS referrals will not be considered completed until a LIST assessment is completed and part of the referral packet.

Where is the LIST work documented?

Providers will document the LIST work in their record and will send DCF SW staff a summary of that work. DCF SW staff will document assessment results, the three domains identified for instruction, work on instruction/teaching components, and progress in the case narratives. Copies of the LIST will be kept in the hard copy case record and/or electronically.

The programs listed above are required to send a copy of the LIST assessment completed for the adolescent (baseline and any other follow ups) to the DCF SW assigned to the youth. Completed assessments will identify domains and include input from Permanence Teams. In addition, providers will submit a written Life Skills training plan and report every three months to DCF social worker (in preparation of ACR).

How long does it take to complete the LIST Assessment?

There are four criteria that determine how long it takes to complete the LIST with a youth: how well the providers knows the youth, biological age of youth, developmental stage of the youth and the cognitive ability/overall intellectual functioning of the youth. Age ranges were assigned to the different domains to guide the prioritization of the assessment process. Staff are encouraged to partner with the foster parent in assessing the youth and use the teaming process to determine who is a natural fit to administer the tool. Life skills development is ongoing and learning never ends.

How many domains should we be focusing on for instruction components?

It is recommended that the number of domains presented for instruction is individualized to each youth. In most circumstances, no more than 3 domains should be presented at once.

How do we prioritize? How do I make sure everyone who is eligible for the LIST receive the assessment?

Priority will be giving to youth in the following order who are:

1. 18 and older
2. Identified and ready to transition to DMHAS regardless of their legal status
3. 16 and 17 years old
4. 14 – 15 years old

**Priority attention should be given to youth in Kinship or FictiveKin care.

What information will ACR reviewers be looking for workers on the LIST? How does the LIST connect to case planning in the ACR process?

The implementation of the LIST does not change good practice. ACR assesses the quality of adolescent planning and life skills learning is part of good planning. ACR SWS review written case plans and 6 months of narratives in preparation of an ACR. They are looking for documentation that life skills are being assessed and learning is ongoing. Documentation should reflect that adolescents in DCF care are receiving the necessary skills to be independent adults. Social workers should document progress of a LIST assessment in their case narratives and in the case planning section in LINK. ACR SWS will ask workers about the status of a LIST, the quality of assessment and associated learning, and the quality of the service provided to your adolescent by the identified agency providers. Contracted providers are expected to provide social workers with written updates, copies of the LIST and annual LIST assessments.

Can a person graduate from having a LIST assessment? Who is exempt from receiving the LIST?

Learning life skills is an ongoing, lifelong process; although our programs may be time limited, learning life skills is not. LIST assessments are administered on an annual basis. Learning needs are assessed and prioritized. In almost all cases, a LIST assessment should be completed, even when a youth has completed a series of Life Skills instructions or is high functioning.

Situations when a LIST is not recommended:

- Youth is profoundly cognitively impaired
- Youth has a medical condition that prohibits him/her from learning life skills
- Is in a SFIT or Crisis stabilization program
- Is currently living out of state
- Youth in licensed DSS facilities who receive life skills evaluations
- Youth who have reached independence on all relevant domains

In all these cases, although a LIST may not be the appropriate tool, it is still important that youth receive life skills training through alternative, appropriate means. This should be documented in your case narratives and in the case planning section in LINK.

When is appropriate to use a tool other than the LIST?

The LIST is the Department's authorized tool to assess and create appropriate life skill learning opportunities, but it is most important that every adolescent age 14 and over in our care receives life skill training. The LIST may not be appropriate for everyone. Providers who are serving adolescents placed in Department of Developmental Services (DDS) licensed group homes are required by their license to use a different tool to assess and teach life skills. Those tools are appropriate to use in place of the LIST. DCF workers are required to receive a copy of those tools and include that information in adolescent case file.

Can we still request a waiver for CBLS when kids are placed in TFC homes?

No. TFC homes are contracted to provide life skills as well as other contracted providers. If you believe that an adolescent in a TFC home is not meeting your expectations, you should convene a meeting and include the PDOC so that the issue can be remedied.

Do Star homes complete the LIST?

STAR Homes are required by contract to do life skills using the LIST. Please ask Providers for a copy of the LIST if they are currently in the program. New placements have 30 days to complete the LIST assessment.

Are we looking into Manson providing the LIST to the youth at Manson?

It is important to prepare adolescents who are incarcerated to have life skills. Manson is not exactly designed to provide these services although rehabilitation services are part of what may be offered in that institution. Referrals to CBLS credential providers may be an option. This would be coordinated with the prison liaisons.

Is there still a waiver required for youth who are 21 and over to get life skills case management?

Waivers should not be required for 21 years and older to get Life Skills case management. For youth 21 and older who require case management, life skills should be included in the services plan.

If a CORE Foster home is being provided Therapeutic Foster Care support/ case management (but they continue to be a CORE/ DCF licensed foster home) would that TFC support do the list for that family?

Yes, we would ask the provider to do the LIST.

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