

Children's Long-Term Support Functional Screen

Bureau of Children's Services
Division of Medicaid Services
November 5, 2024

Agenda

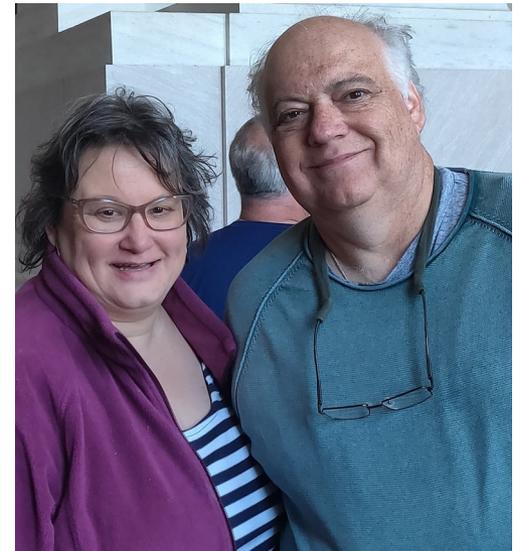
- Introductions
- Children's Long-Term Support (CLTS) Functional Screen (FS) best practices
 - Mental health
 - Activities of daily living (ADL)/instrumental activities of daily living (IADLs)
- Resources
- Outreach

Introductions

Mary Schlaak Sperry and Katie Dill

Mary

- Background:
 - Sherwood and Madison, WI
 - Undergraduate and Master's degrees in Social Work from UW Madison, Developmental Disabilities concentration
- Married to Fred and mom to Stellar Kitty (19)
- My why



Katie

- Background:
 - Chicago, IL, and Wittenberg, WI
 - Undergrad: UW-La Crosse; graduate: Wayne State Detroit, MI
- Board-certified behavior analyst
- Mom to two boys who take up all my free time!
- My why



Getting to Know You



Children's Functional Screen Best Practices

Katie Dill and Mary Schlaak Sperry

Purpose of Notes: 1.9

Screening Considerations

C. Additional Notes

- The CLTS FS is a functional eligibility tool, **not** an assessment. Screeners may add additional notes on the FS as long as the notes are objective and address the specific areas of skill and development relevant to functional eligibility criteria.
- Responses to ADL/IADL, mental health, and behavioral questions may require an entry about frequency of the activity or interventions used.

Purpose of Notes:

9.3 Final Notes

The **primary** purpose of the notes is to strengthen and corroborate items checked or not checked on the CLTS FS. If notes are added to existing notes later, **the most current notes should always be at the top of the list**. Notes are to be entered in the following format:

- Date (**MM/DD/YY**): Comments... Screener initials
- In this format, a screener's comments are written between the date of the note and their initials, reducing the opportunity for other screeners to inadvertently add comments to someone else's notes. Screeners are responsible for the notes they create.

Our (Fictional) Child

Shaun Cassidy

Shaun is a 7-year-old male who has multiple diagnoses in the mental health, developmental, and physical disability domains.

Preparing to Complete Mental Health and Behavior Screen Sections

- Review these sections before the appointment.
- Obtain releases of information (ROIs) to speak with or contact other providers.
- Ask for supporting paperwork and documentation when available.
 - Diagnosing information
 - Recent medical reports
 - Therapy notes
 - School notes or progress reports as well as individualized education plans (IEPs)/504s
 - Assessments and/or evaluations from school

Preparing to Complete Mental Health and Behavior Screen Sections

- Ask who diagnosed the child, how the diagnosis was made, and when the diagnosis was made.
- Consider what happens across environments.
 - Ask collateral contacts (teachers, therapists, mentors, etc.).
- Ask the parent or guardian what triggers problem behavior and if they or others work to avoid problem behavior.
- What would happen if supports and services ended?

Mental Health Diagnoses

- Shaun is diagnosed with these mental health disorders:
 - Autism spectrum disorder (ASD)
 - Attention deficit hyperactivity disorder (ADHD)
- Notes should include the who, when, and where of the diagnoses.

Mental Health Diagnoses: Initial Notes

11/5/2023: Shaun has been determined disabled by the DDB. He has the current diagnoses confirmed in a medical record dated 10/15/2023: ADHD (9/2023) diagnosed by Pediatrician Dr. Mena, M.D. at Mayo Clinic; ASD-mild (9/2023) diagnosed by Dr. Kimball, M.D., Pediatric Specialist in ASD, using the Autism Diagnostic Observation Schedule (ADOS)-2 evaluation at the Waisman Center. Shaun's current primary care physician is Pediatrician Dr. Mena, M.D. at Mayo Clinic. KD/BCS

Mental Health Diagnoses: Rescreen Notes

11/5/2024: Diagnoses and providers are the same as notes for 11/5/2023. KD/BCS

Services

- Shaun has had multiple services including medication management, Applied Behavior Analysis (ABA) therapy, in-school supports, as well as appointments with his pediatrician. These services come to three or more hours per week.
- Notes at rescreens should reflect any changes in services that have occurred over the year and any improvement in the child's condition resulting in reduced services.

Services

• Attention-Deficit Disorder, Attention-Deficit Hyperactivity Disorder • Autism or Autism Spectrum

* Does the child need more than outpatient counseling to address their mental health or substance use disorder needs?

* If the child has a clinical Mental Health diagnosis, has the diagnosis or symptoms related to that diagnosis, persisted for at least 6 months?

* If the child has a clinical Mental Health diagnosis, is the diagnosis expected to last one year or longer?

* Does the child have any of the following symptoms? (Check all that apply and enter notes below)

Anorexia / Bulimia - Life threatening symptomology

Psychosis - Serious mental illness with delusions and/or hallucinations

Suicidality - Suicide attempt or significant suicidal ideation or plan in the last 12 months

Violence - Life threatening acts

No symptoms apply

* Does the child currently require any of the following services? (Check all that apply)

Clinical Case Management and Service Coordination Across Systems

Criminal Justice System

Mental Health Services (check all that apply)

Psychiatric Medication checks with Psychiatrist or other Physician

Counseling Sessions with Psychologist or Licensed Clinical Social Worker

Inpatient Psychiatric Treatment

Day Treatment - either partial or full day

Behavioral Treatment for Children with Autism Spectrum Disorders under the supervision of a mental health professional

In Home Psychotherapy under the supervision of a mental health professional

Substance Use Services

In-school Supports for Emotional and/or Behavioral Problems

Child has an Individualized Educational Plan (IEP) for Emotional/Behavioral Disorders (EBD) programming. Or the child has an active Behavioral Intervention Plan (BIP) in an Individualized Educational Plan (IEP). Or the child requires informal supports for behavioral intervention on a regular basis

No services required

* If child currently receives or needs any of the above services, are supports, or would supports be more than 3 hours / week combined?

Behavior

- Shaun engages in aggression as well as destruction of property.
- Notes should include how frequent, in what settings, as well as any behaviors that have been extinguished or were present on the last screen but are not present on the current screen.

Behavior: Initial Notes

Aggressive or Offensive Behaviors

Hitting, Biting, Kicking

4 or more days each week



Medical/Professional Treatment



Yes



11/5/2023: Shaun hits his peers daily when they get too close to him in the classroom. Shaun hits his siblings at home when they take his toys. He has not hurt anyone to the point of their needing medical intervention. This behavior is being addressed through ABA therapy and by school personnel. KD/BCS

Behavior: Rescreen Notes

Aggressive or Offensive Behaviors

Hitting, Biting, Kicking

4 or more days each week



Medical/Professional Treatment



Yes



11/5/2024: Shaun's aggression has reduced to an average of three times per week at home and at school when other children take toys from him. This behavior is being addressed through ABA therapy and by school personnel. Without these services in place, Shaun's aggression would return to baseline frequency of 4 or more days each week. KD/BCS

Behavior: Initial Notes

Lack of Behavioral Controls

Destruction of Property / Vandalism

4 or more days each week



Medical/Professional Treatment



Yes



11/5/2023: Shaun throws items around the house and at school daily, often breaking them. This behavior is being addressed through ABA therapy. Teachers will also intervene by having Shaun calm in a separate room during these behaviors. KD/BCS

Behavior: Rescreen Notes

Lack of Behavioral Controls			
Destruction of Property / Vandalism	4 or more days each week	Medical/Professional Treatment	Yes

11/5/2024: Shaun throws items around the house and at school an average of two times per week. This behavior is being addressed through ABA therapy. Parents have been taught skills by therapists to mitigate this behavior in the home setting. Teachers will also intervene by having Shaun calm in a separate room during these behaviors. Without interventions, Shaun would engage in this behavior at baseline levels.

KD/BCS

Behavior: Initial Notes

11/5/2023: Shaun engages in aggressive acts, running away, and property destruction daily in the home and at school. These problem behaviors are being addressed in ABA therapy sessions and by school personnel. KD/BCS

Behavior: Rescreen Notes

11/5/2024: Shaun engages in aggressive acts as well as property destruction in the home and at school several times a week. These problem behaviors are being addressed in ABA therapy sessions and parents are being taught interventions to mitigate problem behavior. Frequency indicated is how often he would engage in these behaviors without supports and services in place. Running away is no longer marked as this behavior has diminished since medication began. KD/BCS

Behavior

Module 5.8 Evaluating the Child not the Child in Services

- Children's behavior will frequently improve with the addition of needed interventions. It is important to evaluate a child's baseline of behaviors without the services and supports. This evaluation provides a more accurate picture of the child; therefore, screeners should evaluate frequency of behaviors as if the services or supports were removed. If the behavior would increase without the services/supports in place, that frequency must be listed on the CLTS FS.

Behavior

- In addition, the screener must select that the behavior is expected to last six months or longer. **Do not** try to predict what the behavior would be in the future; rely on the information available prior to treatment.
- In this context, physical or therapeutic interventions do not include medications. If a child is on a medication and no longer exhibiting a specific behavior or the frequency of a behavior has changed as a result of medication, only check what is true within the past six months for the child.

Preparing to Complete ADL/IADL Screen Sections

- Ask open-ended questions.
- Ask “why” questions.
- Consider what happens across environments.
 - Ask collateral contacts (teachers, therapists, mentors, etc.).
- What happens when supports are absent?
- Have the parent or guardian tell you the process of each daily living skill.
 - ◆ What does child do and what does parent do?
 - ◆ How much of the time?

Preparing to Complete ADL/IADL Screen Sections

- Prepare your questions before the visit based on age cohort.
- Review the examples in the IADL/ADL chart.
- Get signed ROIs before the visit and send to access records (learning and communication) if eligibility is questionable.

Example of ADL Notes

- Notes
- **11/5/2023** Per parent report:
- Bathing: No concerns, Shaun is good about bathing.
- Grooming: Mom shared that Shaun won't brush his teeth on his own; when prompted, Shaun will run away, scream, "No". Mom completes this task for him and holds him while she brushes his teeth.
- Dressing: Shaun will wear the same clothes for at least a week because he is sensitive to tags. He has one or two shirts that he wears because of this. He refuses to wear a coat and would wear shorts year-round.

Example of ADL Notes

- Eating: No concerns, Shaun eats a lot, he runs it all off.
- Toileting: No concerns
- Mobility: No concerns
- Transfers: No concerns

MSS/BCS

ADL Questions on Shaun's Initial Screen

Grooming (Brushing teeth, washing hands and face, hair care. For older age cohorts, consider more advanced grooming skills such as shaving, application of deodorant, and nail clipping.)



* Grooming (Brushing teeth, washing hands and face, hair care. For older age cohorts, consider more advanced grooming skills such as shaving, application of deodorant, and nail clipping.) (6 years to 8 years, 9 months)

Is combative during grooming (e.g., flails, clamps mouth shut, takes two caregivers to accomplish task).

Unable to wash hands or face.

Needs physical help with grooming tasks.

Needs step-by-step cueing during grooming tasks.

None of the above apply.

* Is at least one of the grooming (brushing teeth, washing hands and face, hair care. For older age cohorts, consider more advanced grooming skills such as shaving, application of deodorant, and nail clipping.) functional impairments expected to last for at least one year from the date of screening?



Dressing

* Dressing (6 years to 8 years, 9 months)

Needs physical assistance with getting clothing on/off.

None of the above apply.

* Is at least one of the dressing functional impairments expected to last for at least one year from the date of screening?



Eating

Grooming Age Cohort Questions

6.8 Grooming

Brushing teeth, washing hands and face, hair care. For older age cohorts, consider more advanced grooming skills such as shaving, application of deodorant, and nail clipping.

0-6 mos	6-12 mos	12-18 mos	18-24 mos	24-36 mos	36 mos-4 yrs	4-6 yrs	6-9 yrs	9-12 yrs	12-14 yrs	14-18 yrs	18 yrs +	
												<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.
												Not applicable for the purposes of this screen. This option does not appear on the functional screen because young children are expected to require assistance in this category.
												Is combative during grooming tasks (e.g., flails, clamps mouth shut, takes two caregivers to accomplish task). <input checked="" type="checkbox"/> Exhibits avoidance behavior of the task that is extreme and requires atypical intervention. <input checked="" type="checkbox"/> Needs one caregiver to hold them while another completes the task. <input checked="" type="checkbox"/> Sensory concerns (toothbrush bristles or taste of toothpaste) result in avoidance of the behavior. <input type="checkbox"/> Runs around the house to avoid grooming tasks but eventually complies. <input type="checkbox"/> Doesn't like grooming tasks and fusses a bit but not more than some peers.
												Unable to wash hands.

Dressing Age Cohort Questions

0-6 mos	6-12 mos	12-18 mos	18-24 mos	24-36 mos	36 mos-4 yrs	4-6 yrs	6-9 yrs	9-12 yrs	12-14 yrs	14-18 yrs	18 yrs +
											<p><input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked.</p> <p><input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.</p> <p>Needs physical assistance with getting clothing on/off.</p> <p>At this age it is expected that typically developing children can dress themselves and children ages 9 and older are independent in dressing including fasteners.</p> <p><input checked="" type="checkbox"/> A parent or caregiver needs to hold pants while a child steps into them or help pull a shirt over the child's head.</p> <p><input checked="" type="checkbox"/> Puts clothing on by self but clothing is inside out, or backwards or shoes are on the wrong feet.</p> <p><input checked="" type="checkbox"/> Children ages 9 and older who need an adult to assist with buttons, zippers, and snaps.</p> <p><input checked="" type="checkbox"/> Independent in dressing but takes added time, supervision or adaptations to complete the process (sock assist tool, grabbers, etc.).</p> <p><input checked="" type="checkbox"/> Sensory concerns result in resistance to dressing or undressing and significantly impact family routines.</p> <p><input type="checkbox"/> For children under 9, can dress independently but needs help with fine tuning (e.g., tucking shirt in, zipping pants, buttoning shirt).</p>

ADL at Rescreen

- Notes
- **11/5/24** Per parent report:
- Shaun notes he brushes his teeth at least once every day. Mom reported no concerns with frequency of teeth brushing; this has greatly improved in the last year.
- Shaun sometimes wears clothes for 2-3 days in a row. His mom states this happens infrequently. MSS/BCS

ADL Questions on Shaun's Rescreen

Grooming (Brushing teeth, washing hands and face, hair care. For older age cohorts, consider more advanced grooming skills such as shaving, application of deodorant, and nail clipping.)



* **Grooming** (Brushing teeth, washing hands and face, hair care. For older age cohorts, consider more advanced grooming skills such as shaving, application of deodorant, and nail clipping.) (6 years to 8 years, 9 months)

- Is combative during grooming (e.g., flails, clamps mouth shut, takes two caregivers to accomplish task).
- Unable to wash hands or face.
- Needs physical help with grooming tasks.
- Needs step-by-step cueing during grooming tasks.

None of the above apply.

* Is at least one of the grooming (brushing teeth, washing hands and face, hair care. For older age cohorts, consider more advanced grooming skills such as shaving, application of deodorant, and nail clipping.) functional impairments expected to last for at least one year from the date of screening?

Dressing

* **Dressing** (6 years to 8 years, 9 months)

- Needs physical assistance with getting clothing on/off.

None of the above apply.

* Is at least one of the dressing functional impairments expected to last for at least one year from the date of screening?

Eating

Example of IADL Notes

- Notes:
- **11/05/2023** Per parent report:
- Communication: Shaun is unable to follow a 3 step instruction that is not part of his daily routine. He is able to follow 2 step instructions.
- Communication: He prefers to talk about subjects that he has an interest in; he has difficulty identifying emotions in himself and others.

Example of IADL Notes

- **Learning:** Shaun is unable to sequence how to do complete a task if asked. He is slightly behind his peers in terms of learning. He recently scored an 86 on the Weschler Scale of Intelligence for Children.
- **Social Competency:** Shaun is unable to maintain a friendship with at least one person but does talk about peers randomly. Mom adds he does not show concern for the feelings of friends as he seems confused by why a peer might be crying or upset.

MSS/BCS

IADL Questions on Shaun's Initial Screen (Communication)

*** Communication (6 years to 8 years, 9 months)**

A norm referenced assessment in receptive language within the last three (3) years. (A substantial functional impairment is defined by results that indicate a delay of 30% or greater or 2 Standard Deviations (SD) below the mean.)

Assessment Date: (mm/yyyy)

Assessment Tool:

Other:

Assessment Result: Within normal limits

% delay

Standard Deviations (SD) below the norm

A norm referenced assessment in expressive language within the last three (3) years. (A substantial functional impairment is defined by results that indicate a delay of 30% or greater or 2 Standard Deviations (SD) below the mean.)

Assessment Date: (mm/yyyy)

Assessment Tool:

Other:

Assessment Result: Within normal limits

% delay

Standard Deviations (SD) below the norm

Does not follow 3-step instructions that are related and are not routine.

Does not follow 2 single step instructions given at the same time that are unrelated and are not routine.

Does not use language to share information.
Examples include giving directions, describing feelings, and/or providing details.

Is not understood by familiar people that have contact with the child.

Does not combine 6 or more words into meaningful sentences.
Meaningful= Communicating ideas, thoughts, or needs (excludes repetitive language, echolalia or rote lines from programs).

None of the above apply.

*** Is at least one of the communication functional impairments expected to last for at least one year from the date of screening?**

Communication Age Cohort Questions (Expressive)

0-6 mos	6-12 mos	12-18 mos	18-24 mos	24-36 mos	3-4 yrs	4-6 yrs	6-9 yrs	9-12 yrs	12-14 yrs	14-17 yrs	18 yrs +	
												<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked. An R following an item stands for a receptive skill; An E following an item stands for an expressive skill.
												Does not use language to share information (E) <i>Examples include giving directions, describing feelings, providing details.</i> <input checked="" type="checkbox"/> Atypical speech pattern that impairs a child's ability to communicate such as the non-contextual use of jargon, idiosyncratic language, or echolalia. <input checked="" type="checkbox"/> Does not use complete multi word sentences. <input checked="" type="checkbox"/> Does not use grammatically correct sentences including past tense. <input checked="" type="checkbox"/> Can only talk about topics that are important to them and will refuse or are not able to engage in reciprocal conversation with a communication partner. <input checked="" type="checkbox"/> Cannot articulate internal/physical feelings (e.g., bad, happy, excited, hurt, upset, etc...).
												Is not understood by strangers. (E) <i>Children should be 95% intelligible to unfamiliar listeners.</i>

IADL Questions on Shaun's Initial Screen (Learning & Social Competency)

Learning ?

* **Learning (6 years to 8 years, 9 months)**

Has a valid full scale IQ. (A substantial functional impairment is defined by a full scale IQ score of 75 or less.)

IQ Test: Wechsler Intelligence Scale for Children

Score: 86

A norm referenced assessment in cognition within the last three (3) years. (A substantial functional impairment is defined by results that indicate a delay of 30% or greater or 2 Standard Deviations (SD) below the mean.)

Assessment Date: (mm/yyyy)

Assessment Tool:

Assessment Result: Within normal limits
 % delay
 Standard Deviations (SD) below the norm

Does not know common opposites (e.g., tall-short, more-less, hard-soft).

Does not understand sequencing of events.

Cannot name 10 colors.

Does not recognize their first and last name.

None of the above apply.

* Is at least one of the learning functional impairments expected to last for at least one year from the date of screening?

Social Competency/Self-Direction ?

* **Social Competency/Self-Direction (6 years to 8 years, 9 months)**

Does not identify one special friend.
Will play with anyone but does not have a best friend.

Does not participate in groups at play.
Prefer to play by himself/herself rather than be part of a group.

Does not seek information or assistance from parents or teachers.
Does not ask for help (verbally or non-verbally) or seek information from a trusted adult.

Does not have an awareness of another child's need for help or feelings.
Does not recognize when another child is happy, sad or hurt.

Social Competency/Self-Direction Age Cohort Questions

SOCIAL COMPETENCY/SELF-DIRECTION													Page 5 of 12
0-6 mos	6-12 mos	12-18 mos	18-24 mos	24-36 mos	36 mos-4 yrs	4-6 yrs	6-9 yrs	9-12 yrs	12-14 yrs	14-18 yrs	18 yrs +		
												<input checked="" type="checkbox"/> Indicates that the item on the functional screen should be checked. <input type="checkbox"/> Indicates that the item on the functional screen should NOT be checked.	
												Does not identify one special friend. <i>Will play with anyone but does not have a best friend.</i> <input checked="" type="checkbox"/> Plays with anyone who will play with them but does not seek out a particular friend with whom they are more compatible. <input checked="" type="checkbox"/> Does not have any friends.	
												Does not participate in groups at play. <i>Prefers to play by self rather than be part of a group.</i> <input checked="" type="checkbox"/> When welcomed to join a group activity (e.g. game of tag, make believe games, building with blocks) chooses to play...	

IADL's at Rescreen

- **11/5/24:**
- **Communication:** Shaun and his mom reported he is capable of completing multi-task instructions including three-step instructions that are related and are not routine since he is less distracted than last year. Shaun is able to communicate and be understood; he still struggles to have reciprocal communication regarding interests of others but not to himself.

IADL's at Rescreen

- **Learning:** He is now able to sequence events and is doing well in school. His teachers report he is an average student.
- **Social Competency/Self-Direction:** Mom reported that Shaun lacks confidence in some social connections and has a tendency to show-off with peers. He is doing better at knowing when others are mad or sad but mom reports it is still less than 50% of the time.

IADL Questions on Rescreen (Communication)

Communication ?

*** Communication (6 years to 8 years, 9 months)**

A norm referenced assessment in receptive language within the last three (3) years. (A substantial functional impairment is defined by results that indicate a delay of 30% or greater or 2 Standard Deviations (SD) below the mean.)

Assessment Date: (mm/yyyy)

Assessment Tool:

Other:

Assessment Result: Within normal limits

% delay

Standard Deviations (SD) below the norm

A norm referenced assessment in expressive language within the last three (3) years. (A substantial functional impairment is defined by results that indicate a delay of 30% or greater or 2 Standard Deviations (SD) below the mean.)

Assessment Date: (mm/yyyy)

Assessment Tool:

Other:

Assessment Result: Within normal limits

% delay

Standard Deviations (SD) below the norm

Does not follow 3-step instructions that are related and are not routine.

Does not follow 2 single step instructions given at the same time that are unrelated and are not routine.

Does not use language to share information.
Examples include giving directions, describing feelings, and/or providing details.

Is not understood by familiar people that have contact with the child.

Does not combine 6 or more words into meaningful sentences.
Meaningful= Communicating ideas, thoughts, or needs (excludes repetitive language, echolalia or rote lines from programs).

None of the above apply.

*** Is at least one of the communication functional impairments expected to last for at least one year from the date of screening?**

IADL Questions on Rescreen (Learning and Social Competency)

Learning ?

*** Learning (6 years to 8 years, 9 months)**

Has a valid full scale IQ. (A substantial functional impairment is defined by a full scale IQ score of 75 or less.)

IQ Test: Wechsler Nonverbal Scale of Ability

Score: 86

A norm referenced assessment in cognition within the last three (3) years. (A substantial functional impairment is defined by results that indicate a delay of 30% or greater or 2 Standard Deviations (SD) below the mean.)

Assessment Date: (mm/yyyy)

Assessment Tool:

Assessment Result: Within normal limits

% delay

Standard Deviations (SD) below the norm

Does not know common opposites (e.g., tall-short, more-less, hard-soft).

Does not understand sequencing of events.

Cannot name 10 colors.

Does not recognize their first and last name.

None of the above apply.

*** Is at least one of the learning functional impairments expected to last for at least one year from the date of screening?**

Social Competency/Self-Direction ?

*** Social Competency/Self-Direction (6 years to 8 years, 9 months)**

Does not identify one special friend.
Will play with anyone but does not have a best friend.

Does not participate in groups at play.
Prefer to play by himself/herself rather than be part of a group.

Does not seek information or assistance from parents or teachers.
Does not ask for help (verbally or non-verbally) or seek information from a trusted adult.

Does not have an awareness of another child's need for help or feelings.

Specific Questions to ask at Rescreen

- What has changed?
- Why has it changed?
- Are there any concerns that there will be regression?

Questions?



Resources

Katie Dill

Resources for Leads and Screeners

- [Learning Center UW-Oshkosh](#)
- [CLTS Functional Screen Clinical Instructions](#)
- [Wisconsin's Functional Screen webpage](#)
- [DHS CLTS FS Staff email](#)
- [SOS Help Desk email](#)
- SOS Phone: 608-266-9198

Upcoming Outreach Dates

Katie Dill

2024/2025 Teleconference Schedule

- Quarterly, second Thursdays of the month 11 a.m.–12 p.m.
- 2024 CLTS FS Quarterly Teleconference
 - November 14
- 2025 CLTS FS Quarterly Teleconferences
 - February 13
 - May 8
 - August 14
 - November 13