

ATTACHMENT C

LCTS PUBLIC SCHOOLS PARTICIPANT CHECKLIST INTRODUCTION

You have the potential to participate in the Local Collaborative Time Study (LCTS). Through collaborative partnerships and Local Collaborative Time Study participation, some staff on the payrolls of public schools, public health and corrections generate federal reimbursement funding. The collaboratives then spend the LCTS funds to develop or expand prevention and early intervention education, social, health, or health-related services for children and families. LCTS funds support many programs such as truancy prevention, school readiness, school-based mental health and social services, health services, and before and after school activities.

The LCTS Participant Checklist is a tool to determine who can participate in the LCTS. Proper use of the checklist ensures that the LCTS includes all the appropriate persons possible and excludes those who are not appropriate. This is important for preserving the integrity of the LCTS, complying with federal requirements and optimizing the funding available to communities for meeting the needs of their children.

Please complete the Checklist to learn whether you are eligible to participate in the LCTS. Note that only employed staff – *not* contracted vendors/staff/consultants - can participate in the LCTS. The purpose of the checklist is to help determine whether you should participate in the LCTS. The checklist is not intended to monitor your time or assign value to your work; rather, the checklist is the means to screen who is eligible to participate in the Local Collaborative Time Study. (Please remember to consider your total time spent working to include professional activities performed before or after school as well as those performed on- and off-site.)

If you are a supervisor or manager completing the Checklist on behalf of other staff, then please share a completed copy of this form with your staff. We encourage you to welcome new participants to the LCTS and briefly discuss the program with them. This helps staff to better understand how they were selected and their role as LCTS participants.

The *LCTS Participant Checklist* is the only approved method for determining participation in the LCTS.

Thank you for your cooperation!

ATTACHMENT D

LCTS Public Schools Participant Checklist

Are you involved with casework, care management, service coordination, or outreach activities for children? These are those "administrative" types of social & health services that you may provide for children experiencing risk factors, special needs or health concerns.

If you spend your time working to provide case management, service coordination or outreach on behalf of these children, then you are eligible to participate in the LCTS. Case management, service coordination & outreach related to children's welfare, risk of placement or health generally include:

- Helping children & their families access appropriate services & resources
- Developing & reviewing intervention or care plans
- Assessing or identifying the needs of children
- Following up & evaluating the effectiveness of services
- Providing information through outreach activities, such as training, public speaking & community planning meetings

If you spend all or most of your time directly delivering services to children (such as regular classroom teaching & direct therapy services), then you are *not* eligible to participate.

If you are employed at least 20 hours a week & spend **40%** of your total working hours engaged in the types of case management, service coordination or outreach activities listed above (including related supportive activities such as paperwork & travel), then you qualify to participate in the LCTS. (If you are not certain whether you qualify, please see your LCTS Coordinator.)

Please check

_____ I do meet the above requirements & should be on the LCTS

_____ I do not meet the above requirements & should not be on the LCTS

Name _____

Position Title _____

Employed by _____

Signature _____
Staff Participant

Other Signature _____
Supervisor, LCTS Coordinator, Other Authorized Signer

Date _____

Thank you!