**QRTP & SAL STABILITY STAFFING REQUEST**

**Youth:**

**Current Placement:**

**Caseworker (or Program Director):**

**The following three required things have already been done or are in process (Describe):**

1. MCO/IHH/FFS involvement is occurring (by MCM or other means)

1. HHS has or is accessing assistance from Steve Sherman/Derek McComas

1. QRTP has attempted multiple strategies to address problematic behaviors including additional services/supports outside of the QRTP (example: psychological assessment, B3 services, etc.)

**This Stability Staffing is being requested due to the following issues that cannot be managed in the current setting (Describe):**

**We are recommending the appropriate placement/level of care to be:**

**This request requires an in person or virtual Stability Staffing to occur within 5 business days of this request. The meeting needs to occur no later than (date):**

**Please contact me at**       **to get this Stability Staffing scheduled.** **I will also be calling you to ensure you’ve received the request. Thank you.**