What is the LIST?
The LIST (Learning Inventory of Skills Training) is a life skill assessment with recommend 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 relevant materials and the link to the website ~DMHAS_Skill Building

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 a LIST should be included in the initial referral packet. Youth who are committed delinquent should also be assessed and receive instruction when deemed appropriate. Information from individuals who know the youth well (e.g., caregivers, family members, etc.) can 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), Work to Learn (WTL), Community Housing Assistance Program CHAP/CHEER, Fostering Responsibility, Education, and Employment (FREE), Caregiver Support Team (CST) and qualified credentialed providers can offer the list. The LIST will also be completed in our DCF operated facilities.

Youth in CORE, FictiveKin or Kinship care will use CBLS for completing the LIST. CBLS providers will then create a group that matches the needs of youth identified for each sessions. 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. Process will be monitored and documented by the DCF social worker. CBLS providers will provide summaries and support. In those situations where CBLS services are not available L.I.S.T assessments can be administered by credentialed providers through individual arrangements on a case by case basis at the discretion of the Regional Administrator (RA) or his/her designee.
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 CBLS can cycle back through the program as they master domains.

How often should the LIST assessment be completed?
For each one of the programs types listed below the frequency is as follows:

Congregate Care & Therapeutic Foster Care (TFC)
- Every three months (to be consistent with their Treatment Planning Process)

Caregiver Support Team
- Once at the start and at completion

CBLS
- Once at the start of program and at program completion
  - (3months, 6months, 1 year)

Work To Learn (WTL)
- Once at start of the program and annually thereafter

Fostering Responsibility, Education & Employment (FREE)
- Once at start of the program and annually thereafter

Community Housing Assistance Program (CHAP)
Community Housing, Educational & Enrichment Resource (CHEER)
- Once at start and every six months

Support Staff and Therapeutic Support staff
- Once at the start of program and once at the end program

Who is responsible for the LIST when a youth is in more than one of these programs?
In the event that CBLS is involved, it is recommended that CBLS take the lead. In the cases when CBLS in not involved the it is the expectation with the social worker as lead that a meeting would take place to make a collective decision regarding who should take the lead. The decision will be documented.

Do I need to complete a LIST to make a referral to DMHAS?
Yes, you will need to include a LIST in the initial DMHAS referral packet for all youth being referred to DMHAS (The referral may not be accepted by DMHAS without the LIST included).
Where is the LIST work documented?
Providers will document in their record and will send DCF SW staff a summary of that work. DCF SW staff will reflect 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 will be required to send a copy of the LIST assessment completed for the youth (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).

What are the timetables of Implementation Plan?

<table>
<thead>
<tr>
<th>Training</th>
<th>Status</th>
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<tbody>
<tr>
<td>Train the Trainer</td>
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<tr>
<td>DCF Workforce</td>
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</tr>
<tr>
<td>All Staff Training</td>
<td>January 2016</td>
</tr>
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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 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 are individualized for 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 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
3. 16 and 17 years old
4. 14 – 15 years old

**Priority attention should be given to youth in Kinship or FictiveKin care.**
For more information please contact Dayna R. Snell, LCSW
Desk: (860)550-6351
Cell: (860)209-2839
Email: dayna.snell@ct.gov