Quality Service Review
For a Child and Family

Reusable Protocol for Examination of
Child Welfare Services for a Child and Family

QSR Protocol - Field Use Version 2C

Produced for Use by

The Michigan
Department of Human Services

By
Quality Service Review Institute, a Division of
The Child Welfare Policy and Practice Group

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A QUALITY SERVICE REVIEW PROTOCOL

The Quality Service Review (QSR) provides a case-based appraisal of frontline practice for organizational learning and development purposes to improve results in human service agencies. A multi-method approach is used that includes in-depth case practice reviews, focus group interviews, and integration of other sources of information into a discovery-oriented inquiry process. QSR is a form of real-time, rapid assessment and feedback applied by service agencies to strengthen frontline case practice, build capacities, and adapt to complex, ever-changing conditions.

This protocol is designed for use in an in-depth case-based quality review process for measuring the current status of a child and the child's family in key life areas and appraising performance of key service system practices for the same child and family. The protocol examines recent results for children, including those who may have special needs, and their caregivers and the contribution made by human service providers working in the local system of care in producing those results. Review findings will be used by local agency leaders and practice managers in stimulating and supporting efforts to improve practices used for children and youth who are receiving services in a local system of care.

These working papers, collectively referred to as the *Quality Service Review Protocol*, are used to support a professional appraisal of child status and system of care performance for individual children and their caregivers in a specific service area and at a given point in time. This is a case-based review protocol for examining frontline practice, not a traditional measurement instrument designed with psychometric properties and should not be taken to be so. Localized versions of such protocols are prepared for and licensed to child-serving agencies for their use. These tools and processes, often referred to as the Quality Service Review or QSR are based on a body of work by Ray Foster, PhD, Ivor Groves, PhD, Paul Vincent, MSW, and George Taylor, MA, working in partnership with the Child Welfare Policy and Practice Group.

Proper use of the *Quality Service Review Protocol* and other QSR tools and processes requires reviewer training, certification, and supervision. Supplementary materials provided during training are necessary for reviewer use during case review and reporting activities. Persons interested in gaining further information about this process may contact Ray Foster (850.212.3903) or Paul Vincent (334.264.8300) at:

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INTRODUCTION TO THE QUALITY SERVICE REVIEW PROTOCOL

THE QUALITY SERVICE REVIEW

The Quality Service Review (QSR) provides a case-based appraisal of frontline practice for organizational learning and development purposes to improve results in human service agencies. A multi-method approach should include in-depth case practice reviews, focus group interviews, and integration of other sources of information into a discovery-oriented inquiry process. QSR is a form of real-time, rapid assessment and feedback applied by local and state agencies to strengthen frontline case practice, build capacities, and adapt to complex, ever-changing conditions.

QSR provides an in-depth case review and practice appraisal process to find out how well children and their families are benefiting from services received and how well locally coordinated services are working for these children and families. Each child and family served is viewed as a unique *test* of the service system. Small, spot-checking samples drawn from local service sites are reviewed to determine child and parent/caregiver status, recent progress, and related system practice and performance results. The QSR inquiry process is supported by a case review protocol that measures the performance of core practice activities(in the agency's practice model) in actual cases selected for an in-depth review. QSR places its focus on practice and results, rather than on compliance with funding requirements or agency policies.

BASIC QSR CONCEPTS

QSR is based on a set of concepts, principles, and strategies related to organizational learning and positive action taken to improve practice in human service agencies. These ideas are explained below.

CASE PRACTICE IS PERFORMED TO PRODUCE POSITIVE LIFE CHANGES FOR PERSONS SERVED

Public service systems exist to help citizens experiencing life-disrupting needs or threats of harm to get better, do better, and stay better in daily life. The collective set of actions used for interventions to alleviate the needs or threats is referred to as *practice*. The purpose of practice is helping a person or family in need or at risk of harm to achieve and maintain, where necessary, adequate and ongoing levels of:

- **Well-Being** (safety, stability, permanency, health, mental health, sobriety, etc.)
- **Supports for Living** (having housing, income, health care, child care, transportation necessary for daily living and normal functioning)
- **Daily Functioning** (performing age-appropriate tasks necessary for successful daily living in normal settings and situations)
- **Fulfillment of Key Life Roles** (a child being a successful student and friend and an adult being a successful parent, employee, and citizen)

A public system's organizational performance is defined as practice that produces results. Results of practice are defined as positive life changes for a person receiving the agency's services. In case practice, a positive association should exist between the actions of practice taken and changes observed in a service participant's states of well-being, daily functioning, adequacy of fundamental supports, and/or success in fulfilling essential life roles. Use of positive practice interventions should lead to necessary life improvements for the service participant. QSR observes the relationships between the actions of practice taken in a case and a service participant's present status to understand whether expected life changes are occurring. QSR provides a way of knowing how well practice is working in sampled cases within and across service sites being reviewed.

EFFECTIVE CASE PRACTICE IS OUTCOME-FOCUSED AND RESULTS-DRIVEN

Because practice is provided to help a person with life-disrupting needs and/or threats of harm to get better, do better, and stay better, the delivery of strategies and supports via practice efforts is directed at clearly defined outcomes. Such life outcomes are framed as adequate states of well-being, adequate levels of daily functioning in daily life activities, having adequate supports to meet daily subsistence needs reliably, and/or adequate fulfillment of age-appropriate life roles (e.g., safely parenting a toddler). The defined outcomes represent necessary life changes that, when achieved, would enable the service participant to return to or to reach levels of well-being, functioning, support, and/or role fulfillment that would lead to independence from the service system.

In child welfare practice, these life outcomes may be stated as conditions for safe case closure meaning that all persons involved in a case will know when the need for protective intervention has been met and the family is living together safely and successfully without agency supervision. The set of exit-level outcomes in a case is used to frame a Long-Term View to guide the selection and use of intervention strategies and supports. In mental health services provided to children and adolescents, such life outcomes are framed as goals for daily functioning, well-being, and ongoing supports. These careful steps make practice *Outcome-Focused* in design.

Case practice actions should be guided by the progress (or lack of progress) being made toward the attainment of planned outcomes for a service participant. This means that the delivery of intervention strategies and supports is carefully tracked to determine: (1) whether the strategies and supports are being provided in an adequate manner; (2) whether the strategies are working or not working based on progress being made; and (3) whether the outcome has been met. Careful tracking reveals whether the strategies used are effective in producing expected life changes for the person receiving services.

When a strategy or provider of the strategy is not working effectively, the practitioner recognizes the failure and promptly replaces the provider or strategy. Careful tracking, reassessment, and adjusting of strategies and providers based on the attainment of near-term results related to the long-term outcomes make practice *Results-Driven* in its management.

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Using outcome-focused and results-driven practice brings precision to case planning and the discipline of results to the management practice. These elements strengthen the organization and improve the effectiveness of case practice.

A CASE PRACTICE MODEL DEFINES THE PRACTICE ACTIVITIES USED BY PRACTITIONERS TO GET RESULTS

A human service agency's Practice Model defines the basic practice activities used by frontline practitioners to join with a person receiving services to bring about a positive life change process that helps the person get better, do better, and stay better.

Typical activities in a Practice Model include engaging key stakeholders in a case, unifying efforts through teamwork, understanding child and family needs, defining results to be achieved, selecting and using of life change strategies and supports, resourcing and delivering planned strategies, and tracking and adjusting strategies until desired outcomes are achieved. The illustration on page 8 shows core practice activities used by agencies serving children and families for reasons of child protection and family assistance.

A Practice Model encompasses the core values of the agency (e.g. use of culturally competent, family-centered practice principles) and defines the fundamental expectations concerning working relationships, integration of efforts among the practitioners serving a person or family, and essential activities and intervention strategies associated with effective case practice.

The Practice Model becomes a central organizer for training of frontline staff, supervision, performance measurement, and accountability. QSR uses *a story-based inquiry process* to explore how well various core practice activities used in case practice are providing benefits for a person receiving services. Benefit is demonstrated in positive changes in the person's life during the time that the core practice activities are being applied.

PRACTICE EXPECTATIONS AND ACTIVITIES

Practice expectations set forth a vision for the services that are delivered by all child-serving agencies in a local service area. The practice expectations described here encompass the practice beliefs that are shared across two overlapping areas of practice: children's mental health services and child welfare services. Both embrace the principles of family-centered practice and systems of care integration.

A well-understood practice approach is central to decision making, present in all meetings, and in every interaction that frontline staff has with a child or family. Decisions that are based on the Practice Model are supported and championed.

MICHIGAN'S DEPARTMENT OF HUMAN SERVICES CHILD WELFARE VISION, MISSION, AND GUIDING PRINCIPLES

- **Child Welfare Vision**:

  DHS will lead Michigan in supporting our children, youth and families to reach their full potential.

- **Mission**:

  Child welfare professionals will demonstrate an unwavering commitment to engage and partner with families we serve to ensure safety, permanency, and well-being.

- **Guiding Principles**:

  The vision and mission are achieved through the following guiding principles:

  - Safety is the first priority of the child welfare system.

  - Families, children, youth and caregivers will be treated with dignity and respect while having a voice in decisions that affect them.

  - The ideal place for children is with their families; therefore, we will ensure children remain in their own homes whenever safely possible.

  - When placement away from the family is necessary, children will be placed in the most family-like setting and be placed with siblings whenever possible.

  - The impact of traumatic stress on child and family development is recognized and used to inform intervention strategies.

  - The well-being of children is recognized and promoted by building relationships, developing child competencies and strengthening formal and informal community resources.

  - Permanent connections with siblings and caring and supportive adults will be preserved and encouraged.

  - Children will be reunited with their families and siblings as soon as safely possible.

  - Community stakeholders and tribes will be actively engaged to protect children and support families.

  - Child welfare professionals will be supported through identifying and addressing secondary traumatic stress, ongoing professional development and mentoring to promote success and retention.

  - Leadership will be demonstrated within all levels of the child welfare system.

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- Decision-making will be outcome-based, research-driven and continuously evaluated for improvement.

Child welfare professionals will implement these guiding principles by modeling teaming, engagement, assessment and mentoring skills.

- **Michigan's Core Outcomes:**

  Michigan is committed to engage and partner with all families in the child welfare system in developing plans for the safety, permanency, and well-being of children. This begins at the first contact the family and child(ren) have with the Department of Human Services (DHS) and continues to the final resolution of the case. The core outcomes are the primary drivers of the MiTEAM Model efforts, which are defined below:

- **Safety**: The Department of Human Services (DHS) recognizes that the parent(s)/legal guardian(s) have primary responsibility for keeping their own children safe. However, when safety cannot be maintained in the home, DHS and private agency providers may be entrusted with the authority to intervene on behalf of the child. The primary objective is that children are safe from abuse and neglect.

- **Permanency**: In Michigan, the primary goal for the children and families involved with DHS and private agency provider is permanency. Permanency is a safe, stable home in which to live and grow including a life-long relationship with a nurturing caregiver. When the home is not safe and stable option, the goal is to move children from the uncertainty of foster care to the security of a permanent family. Our desired outcome is to reach permanency by reunification, adoption, legal guardianship, permanent placement with a fit and willing relative or another planned permanent living arrangement.

- **Child Well-being**: Implementing interventions that provide protective and positive outcomes to ensure that children thrive in safe permanent homes with access to necessary resources for long-term stability is our commitment. The desired outcome includes maintaining a child or youth's connectedness to family, supportive relationships, and the community as well as, effectively meeting the physical, mental health and educational needs of a child/youth or young adult.

- **Key Competencies of the MiTEAM Practice Model:**

  MiTEAM has four key competencies that align with the agency's mission, values, and principles. The four key competencies for MiTEAM Practice Model are: Teaming, Engagement, Assessment and Mentoring. Michigan utilizes the following practice skills to achieve positive outcomes for families and children/youth.

- **Teaming** is a collective effort that necessitates a team approach. It is the ability to assemble, become a participant of, or lead a family team that provides needed support, services and resources to children or families or helps resolve critical child and family welfare related issues.

- **Engagement** is a series of intentional interventions that work together in an integrated way to successfully establish a relationship with children, parents, and individuals, to work together to help meet the safety, permanency and well-being needs of the child and family. Interactions should be open, transparent and non-judgmental so relationships will be viewed as partnerships. The goal is for the family to actively participate in strength-based and solution focused planning that is needs driven.

- **Assessment** is a process that includes information gathering, analysis, and collaborative decision-making to incorporate the family, child, and caregivers in developing the plan. Initial and ongoing assessments will have a direct effect on better outcomes for children/youth.

  Child welfare professionals will use engagement skills to gather information about significant events and possible underlying causes that may precipitate a need for child welfare related services. Strength-based assessments build on the personal strengths and resources that are frequently overlooked or given minimal attention in more problem focused approaches to assessment.

- **Mentoring** is a developmental partnership in which one person shares knowledge, skills, information and perspective to foster and empower the personal and professional growth of another. The power of mentoring creates a one-of-a-kind opportunity for collaboration, goal achievement and problem solving. Mentoring is the ability to empower others. It is vital to demonstrate and reinforce desired skills to promote positive outcomes for children, families and practice.

PRACTICE: ACTIVITIES FOR FAMILY CHANGE

As used here, practice activities describe the fundamental processes used by practitioners to organize, conceptualize, and deliver interventions proceeded to promote life changes leading to key outcomes. The diagram provided on the next page illustrates these activities.

ENGAGEMENT

The process of connecting with the child/youth, mother, father, extended family, primary caregiver, and other team members for the purpose of building an authentic, trusting, and collaborative working relationship.

- Child/youth and family engagement is needed to accurately assess child safety, risk, near-term needs, and family strengths and capacities. Professionals involved with the family use engagement strategies, such as building rapport and acknowledging feelings, overcoming resistance, building trust, and remaining professional.

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- Engagement is not a one-time effort to build rapport at the beginning of the case, but an ongoing process of staying delicately in step with the child/youth and family in order to continue to build working relationships to support ongoing assessments, understanding, and service decisions throughout their involvement with the child welfare system.
- Child/youth-serving practitioners and other service providers rely on the ability to develop mutually beneficial partnerships with individuals, children/youth, and families in order to maintain their commitment and continuous participation in the planning process.

TEAMING

The central principle upon which teaming is based is achieving *unity of effort* among those involved in supporting a child/youth and family as they move through necessary processes that bring forth positive life changes. Teams are useful in gathering important information about strengths and needs that contribute to the overall assessment of a family's situation. Child/youth-serving practitioners and other service providers providing support and services to the family can identify the risk of maltreatment before it occurs, respond to needs of safety promptly, and provide a range of services and supports for the family.

- TEAM FORMATION
  - Team formation means that the important people in this child/youth and family's life have formed a working team that meets, talks, and plans together. Team members should include, but may not be limited to, available family members, the local child welfare caseworker and supervisor, any contracted service provider, health care providers, educational partners, and child/youth and parent advocates.
  - Teamwork means everyone in the child/youth's life agrees on the child/youth's needs and is working to meet those needs individually and as a team. Teamwork starts in the first discussions with the family, often before there is a formal assessment or team. Teamwork means a flexible "whatever it takes" approach to tailoring services and supports uniquely to fit the child/youth and family.
- TEAM FUNCTIONING & COORDINATION
  - Team functioning means: (1) the team has the abilities and cultural competence to design effective supports and services to meet the child/youth's needs and support the family in meeting the child/youth's needs; (2) the team flexibly adjusts services and supports as the child/youth's needs change; and (3) the team uses collaborative problem solving.
- PLANNING
  - The team makes plans reflecting the child/youth and family's strengths, the child's needs, and the services to meet the child/youth's needs and supports for the family in meeting the child's

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needs that all team members contributed to and use as their reference for their work. The voices of children/youth are heard in identifying their needs and designing supports and services to fit these needs.

- Effective coordination, integration, and continuity in assessment and planning, organizing, and implementing services are essential to guide and adapt the family's needs and choices to find what works and to assist the family in becoming independent of the child welfare system.

ASSESSMENT & UNDERSTANDING

Assessment begins at the time of engagement. It is a continuous process of gathering and analyzing information that supports sound decision making. The family assessment is an essential part of empowering children and families through the identification of underlying needs, strengths, skills, protective capacities, and motivation for change.

Effective assessments support team members' decision making and lead to crucial understanding of the dynamics of child maltreatment or other serious concerns that are presented in the child and family situation.

- Assessments focus on the child/youth and family's strengths and specific needs and enhance their capacity to support the growth and development of all family members, adults and children/youth. The needs of the child/youth include emotional, attachment, social, safety, permanency, developmental, educational, and physical needs. The needs of the family include needs of a parent/caregiver in meeting the child's needs.

- Results of assessments inform and support team confidence in decisions about when to reunify or change the permanency goal of a child/youth.

- Assessments inform case planning as they identify the unique needs of the child/youth and form the basis for designing services and supports for the child/youth and family.

- Assessments provide and inform the choice intervention strategies and supports available to the child/youth and family to help the child/youth and family make long-lasting changes that lead to desired outcomes of safety, permanency, and well-being.

A LONG-TERM VIEW GUIDES INTERVENTION EFFORTS

- There is a shared understanding by all team members of the goals and outcomes that are necessary to achieve independence from the child/youth-serving system. The planning process defines clearly the end-point outcomes necessary for exiting of the child and family.

- When the child/youth and family situation has changed to meet the goals of safety, adequate daily functioning, basic well-being, necessary supports, and permanency, it means that the child/youth and family have: (1) reached suitable levels of stability, daily functioning, and well-being; (2) reliable protective caregiving capacities in place in the home; (3) demonstrated and sustained behavioral change that is long-lasting; (4) formal and informal supports in place to sustain and maintain long-lasting change; (5) resolved any legal matters and complied with court orders; and (6) completed any other requirements. Taken together, these elements provide a long-term view of the outcomes to be achieved for and the pathways (e.g., reunification or adoption) to be followed for achieving permanency, as well as for safe and sustaining case closure.

PLANNING & IMPLEMENTING

Case planning is a cooperative effort in which the caseworker or care coordinator assesses the child/youth and family's needs in partnership with the family and other team members. Case planning is a process that involves developing a road map for moving the child to permanence promptly, if indicated, while also addressing his/her safety and well-being needs.

Effective planning and implementing requires staff to keep the family focused on key concerns and establish clear linkages between the identified needs, desired changes, and use of family strengths to reach the plan's goals. Case planning is developing a program of interventions that sufficiently address necessary behavioral change and move the child/youth toward adequate daily functioning, well-being, and permanence.

- Case plan goals need to address the identified unmet needs of the child and family. Goals need to be behaviorally specific, realistic, time-limited, measurable, and understood by all involved in the planning process.

- Services and supports identified in case planning should purposely build on the strengths of the child/youth and family, be tailored to the unique needs of the child/youth and family, and be culturally competent.

- Services and supports identified in the case plan are to be formal and informal, as well as flexible, to make it possible for the family to meet the child/youth's needs.

- Services and supports should be specifically designed to meet the child/youth's needs and support the family as the child makes smooth transitions, such as moving into independence or returning home from residential care of a foster home, which may require a planned phase of more intense services.

- Case planning requires developing strategies (planned ways of achieving desired outcomes) for reducing safety threats in a family home and building protective capacities of families that are clearly specified in a written plan. Case planning involves child-serving practitioners and other service providers, working together with the family, to design strategies that assist the parent and child/youth make successful life changes leading to independence from the system.

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TRACKING & ADJUSTMENT

Tracking and adapting are used to ensure the plan is implemented with the necessary people, intensity, and quality and to determine whether services and supports are meeting the needs identified in the plan, which is critical to achieving the desired outcomes of safety, well-being, adequate functioning, and, permanency, where indicated. A successful plan will meet the identified needs of the child and family, not just complete a checklist of services. If supports and services do not appear to meet important needs, the team adapts the plan in a timely manner.

- Agency-provided services and supports are sufficiently flexible to be adapted to the unique needs of each child and family.
- To remain relevant, the case plan reflects changing circumstances for the child/youth and family. Collaboration with the team to track and adjust the case plan as frequently as necessary to keep it relevant for the child/youth and family is essential.
- When services and supports are not effective, the team works together to refine them and/or to clarify a child/youth's needs and re-design services and supports to meet the needs identified.
- The team routinely asks questions of whether services and supports are meeting the child/youth's needs and supporting the family in meeting the child/youth's needs, as well as determining what the team can do to resolve any problems in getting the right supports and services.
- Strategies, interventions, and supports are adapted in response to the changing needs of the child/youth and family. Then, this adaptation will create a self-correcting process in which strategies and supports that work best for the family are identified and incorporated into the case plan.
- Services and supports put in place assure the child/youth and family have a smooth, timely, and successful transition when changes occur, when families are reunited, or when cases are closed.

These principles and definitions of practice provide a useful foundation for the qualitative indicators designed the measure the performance of core practice activities in the QSR protocol.

QSR INDICATORS

The QSR Protocol provides reviewers with a specific set of indicators to use when examining the status of the child/youth and caregiver and analyzing the responsiveness and effectiveness of the core practice activities prompted in the practice model. Indicators are divided into two distinct domains: *status measures* and *practice measures*.

Status indicators measure the extent to which certain desired conditions are present in the life of the focus child and the child/youth's parents and/or caregivers—as seen over the past 30 days. Status indicators measure constructs related to *well-being* (e.g., safety, stability, and health) and *functioning* (e.g., the child/youth's academic status and the caregiver's level of functioning). Changes in status over time may be considered the near-term outcomes at a given point in the life of a case.

Practice indicators measure the extent to which *core practice activities* are applied successfully by practitioners and others who serve as members of the team. The core practice activities measured are taken from the team and provide useful case-based tests of performance achievement.

QSR STATUS INDICATORS

This version of the QSR Protocol provides 12 qualitative indicators for measuring the current status of a focus child/youth and parent and/or caregiver. Status is determined for the most recent 30-day period, unless stated otherwise in the indicator. A status measure could be viewed as a desired outcome for a child/youth, parent, and/or caregiver who, at an earlier time, may have experienced difficulties in the area of interest.

1. **SAFETY from Exposure to Threats of Harm**: Degree to which: • The focus child/youth is free of abuse, neglect, intimidation (bullying), and exploitation (sexual or financial) by others in his/her place of residence, school, and other daily settings.

2. **SAFETY from Behavioral Risks to Self/Others:** Degree to which the focus child/youth: • Avoids self-endangerment. • Refrains from using behaviors that may put others at risk of harm.

3. **STABILITY:** Degree to which: • The focus child/youth's daily living, learning, and work arrangements are stable and free from risk of disruptions. • Daily settings, routines, and relationships are consistent over recent times. • Known risks are being managed to achieve stability and reduce the probability of future disruption.

4. **PERMANENCY.** Degree to which the focus child/youth has achieved: • A good quality placement with respect to successful matching of the focus child/youth with an appropriate caregiver; • Successful testing and demonstration of their capacity to live together safely and successful over time; • Security of positive and enduring relationships that are likely to sustain after the focus child/youth reaches adulthood; and, • When dependency must be resolved, has achieved conditions necessary for timely legal permanency with the current caregiver.

5. **LIVING ARRANGEMENT:** Degree to which: • Consistent with age and ability, the focus child/youth is in the most appropriate/least restrictive living arrangement, consistent with the child's needs for family relationships, assistance with any special needs, social connections, education, and positive peer group affiliation. • [If the child/youth is in temporary out-of-home care] the living arrangement meets the child's needs to be connected to his/her language and culture, community, faith, extended family, tribe, social activities, and peer group.

6. **PHYSICAL HEALTH:** Degree to which the focus child/youth is: •

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Achieving and maintaining favorable health status, given any diagnosis and prognosis that he or she may have; and • Receiving adequate and consistent levels of health care appropriate for the child/youth's age and personal needs.

7. **EMOTIONAL FUNCTIONING:** Degree to which: • The focus child/youth is displaying an adequate pattern of: • Attachment and positive social relationships, • Coping and adapting skills, • Appropriate self-management of emotions and behaviors, and • Emotional functioning in daily settings.

8a. **EARLY LEARNING & Development: (Birth - 4 years)** Degree to which: • The focus child's developmental status is commensurate with age and developmental capacities. • The focus child's developmental status in key domains is consistent with age- and ability-appropriate expectations.

8b. **ACADEMIC STATUS (Age 5 and older):** Degree to which the focus child/youth [according to age and ability] is: • Regularly attending school, • Placed in a grade level consistent with age or developmental level, • Actively engaged in instructional activities, • Reading at grade level or IEP expectation level, and • Meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent.

8c. **PREPARATION FOR ADULTHOOD (Age 14-17 years):** Degree to which the focus youth [according to age and ability] is: • Meeting academic requirements for annual promotion and course completion leading to a high school diploma or equivalent; • Gaining life skills, developing relationships and connections, and building capacities for living safely, becoming gainfully employed, and functioning successfully upon becoming independent of child services; - OR - • Becoming eligible for adult services and with the adult system being ready to provide (without waiting or disruption) continuing care, treatment, and services that the youth will require upon discharge from services.

8d. **TRANSITIONING INTO ADULTHOOD (Age 18 years and older):** Degree to which the transitioning young adult [according to ability] is: • Actively gaining and using functional life skills, • Engaging in productive daily activities, • Managing personal and economic needs, • Connecting to a positive and supportive network, • Gaining competencies to fulfill essential adult roles, and • Gaining access to any needed adult services.

9. **VOICE & CHOICE:** The focus child/youth, parents/caregivers, and key family supporters are ongoing participants having an active and significant role, voice, choice, and influence in shaping decisions made about their strengths and needs, vision and goals for life change, and about their supports, and services.

10. **FAMILY FUNCTIONING & RESOURCEFULNESS (family of origin):** Degree to which the focus child/youth's birth parents [with whom the child/youth is currently residing in a intact family or has a goal of reunification]: have the capacity to take charge of family issues, enabling family members to live together safely and function successfully; are able to provide the child/youth with assistance, supervision, and support necessary for daily living; or take advantage of opportunities to develop or expand a network of social and safety supports in establishing and sustaining family functioning and well-being.

11a. **CAREGIVER FUNCTIONING (family setting):** Degree to which: • The foster or relative caregivers, with whom the focus child/youth is currently residing, are willing and able to provide the child with the assistance, protection, supervision, and support necessary for daily living. • Any added supports required in the home to meet the needs of the child and assist the caregiver are meeting these needs. • If the focus child/youth has a reunification goal, the caregiver is willing and able to work with the child and family as an active member of the child and family team to facilitate timely reunification.

11b. **RESIDENTIAL CARE (group setting):** Degree to which care staff in the group home or facility are supporting the child/youth's care, protection, education, and development adequately on a consistent daily basis.

12. **FAMILY CONNECTIONS:** Degree to which family connections are maintained through appropriate visits and other means when children and family members are living temporarily away from one another, unless compelling reasons exist for keeping them apart.

QSR provides a close-up way of seeing how individual children and families are doing in the areas that matter most.

QSR PRACTICE INDICATORS

This version of the QSR Protocol provides nine qualitative indicators for measuring certain core practice activities being provided with and for the focus child/youth and his/her parents and/or caregivers. Practice performance is determined for the most recent 90-day period for cases that have been open and active for at least the past 90 days.

1. **RESPONSIVENESS TO CULTURAL IDENTITY AND NEED:** Degree to which: • The cultural identity of the child/youth and family has been assessed, understood, and accounted for in the service process. • The natural, cultural, or community supports appropriate for this child/youth and family are being identified and engaged. • Necessary supports and services provided are being made culturally appropriate.

2. **ENGAGEMENT:** Degree to which those working with the focus child/youth and family (youth, parents, relatives, caregiver, and others) are: • Finding family members who can provide support and permanency for the child/youth. • Developing and maintaining a culturally competent, mutually beneficial trust-based working relationship with the child/youth and family. • Focusing on the focus child/youth's and family's strengths and needs. • Being receptive, dynamic, and willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including service planning.

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3. **TEAMING:**

- **TEAM FORMATION.** Degree to which: • A group of motivated, qualified people - including any informal supporters a parent or youth may invite who bring skills and knowledge appropriate to the needs of the focus child/youth and family - have been identified, recruited, and made commitments to participate as team members for them. • The collective team has the ability to plan, organize, and execute effective services for the child and family, given the level of complexity and cultural background involved.

- **TEAM FUNCTIONING.** Degree to which: • Members of the team meet and participate in a shared decision-making process on an ongoing basis. • Actions of the team reflect effective family-center teamwork and collaborative problem solving that support meeting the child and family's near-term needs and long-term goals as revealed in present results. • Members of the team have a working relationship with the focus child/youth and family and with each other.

- **TEAM COORDINATION.** Degree to which: • Adequate leadership is evident in preparing team members in advance of meetings for upcoming decisions, facilitating teamwork activities, organizing family-centered planning and service decision processes for the child and family, and following-up on commitments made by team members to ensure that contributions are made. • Effective service organization and integration efforts are evident in the assessment, planning, and delivery of interventions to the child and family.

4. **ASSESSMENT & UNDERSTANDING:** Degree to which those involved with the focus child/youth and family understand: • Their strengths, needs, risks, preferences, and underlying issues. • The outcomes desired by the child/youth and family from their involvement with the system. • The underlying dynamic factors that impact the child/youth and family situation and prognosis for change. • What must change for the child/youth to function effectively in daily settings and activities. • What must change for the child/youth and family to have better overall safety, well-being, subsistence supports, transitions and life adjustments. • The path and pace by which permanency will be achieved for a child/youth who is not living with nor returning to the family of origin.

5. **LONG-TERM VIEW:** Degree to which there are stated, shared, and understood safety, well-being, and permanency outcomes and functional life goals for the focus child/youth and family that specify required protective capacities, desired behavior changes, sustainable supports, and other accomplishments necessary for the child/youth and family to achieve and sustain adequate daily functioning and greater self-sufficiency necessary for safe case closure.

6. **PLANNING INTERVENTIONS:** Degree to which meaningful, measurable, and achieveable life outcomes (e.g., safety, permanency, well-being, daily functioning in fulfilling life roles, transition and life adjustment) for the focus child/youth and family are supported with well-reasoned, agreed-upon goals, intervention strategies, and actions for their attainment.

7. **IMPLEMENTING INTERVENTIONS:** Degree to which: • Intervention strategies, natural and professional supports, and services planned for the focus child/youth, parent or caregiver, and family are available and provided on a timely and adequate basis. • The combination of supports and services fit the focus child/youth and family situation so as to maximize potential results and benefits while minimizing conflicting strategies and inconveniences • Delivery of planned interventions is sufficient and effective to help the focus child/youth and family make adequate progress toward attaining the life outcomes and maintaining those outcomes beyond case closure.

8. **MEDICATION MANAGEMENT.** Degree to which: • Any use of psychiatric or addiction control medications for the focus child/youth is necessary, safe, and effective. • New atypical/current generation drugs have been tried, used, and/or appropriately ruled out. • The focus child/youth and parents have a voice in medication decisions and management. • The focus child/youth is routinely screened for medication side effects and treated when side effects are detected. • The use of medication is being coordinated with other treatment modalities and with any treatment for any co-occurring conditions (e.g., seizures, diabetes, asthma, addiction, obesity).

9. **TRACKING AND ADJUSTMENT:** Degree to which those involved with the focus child/youth and family are: • Carefully tracking the child's/family's intervention delivery processes, progress being made, changing family circumstances, and attainment of functional goals and well-being outcomes for the child and family that lead to system independence and safe case closure. • Communicating (as appropriate) to identify and resolve any intervention delivery problems, overcome barriers, and replace any strategies that are not working. • Adjusting the combination and sequence of strategies being used in response to progress made, changing needs, and knowledge gained from trial-and-error experience to create a self-correcting intervention process.

These nine core practice indicators, drawn from the Core Practice Model, define the focus and scope of inquiry into case practice for a focus child/youth and the parents and/or caregivers.

SUMMING-UP ACROSS INDICATORS WITHIN DOMAINS

The QSR Protocol provides directions to reviewers for determining an Overall Status and Practice Rating in a case for which a review has been completed for all of the indicators in each domain. Each domain (status and practice) provides instructions for calculating weighted scores for determining the Overall Status and Overall Practice Ratings. For example, the status of the focus child/youth cannot be regarded as acceptable if the child/youth is unsafe or persons in the focus child's daily settings are not safe from the focus child/youth. More information regarding the sum-up process for the two review domains are in Section 4 of this protocol.

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WHAT'S LEARNED THROUGH THE QSR

The QSR involves case reviews and interviews with key stakeholders and focus groups. Results provide a rich array of learnings for affirming good practice already in place and for identifying next step actions for practice development and capacity-building efforts. QSR results include:

- Detailed stories of practice and results and recurrent themes and patterns observed across children and families reviewed.
- Deep understandings of contextual factors that are affecting daily frontline practice in the agencies being reviewed.
- Quantitative patterns of child and family status and practice performance results, based on key measures.
- Noteworthy accomplishments and success stories for affirming good practice and results found during the review.
- Emerging problems, issues, and challenges in current practice situations explained in local context.
- Periodic reports revealing the degree to which important expectations are being met in daily frontline practice.
- Critical learning and input for next-step actions and for improving program design, practice models, and working conditions for frontline practitioners.

These results help social workers, supervisors, managers, practice designers and trainers, policy makers, and resource developers plan ways to help the service system perform even better tomorrow than today.

RATING SCALES APPLIED TO INDICATORS

The QSR protocol uses a 6-point rating scale as a yardstick for measuring the situation observed for each indicator. [See the two rating scale displays presented on the next page.] Each rating level describes conditions at one of six points along a continuum that ranges from high to low as follows: 6-Optimal, 5-Good, 4-Fair, 3-Marginal, 2-Poor, and 1-Adverse or Absent.

The general timeframes applied are 30 days for status indicators (except for Behavioral Risk and Stability) and 90 days for practice indicators. These time parameters help reviewers clearly and consistently define conditions necessary for a particular rating value. Greater clarity in rating values increases inter-rater reliability.

The rating levels are explained in general terms for the Status and Practice Domains as follows.

STATUS INDICATOR RATINGS

Presented below are general definitions of the rating levels and timeframes applied for the child and family status indicators. The general interpretations for these ratings are defined as follows:

- **Level 6 - Optimal and Enduring Status.** The person's status situation has been generally optimal [best attainable taking age, health, and ability into account] with a consistent and enduring high quality pattern evident, without being less than good (level 5) at any point or any essential aspects for a well sustained period of recent time. This optimal pattern is consistent with meeting major short-term needs as well as sustaining the attainment of important longer-term case outcomes. The situation may have had brief moments of minor fluctuation in recent time, but functioning in this area has remained generally optimal and enduring, never dipping below level 5 at any moment. Confidence is high that long-term outcomes are being met in this area.

- **Level 5 - Good and Stable Status.** The person's status situation has been substantially and consistently good and beneficial with indications of stability evident, without being less than fair (level 4) at any moment or in any essential aspect in recent times. This good and stable pattern is consistent with meeting many short-term needs as well as leading toward the attainment of important longer-term case outcomes. The situation may have had brief moments of minor fluctuation, but functioning in this area has remained generally good and stable, never dipping below level 4 at any moment. This level is consistent with eventual satisfaction of needs or attainment of long-term outcomes in the area.

- **Level 4 - Minimally Adequate to Fair Status**. The person's status situation has been at least minimally adequate at all times over the past 30 days, without being inadequate at any point or any essential aspect over that time. This pattern is consistent with meeting essential short-term needs in this area in the near term. The situation may be dynamic with the possibility of fluctuation or need for adjustment within the near term. The observed pattern may not endure or may have been less than minimally acceptable in the recent past, but not within the past 30 days.

- **Level 3 - Marginally Inadequate Status.** The person's status situation has been somewhat limited or inconsistent over the past 30 days or longer, being inadequate at some moments in time or in some essential aspect(s) over this recent period. The situation may be dynamic with indications of fluctuation or need for adjustment at the present time. The observed pattern may have endured more than 30 days being less than minimally acceptable in the recent past but at a level where refinement is indicated rather than improvement.

- **Level 2 - Substantially Poor Status.** The person's status situation has been substantially limited or inconsistent, being inadequate at some or many moments in time or in some essential aspect(s). The situation may be dynamic with a probability of fluctuation or need for improvement at the present time. The observed pattern may have endured or may have been inadequate and unacceptable in the recent past and is substantially inadequate.

Interpretative Guide for Status Indicator Ratings

Maintenance/ Green Zone: 5-6

Status is favorable. Efforts should be made to maintain and build upon a positive situation.

6 = **OPTIMAL STATUS**. The **best or most favorable status presently attainable** for this person in this area [taking age and ability into account]. The person is "doing great!" Confidence is high that long-term needs or important life outcomes will be/are being met in this area.

5 = **GOOD STATUS**. **Substantially, dependably positive status** for the person in this area with a strong ongoing positive pattern. This status level is consistent with attainment of long-term needs or outcomes in area. Status is "looking good" and likely to continue.

Adequate & Acceptable Range: 4-6

Refinement/ Yellow Zone: 3-4

Status is minimum or marginal, may be unstable. Further efforts are necessary to refine the situation.

4 = **FAIR STATUS**. Status is **minimally, temporarily adequate** for the person to meet short-term needs or objectives in this area. Present status may be short-term due to changing circumstances, requiring change soon.

3 = **MARGINALLY INADEQUATE STATUS**. Status is **mixed, limited, inconsistent, somewhat inadequate** to meet the person's short-term needs or objectives in this area. Status now is "not quite enough" for the person to be satisfactory today or successful in the near-term. Risks do not exceed a minimal level.

Improvement/ Red Zone: 1-2

Status is poor and risky. Quick action should be taken to improve the situation.

2 = **POOR STATUS**. Status is and may continue to be **poor and unacceptable**. The person may seem to be "stuck" or "lost" with status not improving. Any risks may range from mild to serious levels.

1 = **ADVERSE STATUS**. The person's status in this area is **poor and worsening**. Any risks of harm, restriction, separation, detention, regression, and/or other poor outcomes may be substantial and increasing.

Active Efforts Indicated Range: 1-3

Interpretative Guide for Practice Indicator Ratings

Maintenance/ Green Zone: 5-6

Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.

6 = **OPTIMAL PERFORMANCE**. **Excellent, consistent, effective practice** for this person in this area for 90 days or longer. This level is indicative of exemplary practice resulting in reaching and sustaining major long-term outcomes.

5 = **GOOD PERFORMANCE**. At this level, the practice function and its implementation is **working dependably well** for this person, under changing conditions and over time. Effectiveness level is generally consistent with meeting long-term needs and goals for the person.

Adequate & Acceptable Range: 4-6

Refinement/ Yellow Zone: 3-4

Performance is minimal or marginal and maybe changing. Further efforts are necessary to refine the practice situation.

4 = **FAIR PERFORMANCE**. The practice function is **minimally or temporarily adequate** in meeting short-term needs or objectives. Performance may be time-limited, somewhat variable, or require adjustment soon due to changing circumstances.

3 = **MARGINAL PERFORMANCE**. Practice may be under-powered, inconsistent or not matched to change. Performance is **sometimes/somewhat inadequate** for the person to meet short-term needs or objectives. *[Mildly inadequate pattern]*

Improvement Red Zone: 1-2

Performance is inadequate. Quick action should be taken to improve practice now.

2 = **POOR PERFORMANCE**. Practice at this level is **fragmented, inconsistent, lacking focus and/or power** to yield change and achieve goals. Elements of practice may be noted, but it is inadequate/not operative on a consistent basis.

1 = **ADVERSE PERFORMANCE**. Practice may be **absent/not operative**. Performance may be missing (not done). - OR - Practice strategies, if occurring in this area, may be **contra-indicated or performed inappropriately or harmfully**.

Active Efforts Indicated Range: 1-3

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- **Level 1 - Adverse or Poor and Worsening Status.** The person's status situation has been substantially inadequate and potentially harmful, with indications that the situation may be worsening at the time of review. The situation may be dynamic with a high probability of fluctuation presenting a great need for immediate improvement at the present time. The observed pattern be poor and gradually worsening status or may have recently become unacceptable and dramatically worsening.

These rating descriptions provide the basic logic and guidance used by reviewers in determining rating values that best describe the situation observed for the indicator at the time of review.

PRACTICE INDICATOR RATINGS

The same general logic is applied to the practice performance indicator rating levels as is used with the status indicators. The general interpretations for practice performance indicator ratings are defined as follows:

- **Level 6 - Optimal and Enduring Performance.** The service system practice/system performance situation observed for the person has been generally optimal [best attainable given adequate resources] with a consistent and enduring pattern evident, without ever being less than good (level 5) at any point or in any essential aspect over the past 90 days. The practice situation may have had brief moments of minor fluctuation, but performance in this area has remained generally optimal and stable. This excellent level of performance may be considered "best practice" for the system function, practice, or attribute being measured in the indicator and worthy of sharing with others.

- **Level 5 - Good and Stable Performance.** The service system practice/system performance situation observed for the person has been substantially and consistently good with indications of stability evident, without being less than fair (level 4) at any moment or in any essential aspect in the past 90 days. The situation may have had some moments of minor fluctuation, but performance in this area has remained generally good and stable. This level of performance may be considered "good practice or performance" that is noteworthy for affirmation and positive reinforcement.

- **Level 4 - Minimally Adequate to Fair Performance.** The service system practice/system performance situation observed for the person has been at least minimally adequate at all times over the past 90 days or longer, without being inadequate (level 3 or lower) at any moment or in any essential aspect over that time period. The performance situation may be somewhat dynamic with the possibility of fluctuation or need for adjustment within the near term. The observed performance pattern may not endure long term or may have been less than minimally acceptable in the recent past, but not within the past 90 days. This level of performance may be regarded as the lowest range of the acceptable performance spectrum that would have a reasonable prospect of helping achieve desired outcomes given that this performance level continues or improves. Minor refinement efforts are indicated at this time.

- **Level 3 - Marginally Inadequate Performance.** The service system practice/system performance situation observed for the person has been somewhat limited or inconsistent, being inadequate at some moments in time or in some essential aspect(s) over the past 90 days or longer. The situation may be somewhat dynamic with a probability of fluctuation or need for adjustment at the present time. The observed pattern may have been less than minimally acceptable (level 3 or lower) in the recent past and somewhat inadequate. This level of performance may be regarded as falling below the range of acceptable performance and would not have a reasonable prospect of helping achieve desired outcomes. Substantial refinement efforts are indicated at this time.

- **Level 2 - Substantially Poor Performance.** The service system practice/system performance situation observed for the child or parent has been substantially limited or inconsistent, being inadequate at some or many moments in time or in some essential aspect(s) over the past 90 days or longer. The situation may be dynamic with a probability of fluctuation or need for improvement at the present time. The observed pattern may have endured for a while or may have become inadequate and unacceptable in the recent past and is substantially inadequate. This level of inadequate performance warrants prompt attention and improvement.

- **Level 1 - Absent, Adverse, or Poor Worsening Performance.** The service system practice/system performance situation observed for the child or parent has been missing, inappropriately performed, and/or substantially inadequate and potentially harmful, with indications that the situation may be worsening at the time of review. The situation may be dynamic with a high probability of fluctuation or a great need for immediate improvement at the present time. This level of absent or adverse performance warrants immediate action to address the gravity of the situation.

GENERAL INFORMATION

TRAINING REQUIRED FOR QSR REVIEWERS

Persons using this protocol should have completed the classroom training program (12-14 hours). The classroom portion of reviewer training uses lectures, simulation-based training on protocol indicators, role-plays, and other activities designed to prepare candidate reviewers for the field practicum in which modeling, coaching, and mentoring strategies are used in actual case reviews and other related reviewer tasks to support hands-on learning experiences. Candidate reviewers will be using the protocol in a shadowing/mentoring sequence involving two consecutive case review situations conducted in the field with an inter-rater agreement check made with the second case. The trainee's first case analysis and ratings, feedback session with frontline staff, oral case presentation, and first case write-up should be coached by a qualified mentor reviewer. With the recommendation of the mentor, trainees who

INTRODUCTION TO THE QUALITY SERVICE REVIEW PROTOCOL

have successfully completed these steps will be granted review privileges on a review team. Trainees may be certified as mentor reviewers after four cases and attending a one-day QSR mentor training.

GENERAL EXPECTATIONS FOR QSR REVIEWERS

QSR reviewers are expected to meet certain requirements that guide their role performance.

- **Useful Appraisal.** A QSR reviewer conducts an independent, competent, accurate, and fair appraisal of the quality and consistency of interventive practices when applying the QSR protocol.
- **Reviewer Competence**. A QSR reviewer is a qualified practitioner who is trained on and competent in the use of the Practice Model, the QSR protocol, and related review processes. The use of this knowledge supports positive experiences for frontline staff and local leaders who perceive the QSR process and feedback as being safe, respectful, and useful.
- **Independence**. A QSR reviewer maintains an independent, objective attitude and proper demeanor when conducting review work. A reviewer does not conduct a review for a child/family when the reviewer might have a personal bias (arising from personal relationships or past involvement with the agency or provider) or when there might be the appearance of such.
- **Due Professional Care.** A QSR reviewer uses due professional care by following the QSR process and using the protocol in the way that the protocol training has directed. It means using the reviewer's best judgment in determining the ratings and suggestions.
- **Findings Based on Evidence**. A QSR reviewer's findings and conclusions are based on evidence (records, observations, interviews, deductions) gained from the QSR process and that the reviewer can explain and support with evidence what led to making certain determinations.
- **Reporting.** A QSR reviewer's oral and written reports are concise, accurate, complete, fair, objective, well supported, constructive in tone, and consistent with QSR objectives and local user needs.

ORGANIZATION OF THIS PROTOCOL BOOKLET

This protocol booklet is organized into the following sections:

- **1. Introduction**: This first section of the protocol provides a basic explanation of the QSR concepts, the practice expectations on which the qualitative practice indicators are based, and aspects of the protocol design and review process.
- **2. Child/Youth and Family Status Indicators**: The second section provides the 12 status indicators used in the review.
- **3. Practice Performance Indicators**: The third section provides the nine core practice function indicators used in the review.
- **4. Overall Rating Directions**: The fourth section provides working papers that the reviewer uses to determine the overall section ratings for child and family status, child progress, and practice performance.
- **5. Reporting Outlines**: The fifth section provides the outlines that reviewers are to use in developing and presenting the ten-minute oral summary of case findings and the written summary report to be submitted following the review.

SECTION 2

CHILD & FAMILY STATUS INDICATORS

REMINDERS FOR REVIEWERS

The reviewer should follow these directions when applying a status indicator to a case situation being reviewed:

1. **Focus on the central construct measured in each indicator.** While two constructs may be logically related (e.g., stability and permanency), the reviewer is to focus on the central matters related to each specific indicator and follow the probe and rating guidance provided for each indicator.

2. **Stay within the time-based observation windows associated with each indicator.** For most indicators, status is measured over the past 30-day time periods unless stated differently for particular indicators. *Status Review 2: Safety from Behavioral Risks to Self or Others* and *Status Review 3: Stability* have observation windows that differ from the 30-day rules.

3. **Rate indicators based on events that have occurred or conditions that were present within the time-based observation window.** Theorizing about events that might have occurred but did not is not a factual basis for rating. With the exception of *Status Review 3: Stability*, future possibilities about events that may occur are not considered in rating current status. The 6-Month Forecast or prognosis is used to state the expected case trajectory as well as any concerns about future prospects.

STATUS REVIEW 1: SAFETY FROM EXPOSURE TO THREATS OF HARM

Focus Measure

SAFETY. Degree to which: • The focus child/youth is free of abuse, neglect, intimidation, and bullying by others in his/her place of residence, school, and other daily settings.

Core Concepts

Freedom from harm is a state of child/youth well-being that exists in the balance of interactions between any known risks of harm and necessary protections put into place by parents and/or out-of-home caregivers, teachers, baby sitters, and others having immediate responsibility for the child. Thus, the capability and reliability of the parents (and other responsible persons) in recognizing risks of harm and protecting the child from those risks must be considered by reviewers. This consideration extends to the effectiveness of any safety plans (e.g., no-contact orders, safety plans, after-school child supervision plans) put into place to keep a child free from known risks. This does not imply an absolute protection from all possible risks to life or physical well-being. The child/youth should be free from known and manageable risks of harm in his/her daily settings. This means the child is free from abuse and neglect as well as exposure to damaging childhood experiences, (e.g., domestic violence), freedom from intimidation (bullying or scapegoating) and unwarranted fears that may be intentionally induced by parents, caregivers, other children, or treatment staff for reasons of manipulation or control. The child should have food, shelter, and clothing adequate to meet basic physical needs as well as adequate care and supervision of parents/caregivers, as appropriate to the child's age and developmental needs. A child/youth who is at risk of harm or who lives in fear of assault, exploitation, humiliation, hostility, isolation, or deprivation may be at risk of suicide, disability, mental illness, co-dependent behavior patterns, learning problems, low self-esteem, and perpetrating similar harm on others. Freedom from harm is an essential condition for child well-being and development.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 30 Days

1. Has the focus child/youth experienced abuse, neglect, intimidation, or bullying in the home in the past 30 days?

2. Does the parent/caregiver present a pattern of abuse or neglect of the focus child/youth? • How many abuse reports have been made over the life of the case and/or in the past 18 months? • Were the reports substantiated?

3. Is the focus child/youth fearful, intimidated, unduly restricted/isolated, or at high risk of harm in any of his/her current daily settings and activities?

   - ☐ Family home (including unsupervised visitation in the family home prior to reunification)
   - ☐ Out-of-home living arrangement (e.g., foster home or group home)
   - ☐ School (including early intervention, Head Start, K-12 grade school, alternative education program, vocational training)
   - ☐ Work (including a work experience program, apprenticeship placement, part-time job, supported employment)
   - ☐ After school (e.g., an informal neighbor child-sitting arrangement or an after-school program at the Boys & Girls Club)
   - ☐ Weekend (including the use of a child's "free time" in and around the home while away from organized activities)
   - ☐ Play (including informal neighborhood play activities and organized youth activities, such as sports, clubs, church activities)
   - ☐ Treatment for mental illness or addiction (including any setting in which seclusion or restraint may be used)
   - ☐ Detention (including locked detention)

4. Does the focus child/youth have his or her immediate food, clothing, shelter, and medical/mental health needs met? • Are physical living conditions hazardous or threatening to the safety or well-being of the child? • Are the parent/caregiver's methods of discipline appropriate for this child/youth?

5. Does the focus child/youth receive appropriate care and supervision from parents/caregivers and other adults, relative to age and special needs? • Do the parents/caregivers recognize and support the focus child/youth's strengths? • Is the focus child/youth's care or supervision situation currently compromised by the parent/caregivers' pattern of violent behavior, abuse/addiction to drugs/alcohol, mental illness/emotional instability, criminal activity, developmental status, cognitive ability, or domestic violence? • Has this focus child/youth's been a victim of human trafficking?

6. What informal supports and resources is the family now using to keep the focus child/youth's free from harm? • What recent family changes are now in place that help the family to better recognize risks of harm and to protect the child/children in the home from those risks?

7. How reliable are any safety plans (e.g., no-contact order) developed for keeping focus child/youth and/or family free from harm?

8. Are parents/caregivers aware of any risks to the focus child/youth? • How reliable are parents/caregivers in recognizing risks of harm and taking steps to protect the child from those risks? • Are known risks being managed effectively for the focus child/youth?

STATUS REVIEW 1: SAFETY FROM EXPOSURE TO THREATS OF HARM

Status Rating Description that Best Fits the Fact Pattern Observed

Description of the Status Situation Observed *NOTE: Other refers to a child's daily settings other than that of home or school.* — Rating Level

- **Optimal Safety.** Findings show an **excellent situation** for the focus child/youth. The focus child/youth has a nearly risk-free living situation at home with fully reliable and competent parents/caregivers who protect the focus child/youth well at all times. Any safety plans used are fully operative and dependable in maintaining excellent conditions. The focus child/youth is free from harm in other daily settings, including at school and in the community. At home and/or in other settings, the focus child/youth is free from abuse, neglect, and bullying. An optimal and enduring pattern of safety from harm is evident for the focus child/youth reaching the level needed to demonstrate that safety has been achieved as a major outcome for the focus child/youth and family.

6
☐ Home
☐ School
☐ Other

- **Good Safety.** Findings show a **good situation** for the focus child/youth. The focus child/youth has a generally low-risk living situation at home with reliable and competent parents/caregivers who protect the focus child/youth well under usual daily conditions. Any safety plans used are generally operative and dependable in maintaining acceptable conditions. The focus child/youth is generally free from risk in other daily settings, including at school and in the community. At home and/or in other settings, the child is free from abuse, neglect, and bullying. A generally good pattern of safety is evident for the focus child/youth over recent times.

5
☐ Home
☐ School
☐ Other

- **Fair Safety.** Findings show a **minimally adequate to fair situation** in being free from imminent risk of abuse or neglect for the focus child/youth. The focus child/youth has a minimally safe living arrangement with the present parents/caregivers. Any safety plans used are at least minimally adequate in reducing risks of harm. The focus child/youth is at least minimally free from serious risks in other daily settings, including at school and in the community. At home and/or in other settings, the focus child/youth may have very limited exposure to intimidation. A minimally adequate pattern of safety has been evident for 30 days or longer.

4
☐ Home
☐ School
☐ Other

- **Marginal Safety.** Situation indicates **somewhat inadequate protection** of the focus child/youth from abuse or neglect, which poses an elevated risk of harm for the focus child/youth. Any safety plans used may be somewhat limited or inconsistent in reducing risks of harm. The focus child/youth may be exposed to somewhat elevated risks of harm in his/her home and/or in other daily settings, possibly at school and in the community. At home and/or in other settings, the focus child/youth may be exposed to occasional intimidation and fear of harm.

3
☐ Home
☐ School
☐ Other

- **Poor Safety.** Situation indicates **substantial and continuing risks of harm** for the focus child/youth. At home and/or in other daily settings, the focus child/youth may sometimes experience abuse, neglect, exploitation, or intimidation. Any safety plans used may not be implemented or effective when used in reducing risks of harm. The focus child/youth may be exposed to substantially elevated risks of harm in his/her home and/or in other daily settings, possibly at school and in the community. At home or in other settings, the focus child/youth may be exposed to frequent or serious intimidation and fears of harm.

2
☐ Home
☐ School
☐ Other

- **High Safety Risk.** Situation indicates **serious and worsening risks or harm** for the focus child/youth. A pattern of abuse, neglect, exploitation, or intimidation by persons in the current daily life of the focus child/youth may be undetected or unaddressed in the home and/or in other daily settings. Any safety plans used may not be implemented or effective when used, leaving the focus child/youth at risk of continuing and worsening harm. The focus child/youth may be exposed to continuing and increasingly serious intimidation, abuse, and/or neglect.

1
☐ Home
☐ School
☐ Other

- **Not Applicable.** This focus child/youth is not enrolled in a school program or early childhood education program.

NA
☐ School
☐ Other

STATUS REVIEW 2: BEHAVIORAL RISK (AGE 12 MONTHS AND OLDER)

Focus Measure

BEHAVIORAL RISK. Degree to which the focus child/youth: • Avoids self-harm and self-endangering situations. • Refrains from behaviors that may put others at risk of harm.

Core Concepts

Throughout development, children and youth learn to follow rules, values, norms, and laws established in the home, school, and community, while learning to avoid behaviors that can put themselves or others at risk of harm. This indicator examines the focus child/youth's choices, decisions, subsequent behaviors, and activities, and whether or not those choices engage him/her in risky or potentially harmful activities. It addresses behavioral risks, including self-endangerment/suicidality and risk of harm to others. It considers engagement in lawful community behavior and socially appropriate activities and avoidance of risky and illegal activities, such as alcohol/substance abuse. The following lists include, but are not limited, to the following behaviors:

For a focus child, examples of potentially harmful activities include:

- Running away or leaving supervision for extended periods
- Extreme tantrums that may result in harm to self or others
- Hiding food or hoarding
- Aggressive biting or pulling hair
- Hitting others or fighting
- Precocious sexual behaviors
- Playing with fire
- Cruelty to animals

For a focus youth, examples of potentially harmful activities include:

- Running away (adolescents)
- Serious property destruction, including fire setting or arson
- Gang affiliation and related activities
- Stealing
- Bulimia and/or anorexia
- Abuse of alcohol/addictive substances
- Dangerous thrill-seeking activities
- Use of weapons
- Cruelty to animals or people
- Suicidality, self-mutilation, pica, other forms of self-injurious behaviors (huffing, head-banging, self-cutting)
- Disruptive trauma triggers
- Placing him/herself in dangerous environments and situations or neglecting essential self-care requirements for maintaining well-being
- Neglecting special health care requirements
- Sexually reactive behaviors
- Sexual perpetrator

If the focus youth is already involved with the criminal justice system, the focus should be placed on:

- Avoiding re-offending
- Following rules, societal norms, and laws

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 180 Days

1. Does the focus child/youth present a pattern of self-endangering behaviors or behaviors that endanger others? • Does the focus child/youth cause harm to him/herself by biting, pulling hair, head-banging, having severe tantrums, self-mutilation, bingeing on alcohol, or inhaling toxic vapors to get high? • Has the child/youth made suicidal gestures, threatened suicide, or had a suicide attempt? • If so, what are these behaviors and how are these behaviors being managed to keep people protected from such behaviors? • Does the child need/have a **SAFETY PLAN**?

2. Is the focus child/youth making decisions and/or choosing to participate in activities (including illegal gang activities) that would cause harm to him/herself or others? • Are his/her behaviors in the community likely to lead to arrest and/or youth detention or adult incarceration?

3. Does the focus child/youth have a history of behaving responsibly and appropriately that results in avoiding behaviors that would cause harm to self or others? • Has the focus child/youth been supported to identify and use his/her personal strengths?

4. Does this focus child/youth regularly associate with peers known for engaging in illegal, addictive, or other high risk activities? • Does he/she engage in any high risk behaviors, including running away, robbery, car theft, drug use/sale, having unprotected sex, or prostitution?

5. Is there a verified history, through either school guidance/disciplinary issues, arrest records, or mandatory community service records, of the focus child/youth engaging in harmful, illegal, or very risky activities? • Is the focus child/youth involved with the juvenile justice system?

6. If the focus child or youth is involved with the juvenile justice system, is he/she actively participating with the court's plans and avoiding reoffending? • How is he or she modifying daily activities and peer members to avoid reoffending and achieving successful social integration?

STATUS REVIEW 2: BEHAVIORAL RISK (AGE 12 MONTHS AND OLDER)

7. If the focus child/youth currently has a current DSM Axis V Global Assessment of Functioning (GAF) score less than 50, what behaviors does he/she present that may put him/herself or others at risk of harm? • If he or she has a recent CAFAS/PECFAS, do any of the subscale scores indicated that the focus child/youth may put self or others at risk of harm? • If so, what SAFETY PLANS are provided to protect people from harm?

8. Is the child/youth presently placed in a specialized treatment or detention setting? • Has seclusion or restraint been used within the past 90 days to prevent harm to self or others? • If so, how frequently have these interventions been used and for what reasons? • Has 911 been called because of the focus child/youth's behavior recently?

Status Rating Description that Best Fits the Fact Pattern Observed

*NOTE: **AN ALTERNATIVE TIME SCALE IS USED FOR THIS INDICATOR.** This indicator is designed to look retrospectively over the past six months for a rating of 6 and over the past three months for ratings 4 and 5. This indicator is not applied to infants under 12 months of age.*

Description of the Behavioral Risk Status Observed for the Focus Child/Youth	Rating Level
◆ **Optimal Behavioral Risk Status.** The focus child/youth is optimally and consistently avoiding behaviors that cause harm to self, others, or the community. This child/youth may have no history, diagnosis, or behavior presentations that are consistent with behavioral risk and is continuing this pattern. Or, the focus child/youth may have had related history, diagnoses, or behaviors in the past but has not presented risk behaviors at any time over the **past six months**. Behavioral risk status is excellent.	**6** ☐ Risk to self ☐ Risk to others
◆ **Good Behavioral Risk Status.** The focus child/youth is generally and substantially avoiding behaviors that cause harm to self, others, or the community. This focus child/youth may have a very limited history, diagnosis, or behavior presentations that are not significant now. Or, the focus child/youth may have had significant history, diagnoses, or behaviors in the past but has not presented the risk behaviors at any time over the **past three months**. Behavioral risk status is good.	**5** ☐ Risk to self ☐ Risk to others
◆ **Fair Behavioral Risk Status.** The focus child/youth is usually avoiding behaviors that cause harm to self, others, or the community but rarely may present a behavior that has low or mild risk of harm. The focus child/youth may have had related history, diagnoses, or behaviors in the past but may have presented risk behaviors at a declining or much reduced level over the **past three months**. Behavioral risk status is minimally adequate to fair.	**4** ☐ Risk to self ☐ Risk to others
◆ **Marginal Behavioral Risk Status.** The focus child/youth is somewhat avoiding behaviors that cause harm to self, others, or the community but occasionally may present a behavior that has low to moderate risk of harm. The focus child/youth may have had related history, diagnoses, or behaviors in the past but may have presented risk behaviors at a somewhat lower risk or reduced level of harm over the **past 30 days**. Behavioral risk status is limited or inconsistent and worrisome.	**3** ☐ Risk to self ☐ Risk to others
◆ **Poor Behavioral Risk Status.** The focus child/youth is presenting behaviors that may cause harm to self, others, or the community. These possibly frequent presentations of behavior could have a moderate to high risk of harm. The focus child/youth may have had related history, diagnoses, or behaviors in the past and may be presenting risk behaviors at a serious and continuing level of harm over the **past 30 days**. Behavioral risk status is poor and a potential for harm is present.	**2** ☐ Risk to self ☐ Risk to others
◆ **Serious and Worsening Behavioral Risk Status.** The focus child/youth is presenting a pattern of increasing and/or worsening behaviors that may cause harm to self, others, or the community. These increasingly frequent or severe presentations of behavior have a moderate to high risk of harm. The focus child/youth may have had related history, diagnoses, or behaviors in the past and may be presenting risk behaviors at a serious and worsening level of harm over the **past 30 days**. The potential for harm is substantial and increasing.	**1** ☐ Risk to self ☐ Risk to others
◆ **Not Applicable.** The child is an infant under 12 months of age.	**NA**

STATUS REVIEW 3: STABILITY

Focus Measure

STABILITY. Degree to which: • The focus child/youth's daily living, learning, and work arrangements are stable and free from risk of disruptions. • The focus child/youth's daily settings, routines, and relationships are consistent over recent times. • Known risks are being managed to achieve stability and reduce the probability of future disruption. ***[Timeframe: past 12 months and next 6 months]***

Core Concepts *[STABILITY = CONTINUITY & NORMAL LIFE-STAGE CHANGES • INSTABILITY = DISRUPTIVE CHANGES IN A CHILD'S LIFE]*

Stability and continuity in a focus child/youth's living arrangement, school experience, and social support network provide a foundation for normal child development. Continuity in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and social development and sense of well-being, The stability of a child's life will influence his/her ability to learn life skills, solve problems, negotiate change, assume responsibilities, judge and take appropriate risks, form healthy relationships, work as a member of a group, and develop a sense of caring and conscience. Many life skills, character traits, and habits grow out of enduring relationships the focus child/youth has with key adults in his/her life. Changes in a child's life may be disruptive of established attachments and developmental pathways. **Unplanned changes cause life disruptions** that may lead to traumatic losses, major adjustment stresses, and developmental setbacks. When, for reasons of child protection, psychiatric treatment, or juvenile justice services, a child is in a temporary setting or unstable situation, prompt and active measures should be taken to restore the child to a stable situation. While change is a part of life, the focus in this review is on determining the degree of the focus child/youth's stability now and in the immediate future. Stability includes maintaining relationships (siblings, adults, caseworker, etc.) The indicator rating reflects the likelihood that near-term changes in the focus child/youth's environment and living situation may occur that would be disruptive of the child's relationships and routines.

NOTE: A *DISRUPTION* is a child/youth's **unplanned move** to a more restrictive setting and/or to another home. The reason may be foster home placement problems, a sudden psychiatric episode, or other similar situations in which the child does not return to the same home following treatment. An educational move is considered disruptive when the child changes school due to a home disruption or if the school placement is changed for any reason to a more restrictive educational setting. Normal grade-level promotions and age-related transitions from elementary to middle or to high school are not disruptions. A brief hospitalization for acute care is not a disruption, if the child returns to the same home following discharge.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 360 Days

1. How long has the focus child/youth lived in the current home and attended the current school or daytime activity? • How stable have the focus child/youth's relationships have been over the past year?

2. How many out-of-home placements has this focus child/youth had in the past 12 months? • For what reasons? • Of the placement changes, how many have been planned? • How many have been made to unite the focus child/youth with siblings/relatives, move to a less restrictive level of care, or make progress toward the planned permanency outcome (e.g., reunification or termination of parental rights leading to adoption)?

3. Is the focus child/youth living in a permanent home? • If continued instability is present, is it caused by unresolved permanency issues?

4. Are probable causes for disruption of home, school, work, or service situation present?

    - Parent/caregiver's history of frequent moves, relapses, hospitalizations, or possible incarceration
    - Change in adults living in the home
    - Behavioral problems and discipline issues at home or at school
    - Parent/caregiver's inability to provide the appropriate level of care or supervision
    - Turnover in key persons providing services to the focus child/youth (e.g., caseworker, therapist, teacher, coach, behavioral aide)

5. Are any known changes in the focus child/youth's home or school expected to occur in the next six months? [Such a change could involve a discharge from residential treatment or detention to a new home or school.] • Did the focus child/youth change school placements in the past 12 months due to child welfare agency involvement? • Is the home or school placement likely to disrupt in the next six months? • If so, why?

6. Are there present indications that the focus child/youth may runaway from home, school, or treatment placement? [History is an indicator.]

7. What steps are being taken, if necessary, to prevent future disruptions and/or to achieve stable living, learning, and working environments and settings for the focus child/youth?

STATUS REVIEW 3: STABILITY

Status Rating Description that Best Fits the Fact Pattern Observed

NOTE: AN ALTERNATIVE TIME SCALE IS USED FOR THIS INDICATOR. *This indicator looks retrospectively over the past 12 months and prospectively over the next six months to assess and project the relative stability of the focus child/youth's home and school settings and relationships. This is the only QSR indicator that uses a prospective dimension. A 12-month "opportunity window" is used to track recent life disruptions for the child in ratings 4, 5, and 6 to establish any movement pattern over that time period that has occurred. Prognosis for future disruption in the next six months is based on the pattern observed over the past 12 months (an ongoing movement pattern may be likely to continue in the near future) and on likely near-term events that would have high probability of causing a disruption. Please note that the retrospective time period of interest is counted backward from the day of review. For example, the past 30 days would be counted backward from the date of the case review..*

Description of the Status Situation Observed for the Child/Youth — ***NOTE: * A DISRUPTION is an unplanned move.***	Rating Level
◆ **Optimal Stability.** The focus child/youth has optimal stability in home settings and enjoys positive and enduring relationships with parents/caregivers, siblings, key adult supporters, and peers. There is no history of instability (unplanned move) over the past 12 months and little likelihood of any future disruption.* Only age-appropriate changes are expected in school settings.	**6** ☐ Home setting ☐ School setting
◆ **Good Stability.** The focus child/youth has substantial stability in home and school settings with only planned changes and maybe no more than one disruption* in either setting over the past 12 months with none in the past six months. The focus child/youth has established positive relationships with parents/caregivers, siblings, adult supporters, and peers in those settings. Only age-appropriate changes in school settings are expected within the next six months. Any known risks are now well-controlled.	**5** ☐ Home setting ☐ School setting
◆ **Fair Stability.** The focus child/youth has minimally acceptable stability in home and school settings with only planned changes and possibly no more than one disruption* in settings within the past 12 months and none in the past 90 days. The focus child/youth has established positive relationships with parents/caregivers, siblings, adult supporters, and peers in those settings. Only age-appropriate school changes may be expected in the next six months. **AND**: Future disruption (unplanned moves) appears unlikely (probability <50%) over the next six months.	**4** ☐ Home setting ☐ School setting
◆ **Marginally Inadequate Stability.** The focus child/youth has marginally inadequate stability in home and/or school settings over the past 12 months and may have had more than one disruption* within the past six months but none in the past 90 days. The focus child/youth may not feel secure in the living arrangement and disruptions may have resulted in changes of parents/caregivers, siblings, adult supporters, and peers in those settings. **AND/OR**: Disruptions may occur over the next six months (probability >50%). Causes of disruption are known. The child/youth may experience a mild degree of cultural isolation in recent or current settings.	**3** ☐ Home setting ☐ School setting
◆ **Poor Stability.** The focus child/youth may have substantial and continuing problems of instability in home and/or school settings and may have had multiple disruptions* in settings within the past 12 months and possibly one change in the past 60 days. The focus child/youth may feel insecure and concerned about his/her situation. Multiple, dynamic factors may be in play, creating a fluid pattern of uncertain conditions in the focus child/youth's life, leading to ongoing instability. Intervention efforts to stabilize the situation may be limited or undermined by current system of care difficulties. The focus child/youth may experience a substantial degree of cultural isolation in this setting that could undermine stability.	**2** ☐ Home setting ☐ School setting
◆ **Adverse Stability.** The focus child/youth has serious and worsening problems of instability in home and/or school settings and may have had multiple disruptions* in settings within the past 12 months and possibly a change in the past 30 days. The child/youth's situation seems to be spiraling out of control. The focus child/youth may be in temporary containment and control situations (e.g., detention or crisis stabilization) or my be a runaway. There is no known or foreseeable next placement having necessary levels of supports and services identified as essential by service staff or providers. The focus child/youth may be expelled from school. A major degree of cultural isolation may be leading to serious or worsening problems of instability.	**1** ☐ Home setting ☐ School setting
◆ **Not Applicable.** This indicator may not apply to the school setting when the focus child/youth is under the mandatory school attendance age or when the older youth has completed a school program and is not presently enrolled in an educational or vocational program.	**NA** ☐ School setting

STATUS REVIEW 4: PERMANENCY

Focus Measure

PERMANENCY. Degree to which the focus child/youth has achieved: • A good quality placement with respect to successful matching of the focus child/youth with an appropriate caregiver; • Security of positive and enduring relationships that are likely to sustain after the focus child/youth reaches adulthood; and, • When dependency must be resolved, has achieved conditions necessary for timely legal permanency with a planned permanent caregiver.

Core Concepts

As used here, *permanency* pertains to four essential quality of life outcomes that apply to a focus child/youth: (1) quality of placement, (2) successful testing, (3) enduring relationships, and to resolve dependency, (4) achievement of legal permanency. Permanency is of special concern for a focus child/youth who has experienced disruptions in his/her home and/or school situations due to such circumstances as needed for child protection (e.g., temporary placement in foster care), treatment for special needs (e.g., temporary psychiatric care in a residential treatment facility), or detention due to unlawful behavior.

- The **Quality of Placement** is the goodness-of-fit between a focus child/youth's needs and the characteristics and general capacities of the caregiver with whom the focus child/youth is placed. Similarities in culture, language, faith practices, and family traditions are key characteristics for caregivers while having capacities and patience when caring for a child or youth having special needs may be indications of a good fit

- The **Security and Durability of Positive Relationships** can be observed in the positive attention, affection, commitment, and trust that develops over months and years of successful interactions between a focus child/youth and caregiver. A sense of mutual security and trust strengthens the durability of long-lasting relationships that will endure into adulthood and may continue lifelong for the focus child/youth and caregiver.

- The **Legal Resolution of Permanent Custody** of a dependent focus child/youth should occur on a timely basis. When a focus child/youth has a capable and committed caregiver, experiences a stable home and school situation, enjoys the security of nurturing and enduring relationships with a parent or legal guardian and family, the child/youth has a good and continuing quality of life that supports positive child-development outcomes. A central goal of human service interventions is to help a focus child/youth who has experienced disruptive life experiences achieve and maintain permanency in his or her life. The purpose of the Permanency Indicator is to measure the extent a focus child/youth is achieving a good quality placement, security of relationships, and durability of positive relationships likely to last into adulthood.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 30 Days

1. Has the focus child/youth experienced an out-of-home placement for reasons of child protection? • Is the resolution of legal custody necessary in this case? • If so, what are the current prospects for timely permanency being achieved with a planned permanent caregiver?

2. What is the focus child/youth's life situation relative to the four permanency outcomes of achieving a good quality placement, a demonstration of placement success, evidence of a positive, secure, and durable relationship with a planned permanent caregiver, and timely achievement of legal permanency?

3. Has the child/youth's life been stable with respect to the quality and consistency of placement (e.g., goodness-of-fit between a child's needs and the well-tested capacities of the placement situation), security of committed relationships, or planned change in custody? • To what extent have these life challenges and changes been settled over the past six months? • Which of these four areas has been or remained settled? • Which life area, if any, remains unsettled at the time of review?

4. If placement is an unsettled concern at the time of review, what efforts are being undertaken to settle home and school placement stability issues? • What is the quality of fit between the focus child/youth's needs and the caregiver's abilities to meet these needs? • What degree of stability has been achieved in the past six months? • In the views of key informants, are current solutions likely to sustain over the next six months?

5 If security of positive and enduring relationships is unsettled at the time of review, what efforts are being undertaken to build and sustain security? • What degree of security and sustainability of relationships has been achieved over the past six months? • In the views of key informants, is the security of current relationships likely to sustain over the next six months?

STATUS REVIEW 4: PERMANENCY

Status Rating Description that Best Fits the Fact Pattern Observed

Description of the Status Situation Observed for the Focus Child/Youth — Rating Level

- **Optimal Status.** Placement Fit -- Evidence shows an optimal fit between the needs of the focus child/youth and the characteristics and capacities of the caregiver. Security & Durability -- Evidence shows that an optimal pattern of positive attention, affection, commitment, and trust is continuing at a high level indicating strong durability of the relationships. Legal Permanency -- If applicable, evidence shows that timely legal permanency is imminent or has just been achieved.

  6
  ☐ Plcmt Fit
  ☐ Sec/Durability
  ☐ Legal Perm

- **Good Status.** Placement Fit -- Evidence shows a generally good fit between the needs of the focus child/youth and the characteristics and capacities of the caregiver. Security & Durability -- Evidence shows that a generally strong pattern of positive attention, affection, commitment, and trust is continuing at a good level indicating growing durability of the relationships. This level shows strong promise for successful permanency in the near-term future. Legal Permanency -- If applicable, evidence shows that conditions are present for the timely resolution of legal permanency with a planned permanent caregiver in the near-term.

  5
  ☐ Plcmt Fit
  ☐ Sec/Durability
  ☐ Legal Perm

- **Minimal to Fair Status.** Placement Fit -- Evidence shows a minimally adequate to fair fit between the needs of the focus child/youth and the characteristics and capacities of the caregiver. Security & Durability -- Evidence shows that a somewhat positive pattern of attention, affection, commitment, and trust is developing in the relationships. Legal Permanency -- If applicable, evidence shows that prospects for achieving timely resolution of legal permanency with a planned permanent caregiver are fair.

  4
  ☐ Plcmt Fit
  ☐ Sec/Durability
  ☐ Legal Perm

- **Marginally Inadequate Status.** Placement Fit -- Evidence shows a limited or inconsistent fit between the needs of the focus child/youth and the characteristics and capacities of the caregiver. Security & Durability -- Evidence shows that a somewhat limited and inadequate pattern of positive attention, affection, commitment, and trust developing in the relationships. Legal Permanency -- If applicable, mixed evidence shows that prospects for achieving timely resolution of legal permanency with the planned permanent caregiver are somewhat uncertain or possibly doubtful.

  3
  ☐ Plcmt Fit
  ☐ Sec/Durability
  ☐ Legal Perm

- **Poor Status.** Placement Fit -- Evidence shows a poor fit between the needs of the focus child/youth and the characteristics and capacities of the caregiver. Security & Durability -- Evidence shows that a substantially worrisome pattern of negative attention, disaffection, and distrust developing in the relationships. Legal Permanency -- If applicable, evidence shows that prospects for achieving timely resolution of legal permanency are poor.

  2
  ☐ Plcmt Fit
  ☐ Sec/Durability
  ☐ Legal Perm

- **Adverse Status.** Placement Fit -- Evidence shows a worsening miss-match between the needs of the focus child/youth and the characteristics and capacities of the caregiver. Security & Durability -- Evidence shows that a potentially harmful pattern of negative attention, conflict, and distrust manifested in the relationships. Legal Permanency -- If applicable, evidence shows that prospects for achieving timely resolution of legal permanency with the current or planned permanent caregiver are not possible, given that placement disruption is likely to occur.

  1
  ☐ Plcmt Fit
  ☐ Sec/Durability
  ☐ Legal Perm

- **Not Applicable.** Legal Permanency -- Legal permanency is not a present unresolved issue for the focus child/youth.

  NA
  ☐ Legal Perm

STATUS REVIEW 5: LIVING ARRANGEMENT

Focus Measure

LIVING ARRANGEMENT. Degree to which: • The focus child/youth is living in the most appropriate, least restrictive living arrangement consistent with his/her needs for family, extended family, social relationships, faith community, and culture and present needs for any specialized care, education, protection, and supervision.

Core Concepts

The focus child/youth's home is the one that he or she has lived in for an extended period of time. For a focus child/youth who is not in out-of-home care, this home can be with the birth or adoptive parents, relatives or fictive kin (informally arranged by the family), or a guardian. For a child in out-of-home care, the living arrangement can be in family foster care, therapeutic foster care, group home, or residential treatment. The focus child/youth's home community is generally the area in which the child has lived for a considerable amount of time and is usually the area in which he/she was living prior to removal. A focus child/youth's home community is the least restrictive, most appropriate, inclusive setting in which he/she spends his/her time on a daily basis. The community is a basis for a focus child/youth's identity, culture, sense of belonging, and connections with persons and things that provide meaning and purpose in life. Whenever safe, the focus child/youth should remain in the home with his/her family. If the focus child/youth must be temporarily removed from the home, the focus child/youth should live, whenever possible, with siblings and relatives or in his/her home community. Some focus children or youth with special needs may require temporary services in therapeutic settings, which must be the least restrictive, most appropriate, and inclusive living arrangement necessary to meet his/her needs and circumstances.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 30 Days

Note: *Services should be provided in the least restrictive and most normative environment where the focus child/youth's needs can be met. Services should be integrated within DHS and across child-serving agencies which use peers, family, and natural resources to meet needs.*

1. Is the focus child/youth living in his or her family home? • If not, does the focus child/youth's current living arrangement facilitate his/her connections to his/her culture, community, faith, extended family, and social relationships? • Are these connections meaningful to him/her?

   - Is the home an appropriate environment for the focus child/youth? • If not, why not?
   - Are the parents (or other out-of-home caregivers) able to meet his/her daily needs for care and nurturing? • If not, why not?
   - Does he/she have any special needs (medical, behavioral, cognitive, etc.)? • If so, does the parent have the capacity and supports necessary to address these special needs? • If not, why not?

2. If the focus child/youth is in a temporary out-of-home living arrangement, the following points should be considered in determining the appropriateness of the setting:
   - Is the focus child/youth living in his/her home community (neighborhood and community close to friends, in his/her school district, and where he/she can continue extracurricular activities)? • Is this home consistent with the focus child/youth's language and culture? • If not, why not?
   - Does the placement provide appropriate continuity in connection to home, school, faith-based organization, peer group, extended family, and culture?
   - Is the focus child/youth placed with the non-custodial parent or relatives? • If not, are there clear reasons why not?
   - Is the focus child/youth placed with siblings? • If not, are there clear reasons as to why this was not appropriate based upon the needs of the focus child/youth?
   - Is the placement conducive to maintaining family connections and does the out-of-home caregiver support these activities? • If not, why not?
   - Does the focus child/youth feel safe and well cared for in this setting? • If not, why not?
   - Should reunification not be possible, would the out-of-home caregiver be able and willing to provide for permanency?
   - Is the living arrangement able to meet the focus child/youth's developmental, emotional, behavioral, and physical needs and does it provide for appropriate levels of supervision and supports? • If not, what is missing?
   - Do the out-of-home caregivers encourage the focus child/youth to participate in activities that are appropriate to his/her age and abilities (sports, creative activities, etc.) and support socialization needs with peers and others? • If not, why not?

3. If the focus child/youth is living in a residential care setting, the reviewer should consider the following items.
   - Does the focus child/youth feel safe and well cared for in this setting? • If not, why not?
   - Is this the least restrictive and most inclusive setting that is able to meet the focus child/youth's needs? • If not, why not?
   - Is the focus child/youth placed with children in his/her same age group? • If not, why not?
   - Does the placement provide for the appropriate level of supervision, supports, and therapeutic services? • If not, why not?
   - Does the placement provide for family connections and linkages to the home community? • If not, why not?

4. Do the child/youth, parents, out-of-home caregivers, therapists, and caseworker believe that this is the best place for the child to be living?

STATUS REVIEW 5: LIVING ARRANGEMENT

Status Rating Description that Best Fits the Fact Pattern Observed

NOTE: This indicator applies to the child's current living situation, where the focus child /youth will sleep tonight or where the focus child /youth in abscondence would sleep if he or she returned today.

Description of the Status Situation Observed for the Focus Child or Youth — Rating Level

- **Optimal Living Arrangement. The focus child/youth is generally living in the most appropriate and least restrictive setting to address his/her needs.** The living arrangement is optimal to maintain family connections, including the focus child/youth's relationship with the siblings and extended family members. The setting is able to entirely provide for the focus child/youth's needs for emotional support, educational needs, family relationships, supervision, and socialization and addresses special and other basic needs. The setting is optimal for the focus child/youth's age, ability, culture, language, and faith-based practices. If the focus child/youth's is living in a residential care setting, the focus child/youth is placed in the least restrictive environment necessary to address his/her needs. The focus child/youth's living arrangement has been at an optimal level of quality over an enduring period of time. **6** ☐

- **Good Living Arrangement. The focus child/youth is generally living in a setting that substantially meets his/her needs without undue restriction.** The living arrangement substantially provides opportunities to maintain family connections, including the relationships with the siblings and extended family members. The setting provides the necessary educational needs, family relationships, supervision, supports, and services to provide substantially for the focus child/youth's emotional, social, special, and other basic needs. The setting is substantially consistent with the focus child/youth's age, ability, culture, language, and faith-based practices. If the focus child/youth is living in a residential care setting, the focus child/youth is placed in the least restrictive environment necessary to address his/her needs. The focus child/youth's living arrangement has been at generally good and consistent level of quality over a recent period of time. **5** ☐

- **Fair Living Arrangement. The focus child/youth is generally living in a setting that is minimally consistent with his/her needs.** The living arrangement minimally provides the conditions necessary to maintain family connections, including the relationship with the siblings and extended family members. The setting minimally provides the necessary educational needs, family relationships, supervision, supports, and services to address the focus child/youth's emotional, social, special, and other basic needs. The setting is minimally consistent with the focus child/youth's age ability, culture, language, and faith-based practices. If the focus child/youth is living in a residential care setting, the focus child/youth is placed in the least restrictive environment necessary to address his/her needs. **4** ☐

- **Marginal Living Arrangement. The focus child/youth is generally living in a setting that only partially addresses his/her needs or is somewhat more restrictive than necessary to meet his/her needs.** The living arrangement is partially inconsistent with the conditions necessary to maintain family connections, including relationships with the siblings and extended family members. The setting only partially provides for the necessary educational needs, family relationships, supervision, supports, and services to address the focus child/youth's emotional, social, special, and other basic needs. The setting is partially consistent with the focus child/youth's age, ability, culture, language, and faith-based practices. If the focus child/youth is in a residential care setting, he/she is not in the least restrictive setting. The level of care or degree of restrictiveness may be slightly higher or lower than necessary to address the focus child/youth's needs. **3** ☐

- **Poor Living Arrangement. The focus child/youth is generally living in a substantially inadequate setting and/or in a substantially more restrictive setting than is necessary to meet his/her needs.** The living arrangement inadequately addresses conditions necessary to maintain family connections. The necessary level of educational needs, family relationships, supervision, supports, and services to address his/her needs are inadequate. The setting is inconsistent with the focus child/youth's age, ability, culture, language, and faith-based practices. If the focus child/youth is placed in a residential care setting, the setting is not the least restrictive. The level of care or degree of restrictiveness is substantially more or less than necessary to meet the focus child/youth's needs. **2** ☐

- **Adverse Living Arrangement. The focus child/youth is generally living in an inappropriate home or setting for his/her needs**. The living arrangement does not provide for family and community connections. The necessary level of educational needs, family relationships, supervision, supports, and services to address the focus child/youth's needs is absent. If the focus child/youth is in a residential care setting, the environment is much more restrictive than is necessary to meet his/her needs while protecting others from the focus child/youth's behavioral risks. Or, he/she may be on runaway status, homeless, residing in a homeless shelter, or in temporary shelter care setting for more than 30 days. **1** ☐

STATUS REVIEW 6: PHYSICAL HEALTH

Focus Measure

PHYSICAL HEALTH. Degree to which the focus child/youth is: • Achieving and maintaining favorable health status, given any diagnosis and prognosis that he or she may have; and • Receiving adequate and consistent levels of health care appropriate for the focus child/youth's age and personal needs.

Core Concepts

The goal for a focus child/youth is to achieve and maintain their best attainable health status when taking medical diagnoses, prognoses, and history into account. To achieve and maintain good health, the focus child/youth's basic needs for proper nutrition, clothing, shelter, and hygiene should be met on a daily basis. Proper medical and dental care (preventive, acute, and chronic) is necessary for maintaining good health. Preventive and primary health care should include periodic examinations, immunizations, dental hygiene, and screening for possible developmental or physical problems. This extends to reproductive health care education and services for youth to prepare and protect them from making poor life choices, exposure to sexually transmitted diseases, and teen pregnancy. The focus child/youth should be allowed access to alternative health and physical care appropriate to their culture, racially determined skin and hair care needs, and to their cultural and ethnic preferences. A responsible adult should assure that the medications are taken as prescribed, that the effects of the medications (including side effects) are monitored, and that there is a mechanism to provide feedback to the physician on a regular basis. For a focus child/youth who is developmentally capable, he/she should understand his/her condition, how to self-manage issues associated with the condition, the purpose of his/her medication, how to manage or report side effects of the medication, and how to self-administer. If the focus child/youth requires any type of adaptive equipment or other special procedures, persons working with the focus child/youth are provided instruction in the use of the equipment and special procedures. Should a focus child/youth have a serious condition, possibly degenerative, the services and supports have been provided to allow the child to remain in the best attainable physical status given his/her diagnoses and prognoses. A focus child/youth who is obese should be receiving dietary guidance and other appropriate supports.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 30 Days

1. Has the focus child/youth **achieved favorable health status**, given any physical health diagnoses this child may have?

   - What is the focus child/youth's general physical health situation? • Is his/her present situation indicative of good health status? • If not, why not?
   - Is this focus child/youth's daily functioning adversely affected by any health issues?
   - Does the focus child/youth have any diagnoses of chronic health problems (e.g., asthma, diabetes, seizures, obesity)?
   - If the child has any chronic health problems, is the child receiving an adequate level of care by specialists to treat the health problems and care needs?

2. Is the focus child/youth **maintaining his/her best attainable health status**? • Does the child/youth have a primary care physician/medical home?

   - Are EPSDT health assessments and developmental screenings conducted according to schedule? • Are immunizations complete and up to date?
   - Does the focus child/youth miss school due to illness more than would be expected?
   - Does the focus child/youth have any recurrent health problems, such as infections, sexually transmitted diseases, colds, or injuries?
   - Does the focus child/youth have recurrent health complaints, and if so, are they addressed (including dental, eyesight, hearing, etc.)?
   - Does the focus child/youth appear to be underweight or overweight, and if so, has this been investigated?
   - If the focus child/youth has had a need for acute care services, were they provided appropriately?

3. Are the focus child/youth's **basic physical needs** being met adequately on a daily basis? • (If NOT, this may an indication of NEGLECT, a failure to provide critical care to the child/youth. (See *Status Review 1: Safety from Exposure to Threats of Harm*.)

   - Food, adequate nutrition, sleep, and daily exercise at a level necessary to balance the child/youth's height and weight within a healthy range?
   - Sanitary housing that is free of safety hazards?
   - Daily care, such as hygiene, dental care, grooming, and clean clothing?
   - Special knowledge and its use in meeting any special dietary, skin care, and hair care needs of the focus child/youth?
   - Non-traditional or alternative healing methods and forms of treatment are used, when available and appropriate, out of respect to family culture and preference.

4. If he/she takes **ongoing medication for physical health maintenance**, is the medication properly managed for his or her benefit?

   - A responsible adult is responsible for monitoring the use of the medication, ensuring that it is taken properly, watching for signs of effectiveness and side effects, providing feedback to the physician, and making changes as warranted. • Any heath maintenance medications taken appear to be safe and effective for him/her.
   - The focus child/youth, at the level that she/he is capable, has been taught about his/her condition, understands how to self-manage the condition, understands the purpose and impact of the medication, and is able to self-administer his/her medication with supervision.

STATUS REVIEW 6: PHYSICAL HEALTH

Status Rating Descriptions that Best Fit the Fact Pattern Observed

Description of the Status Situation Observed for the Focus Child/Youth — Rating Level

- **Optimal Health Status.** This focus child/youth appears to be in excellent physical health. The focus child/youth is demonstrating excellent health status, or if he/she has a chronic condition, is attaining the best possible health status that can be expected given the health condition. The focus child/youth's growth and weight are well within age-appropriate expectations. Any previous or current health concerns have been met without any adverse or lasting impact, or there is no significant health history. The focus child/youth's physical care needs for nutrition, exercise, sleep, and hygiene needs are fully met. The focus child/youth has a long-established relationship with a primary care physician and enjoys excellent, high quality health care services as needed. This optimal level of health and physical well-being has been evident over an enduring period of time.

  6
  ☐ Physical status
  ☐ Receipt of care

- **Good Health Status.** This focus child/youth appears to be in generally good physical health. The focus child/youth is demonstrating a good, steady health pattern, considering any chronic conditions. The focus child/youth's growth and weight are generally consistent with age-appropriate expectations. Any previous or current health concerns have been met in which there may be no lasting impact, or there is no significant health history for this child/youth. The focus child/youth's physical care needs for nutrition, exercise, sleep, and hygiene are being substantially met. He/she has an established relationship with a primary care physician and enjoys usually good quality health care services as needed. This generally good level of health and physical well-being has been evident and sustained over a recent period of time.

  5
  ☐ Physical status
  ☐ Receipt of care

- **Fair Health Status.** The focus child/youth appears to be in fair physical health. The focus child/youth is demonstrating a minimally adequate to fair level of health status, considering any chronic conditions. The child/youth's physical health is somewhat close to normal limits for age, growth, and weight range. If existing, any previous or current health concerns are not adversely affecting functioning. The focus child/youth's physical care needs for nutrition, exercise, sleep, and hygiene are being met to a minimally adequate to fair degree. The focus child/youth may have a just-established relationship with a primary care physician and may receive some health care services as needed.

  4
  ☐ Physical status
  ☐ Receipt of care

- **Marginally Health Inadequate Status.** The focus child/youth appears to be in marginal health. The child/youth is demonstrating a limited, inconsistent, or somewhat inadequate level of health status. Any chronic condition may be becoming more problematic than necessary. The child/youth's physical health may be outside normal limits for age, growth, and weight range. If existing, any previous or current health concerns may be adversely affecting functioning. His/her physical care needs for nutrition, exercise, sleep, and hygiene may be inconsistently met. The focus child/youth may not have a consistent medical home or primary care physician who is seen repeatedly for health care. The focus child/youth may occasionally depend on emergency room care for acute needs. The focus youth may rarely decline or miss an indicated health care appointment or service.

  3
  ☐ Physical status
  ☐ Receipt of care

- **Poor Health Status.** The focus child/youth appears to be in poor physical health and physical health is not improving. The focus child/youth is demonstrating a consistently poor level of health status. Any chronic condition may be becoming more uncontrolled, possibly with presentation of acute episodes. The focus child/youth's physical health may be significantly outside normal limits for age, growth, and weight range. If existing, any previous or current health concerns may be significantly affecting functioning. The focus child/youth's physical care needs for nutrition, exercise, sleep, and hygiene may not be being met, with significant impact on functioning. The child may not have a medical home or primary care physician. The focus child/youth may primarily rely on emergency room care for acute needs. The focus youth may sometimes decline or miss an indicated health care appointment or service.

  2
  ☐ Physical status
  ☐ Receipt of care

- **Adverse Health Status.** The focus child/youth appears to be in poor physical health and his/her health status is declining. The focus child/youth is demonstrating a poor or worsening level of health status. Any chronic condition may be increasingly uncontrolled, with presentation of acute episodes that increase health care risks. The focus child/youth's physical health may be profoundly outside normal limits for age, growth, and weight ranges. If existing, any previous or current health conditions may be profoundly affecting functioning. The focus child/youth's physical care needs for nutrition, exercise, sleep, and hygiene may not be being met, with the possibly harmful impact of adverse health outcomes. The child/youth may not have health insurance. Parents or caregivers may avoid health care services due to their undocumented immigration status, religious beliefs, or limited capacities to perceive and respond to the child's urgent or chronic care needs. The focus youth may avoid and miss indicated health care appointments or services.

  1
  ☐ Physical status
  ☐ Receipt of care

STATUS REVIEW 7: EMOTIONAL FUNCTIONING

Focus Measure

EMOTIONAL FUNCTIONING. Degree to which: • Consistent with age and ability, the focus child/youth is displaying an adequate pattern of: • Attachment and positive social relationships, • Coping and adapting skills, • Appropriate self-management of emotions and behaviors, • Emotional functioning in daily settings.

Core Concepts

Good emotional functioning is achieved when a focus child/youth's essential human and developmental needs are met in a consistent and nurturing manner in a relationship with a competent and consistent caregiver. When these needs are met, children are able to successfully attach to caregivers, establish positive interpersonal relationships, cope with difficulties, and adapt to change. They develop a positive self-image and a sense of optimism. Conversely, problem behaviors, difficulties in adjustment, emotional disturbance, and poor achievement are the result of unmet needs. Abuse, neglect, loss, and other trauma affect children's needs for safety, attachment, positive self-regard, and self-regulation. With a stable and nurturing caregiver, these children can be helped to develop a sense of safety, self-control, self-satisfaction, mastery, and hopefulness.

For a focus child age birth to five, emotional functioning is characterized by a young child's developing capacity to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn, all within the context of family, community, and cultural expectations for young children. Emotional well-being for children ages birth to five is synonymous with healthy social and emotional development. Nurturing, protective, stable, and consistent relationships are essential to young children's mental health. Thus, the state of adults' emotional well-being and life circumstances profoundly affects the quality of infant/caregiver relationships, thereby, affecting the young child's emotional well-being.

For an older focus child or youth, emotional functioning is exemplified by:

- A feeling of personal worth, a sense of belonging, and attachment to family and friends as well as age-appropriate social groups
- An ability to offer and accept nurturing positive relationships with family and peers and express affection within appropriate bounds of social behavior
- A realistic awareness of one's own personal strengths, attributes, accomplishments, and potentialities as well as one's limitations
- A developing ability to self-regulate emotions, express gratitude, delay gratification, and use age-appropriate levels of self-direction
- An increasing ability to recover from setbacks and handle frustration
- A sense of mastery wherein one is able to manage problems and handle conflicts
- An internalization of moral values, social norms, and rules that guide personal behavior
- A developing sense of purpose, optimism, and compassion for others

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 30 Days

1. Does the focus child/youth have a history of significant unmet needs or major presenting symptoms? • Which of these factors apply?

   - Recent or long-term history of serious abuse, chronic neglect, or other trauma -- this would include being a victim of human trafficking
   - Lingering and untreated adverse effects of childhood trauma that are evident in the child's present behavior patterns
   - Struggles to re-regulate emotions after an upset
   - Difficulties with attachments and bonding with others
   - Difficulties with setting and enforcing age-appropriate self-protective boundaries in relationships or respecting the boundaries of others
   - Recent loss of a major relationship in his or her life and moving through the stages of grieving and life adjustment
   - Continuing pattern of disordered thinking, stereotypical behaviors, or seeing or hearing things that others do not see or hear
   - Caregiver emotionally unavailable due to drug/alcohol abuse or to a psychiatric disorder
   - Lack of consistent and nurturing caregivers
   - Placement in a living arrangement that seriously endangers the focus child/youth's health or mental health
   - Effects of severe poverty - parents lack sufficient resources, such as food and shelter, parent knowledge, skills, or motivation to meet the child's basic needs on a regular daily basis
   - Multiple moves and placements while in the foster care system
   - Experienced one or more failed adoptions
   - Unresolved permanency issues for the focus child/youth
   - Exhibits self-destructive behaviors or serious emotional symptoms requiring clinical interventions and supports
   - Frequently violates rules or social norms
   - Issues of self-image or self-esteem
   - Isolation from the focus child/youth's cultural identity language

STATUS REVIEW 7: EMOTIONAL FUNCTIONING

2. If any culturally appropriate mental health screenings and trauma assessments (e.g., CAFAS, PECFAS) have been conducted, what were the results?

3. Has the focus child /youth been diagnosed with a mental or developmental disorder? • Does he/she have a history of psychiatric hospitalization or has he/she been prescribed psychotropic medication in the last 90 days? • Is there a history of suicidal ideation, gesture, or attempt or self-mutilation (e.g., cutting)?

4. If served in child care, does the focus child/youth's provider have any concerns about the child's social, emotional, or behavioral development? • Does the focus child present parentified behaviors?

5. Is the focus child/youth at age-appropriate grade placement in school? • Has the focus child/youth been suspended or expelled from school within the last 90 days? • Is the focus child/youth receiving acceptable grades in school?

6. Are existing attachments being preserved and nurtured? • Does the focus child/youth have age-appropriate, positive, cultural peer relationships?

7. For an older focus youth (15-18 years), are they making appropriate planning and preparation for transitions from dependence to independence?

Note: The statements used in the 6-point rating scale for this indicator couple a general description of emotional functioning with the use of the *Scale for Estimating a Level of Emotional Functioning for a Focus Child or Youth* that is presented on page 33. These are used together when selecting a rating value.

Status Rating Description that Best Fits the Fact Pattern Observed

Description of the Status Situation Observed for the Focus Child/Youth — Rating Level

◆ **Optimal Status.** The focus child/youth is demonstrating an excellent and sustained pattern of emotional functioning. As appropriate to age and developmental stage, he/she is generally exceeding expectations for forming attachments and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors. An optimal pattern is evident from multiple sources over an enduring period of time. He/she is functioning at this level would be consistent with Level 10 in the *Scale for Estimating a Level of Emotional Functioning for a Focus Child or Youth* that is presented on page 33. **6** ☐

◆ **Good Status.** The focus child/youth is demonstrating a good and steady pattern of emotional functioning. As appropriate to age and developmental stage, he/she is consistently meeting expectations for forming attachments and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors. Most expectations in these areas are generally well met and no expectation is found to be unacceptable in recent times. A generally good level of emotional well-being has been evident and sustained over a recent period of time. He/she is functioning at this level would be consistent with the Level 8-9 range in the *Scale for Estimating a Level of Emotional Functioning for a Focus Child or Youth* that is presented on page 33. **5** ☐

◆ **Fair Status.** The focus child/youth is demonstrating a minimally adequate to fair pattern of emotional functioning. As appropriate to age and developmental stage, he/she is at least minimally meeting expectations for forming attachments and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors. Some variability may be noted in the child meeting these expectations. Meeting these expectations has been at least minimally adequate recently. A focus child/youth functioning at this level would be consistent with the Level 6-7 range in the *Scale for Estimating a Level of Emotional Functioning for a Child or Youth* that is presented on page 33. **4** ☐

◆ **Marginal Status.** The child/youth is demonstrating a limited, inconsistent, or somewhat inadequate pattern of emotional functioning. Any emotional problems may be becoming somewhat problematic. As appropriate to age and developmental stage, he/she is inconsistently meeting less than adequate expectations for forming attachments and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors. Evidence shows that expectations for at least some elements have been mildly to moderately inadequate at times. A focus child/youth functioning at this level would be consistent with Level 5 in the *Scale for Estimating a Level of Emotional Functioning for a Child or Youth* that is presented on page 33. **3** ☐

STATUS REVIEW 7: EMOTIONAL FUNCTIONING

Description of the Status Situation Observed for the Focus Child/Youth — Rating Level

- **Poor Status.** The focus child/youth is demonstrating a consistently poor pattern of emotional functioning. Any emotional problems may be becoming more uncontrolled, possibly with presentation of acute episodes. As appropriate to age and developmental stage, the child is not meeting expectations for forming attachments and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors. A generally poor pattern is evident from multiple sources. A child or youth functioning at this level would be consistent with the Level 3-4 range in the *Scale for Estimating a Level of Emotional Functioning for a Child or Youth* that is presented on page 33. **2** ☐

- **Adverse Status.** The focus child/youth is demonstrating a poor or worsening level of emotional well-being. Any emotional problems may be increasingly uncontrolled, with presentation of acute episodes that increase behavioral risks. As appropriate to age and developmental stage, the child is not meeting expectations for or is showing regression in forming attachments and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors. A generally poor and worsening pattern is evident from multiple sources. A child or youth functioning at this level would be consistent with the Level 1-2 range in the *Scale for Estimating a Level of Emotional Functioning for a Child or Youth* that is presented on page 33. **1** ☐

- **Not Applicable.** This indicator applies to focus children/youth who are age two years and older. This indicator may be applied to toddlers when sufficient evidence is available from multiple sources to make a meaningful rating decision. This indicator is not applied to infants. **NA** ☐

SCALE FOR ESTIMATING A LEVEL OF EMOTIONAL FUNCTIONING FOR A FOCUS CHILD OR YOUTH

Rate actual functioning at the time of review. Examples of behavior provided are only illustrative and are not required for a particular level of functioning. Rely on interview results obtained from the parent/caregiver; teacher; caseworker, community support worker, therapist; psychiatrist; and child, if appropriate.

ESTIMATING A FOCUS CHILD/YOUTHS'S LEVEL OF EMOTIONAL FUNCTIONING

	Level	Levels of Emotional Functioning to be Used by the Reviewer
☐	10	**Excellent emotional functioning** in all areas (at home, at school, with peers, in the community); involved in a wide range of activities and has many interests (e.g., has hobbies, participates in extracurricular activities, belongs to an organized group such as the Scouts); likable, confident; "everyday" worries never get out of hand; doing well in school; getting along with others; behaving appropriately; no symptoms.
☐	9	**Adequate emotional functioning** in all areas: secure in family, in school, and with peers; there may be transient difficulties but "everyday" worries never get out of hand (e.g., mild anxiety about an important exam; occasional "blow-ups" with siblings, parents/caregivers, or peers).
☐	8	**No more than slight impairment in emotional functioning** at home, at school, with peers, and in the community; some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental/caregiver separation, death, birth of a sibling), but these are brief and interference with functioning is transient; such youth are only minimally disturbing to others and are not considered deviant by those who know them.
☐	7	**Some difficulty in a single area, but generally functioning fairly well** (e.g., sporadic or isolated antisocial acts, such as occasional truancy or committing petty theft; consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties that do not lead to gross avoidance behavior; self-doubts); has some meaningful interpersonal relationships; most people who do not know the youth well would not consider him/her deviant but those who know him/her well might express concern.
☐	6	**Variable functioning with sporadic difficulties or symptoms in several but not all social areas**; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the youth in other settings. ***NOTE: Children and youth rated lower than Level 6 may be considered to have a Serious Emotional Disability (SED)***
☐	5	**Moderate degree of interference in emotional functioning in most social areas or severe impairment of functioning in one area**, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.
☐	4	**Major impairment in functioning in several areas and unable to function in one of these areas;** i.e., disturbed at home, at school, with peers, or in society at large; e.g., persistent aggression without clear instigation, markedly withdrawn and isolated behavior due to either thought or mood disturbance, suicidal attempts with clear lethal intent; such youth are likely to require special schooling and/or hospitalization (but this alone is not a sufficient criterion for inclusion in this category).
☐	3	**Unable to function in almost all areas**, e.g., stays at home, in a ward, or in a bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (e.g., sometimes incoherent or inappropriate).
☐	2	**Needs considerable supervision to prevent hurting self or others** (e.g., frequently violent, repeated suicide attempts) or to maintain personal hygiene or gross impairment in all forms of communication (e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor).
☐	1	**Needs constant supervision (24-hour care)** due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect, or personal hygiene.
☐	NA	**Not Applicable due to age of the young child [under age 2 years].**

STATUS REVIEW 8A: EARLY LEARNING & DEVELOPMENT

Focus Measure

EARLY LEARNING STATUS: Degree to which: • The focus child's developmental status is commensurate with age and developmental capacities. • The child's developmental status in key domains is consistent with age- and ability-appropriate expectations.

Core Concepts: This Indicator Applies to a Focus Child under the Age of 5 Years

From birth onward, children progress through a series of stages of learning and development. The growth during this period is greater than any subsequent developmental stage. This offers great potential for accomplishments, but also creates vulnerabilities for the child if the child's physical status, relationships, and environments do not support appropriate learning, development, and growth. These developmental years provide the foundation for later abilities and accomplishments. Significant differences in children's abilities are associated with social and economic circumstances that may be impacting learning and development. The cumulative impact of multiple risk factors on development is well documented. Examples of risk factors are having a parent who abuses substances, exposes the child to violence and trauma, provides inappropriate child care and nurturing, and lives in a dangerous environment or community. Children served by child welfare systems are at very high risk for developmental delays and they often represent over 50% of the children under age five served through child welfare. Children with Fetal Alcohol Syndrome (FAS) may present significant developmental delays and learning problems. Since this developmental period is critical to the child's future social, emotional, and cognitive development, every attempt should be made to provide these children with early intervention services both within the home and in child care settings.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 30 Days

1. If this child is in the first 36 months of life, has this child been referred for screening of developmental delay or disability so that any indicated early intervention services can be provided to maximize the child's potential for growth and development?

2. If the focus child has had a developmental screening or assessment, does he/she show any developmental delays? • If so, to what degree and in what area? • Does this child present signs and symptoms of Fetal Alcohol Spectrum Disorder (FASD) or Developmental Trauma Disorder?

3. Does the focus child actively participate in self-care, play, socialization, and cognitive activities that appear within the appropriate range of development? • If not, has the child been screened and evaluated for developmental delays or disabilities? • If so, what are the significant findings regarding the child's development path, pace, and potential?

4. If the focus child presents developmental delays or disabilities, is the child receiving early intervention services provided via an Individualized Family Support Plan (IFSP) if under 36 months of age or an Individual Educational Plan (IEP) if between the ages of 36 and 60 months? • If not, why not?

5. Does the focus child appear to be achieving the key development milestones at or above age-appropriate levels, consistent with any IFSP or IEP goals and revealed in progress reports provided by early interventionists or pre-k special educators?

    - Social/emotional development?
    - Cognitive development?
    - Physical/motor development?
    - Language development?
    - Self-care skills?
    - School-readiness skills?

6. If early intervention services are provided, do the focus child and parents seem to be responding to the interventions as shown in such areas as improved interaction, acceptance of attempts to nurture, more spontaneous play, emergence of language, etc.?

STATUS REVIEW 8A: EARLY LEARNING & DEVELOPMENT

Status Rating Description that Best Fits the Fact Pattern Observed

Description of the Status Situation Observed for the Focus Child, under age 5 years	Rating Level
◆ **Optimal Developmental Status.** The focus child's current developmental status is at or above age expectations in all domains, based upon normal developmental milestones.	6 ☐
◆ **Good Developmental Status.** The focus child's current developmental status is at age expectations in all domains, however, there may be one or two areas in which the child is not as strong and merits ongoing careful monitoring.	5 ☐
◆ **Minimally Adequate to Fair Developmental Status.** The focus child's current developmental status is near age expectations in most of the major domains and may be slightly below expectations in a few areas. If the child and caregiver is participating in early intervention programs either at home or in a child care environment, the child is making substantial gains and appears to be approaching age-appropriate expectations.	4 ☐
◆ **Marginally Inadequate Developmental Status.** The focus child's developmental status is mixed, somewhat near expectations in some domains, but showing significant delays in others. If the child and caregiver is participating in an early intervention program either at home or in a child care program, the child is making moderate to slow developmental gains and may not be improving in some domains.	3 ☐
◆ **Poor Developmental Status.** The focus child's developmental status is showing significant delays in several areas as compared to age-appropriate expectations. If the child and caregiver are involved in an early intervention program, either at home or in a child care program, the child may be making gains but has such significant delays that it is not likely that the child will reach age-appropriate levels of functioning for some time.	2 ☐
◆ **Adverse Developmental Status.** The focus child's current developmental status is far below developmental milestones and there may be a decline in certain domains. The child and caregiver may be involved in early intervention programs, but the rate of improvement is no more than minimal and may be subject to periods of regression.	1 ☐
◆ **Not Applicable.** The focus child is age 5 or older; therefore, this indicator does not apply.	NA ☐

STATUS REVIEW 8B: ACADEMIC STATUS

Focus Measure

ACADEMIC STATUS. Degree to which: • The focus child/youth [according to age and ability] is: • Regularly attending school, • Placed in a grade level consistent with age or developmental level, • Actively engaged in instructional activities, • Reading at grade level or IEP expectation level, and • Meeting requirements for annual promotion and course completion leading to a high school diploma, a GED, or preparation for employment.

Core Concepts: This Indicator Applies to a Focus Child/Youth 5 Years or Older & Enrolled in a K-12 Education Program

The focus child/youth is expected to be actively engaged in developmental, educational, and/or vocational processes that are enabling the focus child/youth to build skills and functional capabilities at a rate and level consistent with his/her age and abilities. This means that the focus child/youth should be:

- Enrolled in an appropriate educational program, consistent with age, ability, and any presenting needs for special educational services.
- Attending school regularly and at a frequency necessary to benefit from instruction and meet requirements for grade promotion, course completion, and entry into the next school or vocational program.
- Receiving instruction at a grade level consistent with the child's age [or ability, if the child is cognitively impaired].
- Reading at grade level, except when the child's instructional expectations and placement are altered via an Individual Educational Plan (IEP) to an alternative curriculum. When an IEP is directing the child's education via placement in an alternative curriculum, specialized instruction, and related services, the child should be performing at the level anticipated in the IEP.
- Actively and consistently participating in the instructional processes and activities necessary to acquire expected skills and competencies.
- Meeting requirements for grade-level promotion, completing courses and assessment requirements, and, where indicated in an IEP, fulfilling transition processes and requirements for making a smooth transition to the next school or vocational program.

This status review focuses on the focus child/youth's current learning and academic status relative to access to, participation in, and fulfillment of basic educational requirements for entry into the next school or vocational program.

NOTE: *If a child has an IEP and receives special education services, his/her IEP should specify whether this student is placed in the regular curriculum leading to high school graduation with a diploma or is placed in an alternative curriculum leading to a different educational outcome.*

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 30 Days

1. Is this focus child/youth enrolled in an educational program consistent with age and ability? • If not, why not?

2. Does the focus child/youth's grade level match his or her age? • If not, why not?

3. Is the focus child/youth assigned to the general education curriculum leading to a high school diploma? • If not, is the child/youth receiving special education and related services in an alternative curriculum directed via an IEP? • If the child/youth is placed in an alternative curriculum, what is the expected educational outcome?

4. Is the focus child/youth actively and consistently engaged in the instructional processes and related activities necessary for acquisition of expected skills, competencies, and performances associated with curricular goals and objectives?

5. Is the focus child/youth reading on grade level or at a level anticipated in an IEP?

6. Is the focus child/youth meeting curriculum requirements necessary for promotion, course completion, and IEP-directed transitions? • If not, why not?

STATUS REVIEW 8B: ACADEMIC STATUS

Status Rating Description that Best Fits the Fact Pattern Observed

Description of the Status Situation Observed for the Focus Child or Youth, age 5 years and older — Rating Level

- **Optimal Academic Status.** The focus child/youth is enrolled in a highly appropriate educational program, consistent with age and ability. The child has an excellent rate of school attendance (≥ 95% attendance). The child/youth's optimal level of participation and engagement in educational processes and activities is enabling the child to reach and exceed all educational expectations and requirements set within the child's assigned curriculum and, where appropriate, the child's IEP. The child/youth may be reading at or well above grade level or the level anticipated in an IEP. The child/youth may be meeting or exceeding all requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program. An optimal and enduring pattern is evident. — **6** ☐

- **Good Academic Status.** The focus child/youth is enrolled in a generally appropriate educational program, consistent with age and ability. The child/youth has a substantial rate of school attendance (e.g., ≥90 <95% attendance). The child/youth's good level of participation and engagement in educational processes and activities is enabling the child to reach most educational expectations and requirements set within the child's assigned curriculum and, where appropriate, the child's IEP. The child/youth may be reading at grade level or the level anticipated in an IEP. The child/youth may be meeting most requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program. A good and sustaining pattern is evident over a recent time. — **5** ☐

- **Fair Academic Status.** The focus child/youth is enrolled in a minimally appropriate educational program, consistent with age and ability. The child/youth has a fair rate of school attendance (e.g., ≥85 <90% attendance). The child/youth's fair level of participation and engagement in educational processes and activities is enabling the child to reach at least minimally acceptable educational expectations and requirements set within the child's assigned curriculum and, where appropriate, the child's IEP. The child/youth may be reading near grade level or the level anticipated in an IEP. The child/youth may be minimally meeting core requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program. A minimally adequate to fair pattern is evident. — **4** ☐

- **Marginally Inadequate Academic Status.** The focus child/youth may be enrolled in a marginally appropriate educational or vocational program, or somewhat inconsistent with age and ability. The child/youth may have an inconsistent rate of school attendance (e.g., ≥75 <85% attendance and may have tardy notes or unexcused absences). The child/youth's limited level of participation and engagement in educational processes and activities may be hindering the child/youth from reaching at least minimally acceptable educational expectations and requirements set within the child's assigned curriculum and, where appropriate, the child's IEP. The child/youth may be reading a year below grade level or somewhat below the level anticipated in an IEP. The child/youth may not be meeting some core requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program. — **3** ☐

- **Poor Academic Status.** The focus child/youth may be enrolled in a poor or inappropriate educational program, or inconsistent with age and ability. The child/youth may have a poor rate of school attendance (e.g., <75% attendance and may have been truant). The child/youth's poor level of participation and engagement in educational processes and activities may be preventing the child from reaching acceptable educational expectations and requirements set within the child's assigned curriculum and, where appropriate, the child's IEP. The child/youth may be reading two years below grade level or well below the level anticipated in an IEP. The child/youth may not be meeting many core requirements for grade-level promotion, course completion, or successful transition to the next school or vocational program. — **2** ☐

- **Adverse Academic Status.** The focus child/youth may be chronically truant, suspended, expelled from school, or may have dropped out of school. The child/youth may be three or more years behind in key academic areas, may be losing existing skills and/or regressing in functional life areas, and/or may be confined in detention without appropriate instruction or hospitalized. — **1** ☐

- **Not Applicable.** The focus child is under age 5; therefore, this indicator does not apply. - OR - The youth may have graduated from high school and is not pursuing post-secondary education, job preparation, or employment at the time of review. — **NA** ☐

STATUS REVIEW 8c: PREPARATION FOR ADULTHOOD

Focus Measure

PREPARATION FOR ADULTHOOD: Degree to which the focus youth [according to age and ability] is: (1) gaining life skills, developing relationships and connections, and building capacities for living safely, becoming gainfully employed, and functioning successfully upon becoming independent of child services - OR - (2) becoming eligible for adult services and with the adult system being ready to provide (via a seamless transition) continuing care, treatment, and residential services that the youth will require upon discharge from children's services.

Core Concepts: This indicator is applied to a FOCUS YOUTH who is 14-17 YEARS OF AGE or older.

Preparation for Independent Living. Indications that the focus youth is building necessary capacities for living independently include:

- Knowing and using key life skills in solving basic problems related to daily living in early adulthood necessary for fulfillment of adult roles -- including, where appropriate, teen parents gaining skills, knowledge, and supports necessary to care for their own dependent children.
- Taking control of one's needs, issues, and assets and having clear life plans for early adulthood.
- Linking with informal supports and resources in the extended family, neighborhood, and community.
- Reducing social isolation and building social networks that create supports, linkages, and opportunities.
- Setting and achieving important life goals (e.g., vocational training, high school graduation, GED, post-secondary education).
- Finding ways to meet fundamental needs (e.g., income, housing, transportation, health care, food, childcare, TANF benefits).
- Establishing and maintaining trusting and supportive relationships among family members and supporters.
- Forming and relying on a sustainable support network independent of agency funding or supervision.
- Knowledge of youth services available through age 21 and adult services that may begin at age 18.

Transition to Long-Term Adult Services. Indicators that the youth needing long-term care is moving toward securing necessary adult services include:

- For a youth with severe disabilities, securing eligibility for and placement in an appropriate level of long-term care, consistent with needs.
- For a youth with serious and persistent disabilities, securing SSI and Medicaid funding, acquiring a supported living arrangement, engaging in supported employment, and gaining admission to other ongoing community care and treatment services as an adult.
- Establishing trusting and supportive relationships among family members and supporters -- including a representative payee or guardian.

Meeting these expectations requires a high standard of practice to ensure that youth have what they require to achieve and maintain adequate levels of well-being, functioning, fulfillment of adult roles, and social integration as a citizen in the community.

Facts to Gather and Consider

1. Is the focus youth progressing in setting career goals, seeking and using employment opportunities, and progressing toward self-sufficiency? • Is the youth finding acceptable ways to meet fundamental living needs (e.g., income, housing, transportation, health care, food, child care, TANF)? • Is the youth forming and relying on sustainable support networks that are independent of public agencies providing supervision and support? • Is the youth setting and achieving functional goals and achievable life plans for living independently upon attainment of adulthood?

2. Is the focus youth gaining competence in learning, navigating, and relying upon community resources, his/her own social networks of people, his/her own problem-solving abilities, and knowledge of his/her living environment? • Is the youth seeking job training, employment, and legal sources of income? • Does the youth have plans for supported housing/living services, if needed? • Is the youth seeking and sustaining affordable housing?

3. Is the focus youth developing and maintaining sustainable, positive, long-term relationships with others -- including extended family members?

4. Is the focus youth making adequate age-appropriate progress toward independence, given the amount of time the youth has remaining under supervision or receiving support services? • How are transitional supports integrated into the combination and sequence of strategies being used?

5. If the focus youth is disabled, are provisions for meeting long-term care needs in place or will be in place before case closure? • Are SSI, Medicaid, housing, and community treatment services via the adult service system in place or will be in place before case closure?

STATUS REVIEW 8C: PREPARATION FOR ADULTHOOD

Status Rating Description that Best Fits the Fact Pattern Observed

Description of the Status Situation Observed for the Focus Youth — Rating Level

- **Optimal Preparation.** The focus youth has been making excellent progress in: (1) developing long-term supportive relationships; (2) gaining core independent living/life skills; (3) developing community supports and networks; (4) advancing education and employment opportunities; and (5) as needed, securing adult services with continuing long-term care. For a youth within 12 weeks of system exit, youth has acquired and mastered necessary skills in two of the following areas and is making excellent progress in the remaining areas: (1) securing income; (2) acquiring housing or residential placement; (3) finding ways to meet fundamental needs including those related to the care of any dependent children the youth may be parenting; and (4) if needed, accessing essential adult services. — **6** ☐

- **Good Preparation.** The focus youth has been making good and substantial progress in: (1) developing long-term supportive relationships; (2) gaining core independent living/life skills; (3) developing community supports and networks; (4) advancing education and employment opportunities; and (5) as needed, securing adult services with continuing long-term care. For a youth within 12 weeks of system exit, the youth is making substantial progress in: (1) securing income; (2) acquiring housing or residential placement; (3) finding ways to meet fundamental needs; and (4) if needed, accessing essential adult services. — **5** ☐

- **Fair Preparation.** The focus youth has been making minimally adequate to fair progress in: (1) developing long-term supportive relationships; (2) gaining core independent living/life skills; (3) developing community supports and networks; (4) advancing education and employment opportunities; and (5) as needed, securing adult services with continuing long-term care. For a youth within 12 weeks of system exit, the youth is making fair progress in: (1) securing income; (2) acquiring housing or residential placement; (3) finding ways to meet fundamental needs; and (4) if needed, accessing essential adult services. — **4** ☐

- **Marginally Inadequate Preparation.** The focus youth has been making limited or inconsistent progress in: (1) developing long-term supportive relationships; (2) gaining core independent living/life skills; (3) developing community supports and networks; (4) advancing education and employment opportunities; and (5) as needed, securing adult services with continuing long-term care. For a youth within 12 weeks of system exit, the youth is making limited or inadequate progress in: (1) securing income; (2) acquiring housing or residential placement; (3) finding ways to meet fundamental needs; and (4) if needed, accessing essential adult services. — **3** ☐

- **Poor Preparation.** The focus youth has been making slow, inadequate progress in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achievable future plans. For a youth within 12 weeks of system exit, the youth is making poor or little progress in: (1) securing income; (2) acquiring housing or residential placement; (3) finding ways to meet fundamental needs; and (4) if needed, accessing essential adult services. — **2** ☐

- **No Preparation.** The focus youth has been making no progress in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achievable future plans. For a youth within 12 weeks of system exit, the youth is making no progress in: (1) securing income; (2) acquiring housing or residential placement; (3) finding ways to meet fundamental needs; and (4) if needed, accessing essential adult services. — **1** ☐

- **Not Applicable.** The focus youth is under age 14 years. — **NA** ☐

STATUS REVIEW 8D: TRANSITIONING INTO ADULTHOOD (AGE 18 AND OLDER)

Focus Measure

TRANSITIONING INTO ADULTHOOD. Degree to which the transitioning young adult [according to ability] is: 1) actively gaining and using functional life skills, 2) engaging in productive daily activities, 3) managing personal and economic needs, 4) connecting to a positive and supportive network, 5) gaining competencies to fulfill essential adult roles, and 6) gaining access to any needed adult services.

Core Concepts: This indicator is applied to a YOUNG ADULT who is 18 years or older and receiving DHS Services.

1. Gaining and Using Functional Life Skills. As appropriate to ability and need, the transitioning young adult should be actively engaged in training and support for gaining and using functional life skills necessary for successful daily living, such as skills necessary for cooking, maintaining living space, managing health and medical needs, and shopping, among others. Functional life skills include activities of daily living (ADLs). At the most basic level, such skills apply to dressing, eating, ambulation, toileting, and hygiene. At the next level, these skills apply to housekeeping, taking medications as prescribed, basic money management, shopping for food and clothing, using the phone and other forms of communication, and using transportation in the community. Higher-level functional skills apply to care of pets, care of others, child rearing, food preparation and clean-up, financial management, safety procedures, and emergency responses. Skills in these areas are needed for successful everyday living and fulfilling important life roles, such as parenting dependent children or adults in the youth's care.

2. Actively Engaging in Productive Daily Activities. As appropriate to ability and need, the transitioning young adult should be engaged in meaningful activities such as educational activities (e.g., adult basic education, GED course work, or post-secondary education), and/or actively engaged in employment, competitive or supported (earning federal minimum wage or above, in an integrated community setting), or in an individual placement with supports in a productive situation, or in vocational training programs, or transitional employment, and/or the youth is exploring or engaged in productive volunteer opportunities and/or is receiving information about work benefits, access to work supports, and advocacy.

3. Managing Personal and Economic Needs so that the young adult's earned income and economic supports are sufficient to cover basic living requirements (i.e., shelter, food, clothing, transportation, health care/medicine, leisure, childcare). The adult is accessing, receiving, and managing the economic benefits for which he/she is eligible. The adult has adequate housing and is economic security sufficient for maintaining stability and for sustaining the ability to meet ongoing life needs. The adult is managing mental and physical health care, including scheduling and attending doctor visits, filling prescriptions, adhering to a medication regime, exercising, choosing nutritious meals, and meeting other daily health maintenance requirements

4. Connecting to a Positive and Supportive Network of family, friends, adult supporters, and positive peers, consistent with his/her choices and preferences. This includes access to positive peer support and community activities. The young adult should have opportunities to meet people outside of the service provider organization and to spend time with them. As appropriate to needs, the young adult's social network supports recovery efforts.

5. Gaining Competencies in Fulfilling Essential Adult Roles, as appropriate to the young adult's situation, for being a successful employee, tenant, parent, and sober law abiding citizen of the community.

6. Gaining Access to Adult Services, as necessary to meet important life needs for housing, daily living, heath care, parenting, meeting developmental or recovery supports.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 30 Days

1. What functional life skills is the focus young adult presently gaining and using? • Is the pattern of skills development sufficient to ensure that the focus young adult will have and use necessary functional life skills by the time he or she exits DHS services?

2. What productive life activities (e.g., post-secondary education, job training, work) is the youth currently performing? • Is the pattern of productive activities sufficient to ensure that the focus young adult will have productive employment capabilities upon exit from DHS services?

3. Is the focus young adult learning to manage his/her personal and economic needs? • Does he/she have and manage sources of income to meet basic needs for living? • Is the pattern of personal life management consistent with reaching independent living by the time of DHS exit?

4. Is the focus young adult connecting with a positive group of peers and supporters that will facilitate independent community living, employment or other productive activities, social integration, and, where necessary, recovery for addiction or mental illness?

STATUS REVIEW 8D: TRANSITIONING INTO ADULTHOOD (AGE 18 AND OLDER)

5. What adult roles (e.g., college student, parent, employee, tenant) is the focus young adult endeavoring to fulfill at this time? • What competencies are required for success in these roles? • What supports is he/she receiving to learn and practice role-specific competencies? • Based on the current pattern of progress will the focus young adult be able to fulfill these roles successfully upon exiting DHS services?

6. Will this focus young adult require adult services to meet developmental, parenting, or recovery needs upon existing DHS services? • If so, are all steps being taken now to ensure that needed adult services will be provided without delay when he/she exits child welfare services?

Status Rating Description that Best Fits the Fact Pattern Observed

Description of the Status Situation Observed for the Focus Young Adult	Rating Level
◆ **Optimal Transitioning to Adulthood.** The focus young adult is making excellent progress in all or most of these areas: (1) gaining and using functional life skills; (2) engaging in productive activities; (3) managing personal and economic needs; (4) connecting to a positive and supportive network; (5) gaining and using competencies for fulfilling essential adult roles; and (6) gaining access to needed adult services. • For a young adult within 12 weeks of DHS exit, he/she has acquired all or nearly all of the skills, competencies, resources, connections, supports, and services necessary for successful living following system exit.	6 ☐
◆ **Good Transitioning to Adulthood.** The focus young adult is making good and substantial progress in all or most of these areas: (1) gaining and using functional life skills; (2) engaging in productive activities; (3) managing personal and economic needs; (4) connecting to a positive and supportive network; (5) gaining and using competencies for fulfilling essential adult roles; and (6) gaining access to needed adult services. • For a young adult within 12 weeks of DHS exit, he/she has acquired most of the skills, competencies, resources, connections, supports, and services necessary for successful living following system exit.	5 ☐
◆ **Fair Transitioning to Adulthood.** The focus young adult is making minimally adequate to fair progress in all or most of these areas: (1) gaining and using functional life skills; (2) engaging in productive activities; (3) managing personal and economic needs; (4) connecting to a positive and supportive network; (5) gaining and using competencies for fulfilling essential adult roles; and (6) gaining access to needed adult services. • For a young adult within 12 weeks of DHS exit, he/she has acquired at least some of the skills, competencies, resources, connections, supports, and services necessary for successful living following system exit.	4 ☐
◆ **Marginally Inadequate Transitioning to Adulthood.** The focus young adult is making limited or inconsistent progress in: (1) gaining and using functional life skills; (2) engaging in productive activities; (3) managing personal and economic needs; (4) connecting to a positive and supportive network; (5) gaining and using competencies for fulfilling essential adult roles; and (6) gaining access to needed adult services. • For a young adult within 12 weeks of DHS exit, he/she has marginally acquired at least some of the skills, competencies, resources, connections, supports, and services necessary for successful living following system exit.	3 ☐
◆ **Poor Transitioning to Adulthood.** The focus young adult is making slow, inadequate progress in: (1) gaining and using functional life skills; (2) engaging in productive activities; (3) managing personal and economic needs; (4) connecting to a positive and supportive network; (5) gaining and using competencies for fulfilling essential adult roles; and (6) gaining access to needed adult services. •For a young adult within 12 weeks of DHS exit, he/she has not acquired many of the skills, competencies, resources, connections, supports, and services necessary for successful living following system exit.	2 ☐
◆ **Absent Transitioning to Adulthood.** The focus young adult is making little to no progress in: (1) gaining and using functional life skills; (2) engaging in productive activities; (3) managing personal and economic needs; (4) connecting to a positive and supportive network; (5) gaining and using competencies for fulfilling essential adult roles; and (6) gaining access to needed adult services. • For a young adult within 12 weeks of DHS exit, he/she may be lacking the skills, competencies, resources, connections, supports, and services necessary for successful living following system exit.	1 ☐
◆ **Not Applicable.** The focus child/youth is under age 18 years and is not expected to be exiting DHS services within the next 12 weeks.	NA ☐

STATUS REVIEW 9: VOICE & CHOICE

Focus Measure

VOICE & CHOICE. Degree to which: • The focus child/youth, parents/caregivers, and key family supporters are ongoing participants having an active and significant role, voice, choice, and influence in shaping decisions made about their strengths and needs, vision and goals for life change, and about their supports, and services.

Core Concepts -- This Indicator Applies to a Focus Child/Youth Who is Able to Express Voice and Choice

Services should be youth-guided and family-centered in their planning and provision. The family change process belongs to the focus child/youth and family. They are the center of care and core drivers of decisions. The focus child/youth and family should have a sense of personal ownership in the plan and decision process. Service arrangements are made to benefit children and families by helping to create conditions under which the focus child/youth can succeed in school and life, including the attainment of permanency and/or the resolution of custody or placement.

Service arrangements should build on the strengths of the focus child/youth and family and should reflect their strengths, views, and preferences. The parent and/or caregiver (as appropriate) have a central and directive role, providing a voice that shapes decisions made by the team on behalf of the focus child/youth and family. Emphasis is placed on direct and ongoing involvement in all phases of service: assessment, planning interventions, provider choice, monitoring, modification, and evaluation.

The focus child/youth and family should have an active role and voice in developing goals and objectives, as well as in the development and implementation of plans. This includes, but is not limited to:

- Knowing and explaining his/her strengths, needs, preferences, and challenges so that others may understand and assist.
- Understanding, accepting, and working toward any non-negotiable conditions that are essential for safety and well-being.
- Attending team meetings and shaping key decisions about goals, intervention strategies, special services, and essential supports.
- Advocating for needs, supports, and services and attending legal proceedings.
- Doing any necessary follow-through on interventions.
- Providing quality and frequent visits between agency worker and the child, mother, and father.

Child/youth and family engagement and satisfaction with their service experiences may be useful indications of participation and ownership in the service process where use of voice and choice would be evident.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 30 Days

1. To what degree do the focus child/youth and family influence all phases of service and any legal proceedings related to their services?

2. To what degree is the family change process owned by family members and led by the birth parent or caregiver? • How well does the agency encourage family member participation?

3. Do the focus child/youth and family routinely participate in the assessment, planning, monitoring/modification of child and family plans, arrangements, and evaluation of results?

4. How involved are the focus child/youth's parent(s)/caregiver in the child's medical, educational, and behavioral health meetings/appointments?

5. To what degree is there a positive and growing pattern of self-agency and independence demonstrated by the focus child/youth and by family as they move through the service process?

6. If there are circumstances that substantially and repeatedly impede the focus child/youth's or family's opportunities to function effectively in matters related to identification of strengths, needs, preferences, or choices in making service decisions, has the agency offered special accommodations or supports to the child and family to encourage and facilitate effective participation? • If not, why not?

STATUS REVIEW 9: VOICE & CHOICE

Status Rating Description that Best Fits the Fact Pattern Observed

NOTE: *This indicator applies to the birth parent and/or caregiver of the child or youth. If the child/youth is living with the birth parent at the time of review, then the birth parent is rated and the caregiver is marked NA. If the child/youth is living in an out-of-home placement with a goal of reunification, then the birth parent is rated and the caregiver is rated. If parental rights have been terminated, then the birth parent rating is marked NA and only the caregiver is rated.*

Description of the Focus Person's Role and Voice (i.e., the focus child/youth, mother, father, caregiver)	Rating Level
◆ **Optimal Status.** Key family members are full and effective partner(s) on the team, fully participating in all aspects of assessment, service planning, implementation and monitoring, and evaluation of results for the child and family. The focus child/youth and parent and/or caregiver (as appropriate) have a central and directive role, providing a voice that shapes the decisions made by the team on behalf of the focus child/youth and family.	**6** ☐ Child/Youth ☐ Mother ☐ Father ☐ Caregiver
◆ **Good Status.** Key family members are substantial and contributing partners on the team, generally participating in most aspects of assessment, service planning, implementation and monitoring, and evaluation of results. The focus child/youth and parent and/or caregiver (as appropriate) have a present and generally effective role, providing a voice that influences the decisions made by the team on behalf of the focus child/youth and family.	**5** ☐ Child/Youth ☐ Mother ☐ Father ☐ Caregiver
◆ **Fair Status.** Key family members are fair participant(s) in some aspects of team decision making, minimally participating in some assessment, service planning, implementation and monitoring, and evaluation of results. The focus child/youth and parent and/or caregiver (as appropriate) have a minimally effective role, providing a voice that suggests and affirms the decisions made by the team on behalf of the focus child/youth and family.	**4** ☐ Child/Youth ☐ Mother ☐ Father ☐ Caregiver
◆ **Marginally Inadequate Status.** Key family members are limited or inconsistent participant(s) in a few aspects of assessment, service planning, implementation and monitoring, and evaluation of results. The parent/caregiver may have limiting circumstances, may not have been offered accommodations or supports, or may not wish greater participation even with offered accommodations or assistance. The focus child/youth and parent and/or caregiver (as appropriate) have a marginal role, providing a somewhat passive voice that acknowledges or accepts decisions made by the team on behalf of the focus child/youth and family.	**3** ☐ Child/Youth ☐ Mother ☐ Father ☐ Caregiver
◆ **Poor Status.** Key family members seldom participate(s) in any aspects of assessment, service planning, implementation and monitoring, and evaluation of results. The parent/caregiver may have challenging circumstances, may not have been offered acceptable accommodations or supports, or may not wish greater participation even with offered accommodations or assistance. The focus child/youth and parent and/or caregiver (as appropriate) have a missing or silent role.	**2** ☐ Child/Youth ☐ Mother ☐ Father ☐ Caregiver
◆ **Adverse Status.** Key family members have not participated in key aspects of assessment, service planning, implementation and monitoring, and evaluation of results. The parent/caregiver may be experiencing overwhelming life circumstances, without the benefit of special accommodations for support or participation. The focus child/youth may be receiving services in a placement setting, or alternative educational placement situation and is detached from all previously established connections.	**1** ☐ Child/Youth ☐ Mother ☐ Father ☐ Caregiver
◆ **Not Applicable.** The focus child/youth and parent, caregiver, and/or other key person cannot exercise a voice and choice at this time. Some children under age 10 years may not be able to exercise voice and choice.	**NA**

STATUS REVIEW 10: FAMILY FUNCTIONING & RESOURCEFULNESS

Focus Measure

FAMILY FUNCTIONING & RESOURCEFULNESS: Degree to which the focus child/youth's birth parents [with whom the child/youth is currently residing in a intact family or has a goal of reunification]: have the capacity to take charge of family issues, enabling family members to live together safely and function successfully; are able to provide the child/youth with assistance, supervision, and support necessary for daily living; or take advantage of opportunities to develop or expand a network of social and safety supports in establishing and sustaining family functioning and well-being.

Core Concepts

[FOR A FOCUS CHILD/YOUTH LIVING WITH OR RETURNING TO THE BIRTH FAMILY OR FAMILY OF ORIGIN]

This indicator applies to a focus child/youth living at home or having a goal of reunification with the birth family or family origin with whom they are not yet placed. The goals of assisting a family consist of: (1) helping parents and family members become self-sufficient, (2) building the capacities necessary for family members to live safely, and (3) assuring that the parents can function successfully in meeting the basic and special needs of all family members.

- Being able to identify and articulate family strengths and needs, and establishing goals.
- Moving from denial to acceptance and action on issues that cause safety problems, instability, or conflict in the home.
- Setting and achieving important goals by family members, e.g., sobriety, employment, school attendance and grade advancement for the children.
- Meeting basic family needs; e.g., income, housing, transportation, health care, food, or childcare.
- Identifying and finding ways to meet the special needs of family members.
- Making self-referrals to service providers that can assist the family in reaching their goals.
- Establishing and maintaining trusting and supportive relationships among family members and supporters.
- Linking with informal supports and resources in the extended family, neighborhood, and community.
- Reducing social isolation and building social networks that create supports, linkages, and opportunities.
- Developing necessary parenting skills and demonstrating reliable protective capacities for keeping children safe, supervised, and well-nurtured.

Family intervention and support efforts should lead to progress in these areas with immediate improvements in family safety, and more gradual improvements in other areas of family functioning.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 30 Days

1. Can the family that the focus child/youth is living with (or has a goal of reunification) with perform necessary parenting functions adequately, reliably, and consistently on a daily basis for this child/youth as well as other children at home?

   - Is the family home free of safety hazards that might endanger the children?
   - Are all the children in the home adequately supervised?
   - Are the children attending school on a daily basis and doing their homework?
   - Do the parents attend parent-teacher conferences and special school events?
   - Do the parents visit their children (if they are placed out-of-home)?
   - Do the parents use praise, show affection and emotional support, and use age-appropriate discipline?

2. Is there anything that might impair the family's functioning, such as substance abuse, physical and mental disability, domestic violence, or cultural or language barriers? • Are there extraordinary demands placed on the family, such as small children; large number of children; frail, elderly, or ill persons in the home; single parent family; or social isolation?

3. Is the family building, extending, and using the following resources, supports, and social networks? • Are these resources and supports positive in nature, supportive of recovery, ongoing, and sustainable without ongoing intervention by DHS?

   - Adequate income
   - Adult key supports (mentors)
   - Friends and neighbors
   - Relapse prevention supports (AA/NA)
   - Housing
   - Health care
   - Extended family
   - Youth groups
   - Transportation
   - Childcare
   - Faith community

STATUS REVIEW 10: FAMILY FUNCTIONING & RESOURCEFULNESS

Status Rating Description that Best Fits the Fact Pattern Observed

Description of the Status Situation Observed for the Focus Child/Youth and Parent/Caregiver — Rating Level

- **Optimal Functioning and Resourcefulness.** Parents and family members are in control of the family's issues and situation. Fundamental family needs are being met by the family and its network of support. The family is well connected to essential supports in the extended family, neighborhood, and community. Supports for any extraordinary demands on parents are effective and sustainable. Extended family, neighborhood, community, and other social relationships have been developed. The family home is safe and well-functioning.

6
☐ Mother
☐ Father

- **Good - Substantially Acceptable Functioning and Resourcefulness.** Parents and family members are taking control of the family's issues and situation. Most fundamental family needs are being met and others worked on. The family is developing connections to essential supports in the extended family, neighborhood, and community. Supports for any extraordinary demands placed on the parents are being developed and put into place. Trusting relationships are being developed, safety concerns are adequately managed, and the home is becoming well-functioning.

5
☐ Mother
☐ Father

- **Fair - Acceptable Functioning and Resourcefulness.** Parents and family members are beginning to take control of the family's issues and situation. Some fundamental family needs are being met and others worked on. The family is beginning to develop connections to essential supports in the extended family, neighborhood, and community. Supports for any extraordinary demands placed on parents are being planned and developed. Trusting relationships are recognized as being important and are being developed for some family members. Safety concerns are adequately managed, and efforts to improve functioning of the home are beginning.

4
☐ Mother
☐ Father

- **Marginally Unacceptable Functioning and Resourcefulness.** Parents and family members are not ready to take control of the family's issues and situation. Some fundamental family needs are being met and others worked on. The family is beginning to develop connections to essential supports in the extended family, neighborhood, and community. Supports for any extraordinary demands placed on the parents are being assessed. Trusting relationships are yet to be developed with some family members and supporters. Some safety concerns remain in the home, and efforts to improve functioning of the home are planned.

3
☐ Mother
☐ Father

- **Substantial and Continuing Problems of Functioning and Resourcefulness.** Parents and family members are not ready to take control of the family's issues and situation. Some fundamental family needs are unmet. The family remains isolated from and distrusting of natural supports in the extended family, neighborhood, and community. Cultural or language barriers exist for establishing connections. Supports for any extraordinary demands placed on parents are missing. Safety concerns in the home remain, and efforts to improve functioning of the home are not planned.

2
☐ Mother
☐ Father

- **Serious and Worsening Problems of Functioning and Resourcefulness.** Parents and family members are unable to control the family's issues and worsening situation. Some fundamental family needs are unmet. The family remains isolated from and distrusting of natural supports in extended family and community. Cultural or language barriers exist for family connections. Supports for any extraordinary demands placed on the parents are missing. Safety concerns in the home are increasing, and efforts to improve functioning of the home may be stalled.

1
☐ Mother
☐ Father

- **Not Applicable. Either**: the parent (i.e., mother or father) may be deceased or may have had parental rights terminated; **OR**: the focus child/youth does not live at home with the parents, and has no viable goal of reunification or termination of parental rights has occurred. Therefore, the parent/family rating does not apply.

NA
☐ Mother
☐ Father
☐ APPLA

***NOTE**: If the case is another planned permanency living arrangement (APPLA), this status indicator will be marked NA, and it will not be rated.*

STATUS REVIEW 11A: CAREGIVER FUNCTIONING (FAMILY SETTING)

Focus Measure

CAREGIVER FUNCTIONING: Degree to which: • The foster or relative caregivers, with whom the focus child/youth is currently residing, are willing and able to provide the child with the assistance, protection, supervision, and support necessary for daily living. • Any added supports required in the home to meet the needs of the child and assist the caregiver are meeting these needs. • If the focus child/youth has a reunification goal, the caregiver is willing and able to work with the child and family as an active member of the child and family team to facilitate timely reunification.

Core Concepts

[FOR A FOCUS CHILD/YOUTH LIVING IN FOSTER CARE, RELATIVE OR FICTIVE KIN PLACEMENT, OR IN A PRE-ADOPTIVE HOME]

Caregivers of a focus child/youth living in out-of-home care may be resource parents (relatives/kin, foster/adoptive parents), group home staff, or residential facility staff. Caregivers who are responsible for a focus child/youth while he/she remains in out-of-home care should have the capacities, availability, and willingness to meet his/her basic care and development needs reliably on a daily basis.

This expectation applies to a focus child/youth who may have extraordinary physical, emotional, and/or behavioral needs and life problems to be met at home. Such a focus child/youth may increase demands on the time, attention, skill, financial resources, and patience required of caregivers for the focus child/youth's supervision, physical care, training, and direction. Added caregiver training, in-home supports, respite care, and material assistance may be necessary to meet the needs of the focus child/youth and extend the capacities of the caregiver. When the focus child/youth's caregiver has functional limitations (physical or mental), added supports provided in the home by other family members or paid providers may be used to overcome those functional limitations or added caregiving demands and to meet the special needs of the focus child/youth. If the focus child/youth has a reunification goal, the caregiver(s) should be willing and able to model appropriate behavior and serve as mentor/coach to the birth parent(s) as they work to strengthen their caregiving capabilities.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 30 Days

1. Can the caregiver perform necessary parenting functions reliably? • Which of the following does the caregiver do adequately and consistently for this focus child/youth and other children in the home on a daily basis?

   - Keeping the home free of hazards that might endanger the children?
   - Caregiver able to arrange for adequate child care?
   - Meeting focus child/youth's parenting needs and/or special needs?
   - Following plans for education, special care or treatment?
   - Adequately supervising all children living in the home?
   - Attending parent-teacher conferences and special school events?
   - Using praise, affection, support, and age-appropriate discipline?
   - Accessing and using necessary community resources?
   - Ensuring the children are attending school on a daily basis and doing their homework?
   - Attending required meetings and transporting the focus child/youth to his/her appointments?

2. Is there anything that might impair the caregiver's functioning? • If so, what factors or circumstances?

   - Caregiver has exceptional demands in the home (such as having small children, a high child/caregiver ratio, frail elderly or chronically ill persons in the home, being single parent family, or being socially isolated in the home with relief from constant caregiving)?
   - Caregiver has problems of substance abuse?
   - Caregiver has a physical or mental disability?
   - Caregiver has a history of domestic violence?

3. If the caregiver's functioning is not adequate, are added supports being provided to meet the focus child/youth's needs? • If so, what are these supports and how well are they working at the present time? • If not, what is needed (e.g., behavior management skills and supports) to enable the caregiver to function adequately and consistently on a daily basis?

4. Is the caregiver willing, available, and able to mentor and support the birth parent in gaining skills and competencies necessary for the safe return of the focus child/youth and other children to birth family or family origin? • If not, why not?

5. Where necessary to address behavioral concerns, to what degree is the caregiver provided assistance with and is successfully using positive behavioral supports for the focus child/youth in the home as well as implementing any individualized behavior management techniques planned to address behavior problems presented in the home?

STATUS REVIEW 11A: CAREGIVER FUNCTIONING (FAMILY SETTING)

Status Rating Description that Best Fits the Fact Pattern Observed

Description of the Status Situation Observed for the Focus Child/Youth and Caregiver — Rating Level

- **Optimal Caregiving.** The focus child/youth receives optimal caregiving in his/her out-of-home placement and benefits from competent, consistent, and caring parenting. The caregiver is able to dependably and competently meet any extraordinary demands. Supports and services provided by the caregiver are dependable and effective. The caregiver serves as an active participant on the child and family team and attends meetings and appointments relevant to the child and family as appropriate. The caregiver communicates regularly with professionals on the team (caseworker, teachers, doctors, therapists, etc.) and maintains appropriate documentation to assure consistency and quality in care for the child. When appropriate, the caregiver acts as a mentor/coach to the birth parent(s)/ caregiver(s) at time of removal in ways that facilitate timely reunification. — **6** ☐

- **Good Caregiving.** The focus child/youth receives substantially acceptable caregiving in his/her out-of-home placement and has generally competent and caring parenting. The caregiver is generally able to meet any extraordinary demands. Supports and services provided by the caregiver are usually dependable and effective. The caregiver regularly attends and participates in child and family team meetings. The caregiver communicates with professionals on the team (caseworker, teachers, doctors, therapists, etc.) and, when appropriate, may act as a mentor/coach to the birth parent(s)/ caregiver(s) at time of removal in ways that facilitate timely reunification. — **5** ☐

- **Minimally Adequate to Fair Caregiving.** The focus child/youth receives acceptable caregiving in his/her out-of-home placement and has minimally competent and caring parenting. The caregiver is minimally able to meet any extraordinary demands. Supports and services provided by the caregiver may not be dependable or effective but the child is not at risk. The caregiver usually attends child and family team meetings. — **4** ☐

- **Marginally Inadequate Caregiving.** The focus child/youth is experiencing somewhat unacceptable caregiving in his/her out-of-home placement involving caregiving availability, attitude, consistency, or capacity. The caregiver may experience some difficulty meeting any extraordinary demands. Some supports and services provided by the caregiver may not always dependable or effective. Risks to the child are minor. The caregiver may occasionally attend child and family team meetings. — **3** ☐

- **Poor Caregiving.** The focus child/youth has substantial and continuing problems of caregiving adequacy in his/her out-of-home placement involving caregiving availability, attitude, consistency, or capacity. The caregiver has substantial difficulty meeting any extraordinary demands. Supports and services provided by the caregiver are generally not dependable or effective. Risks to the child are moderate. The caregiver rarely attends child and family team meetings. — **2** ☐

- **Worsening Problems of Caregiving.** The focus child/youth has serious and worsening problems of caregiving adequacy in his/her out-of-home placement involving caregiving availability, attitude, consistency, or capacity. The caregiver is not able to meet extraordinary demands and does not provide needed services and supports, or the caregiver may take actions detrimental to the child in response to extraordinary situations. Risks to the child are substantial. The caregiver does not attend child and family team meetings. — **1** ☐

- **Not Applicable.** The focus child/youth does not live in foster or relative care at this time. Therefore, this indicator does not apply. — **NA** ☐

STATUS REVIEW 11B: RESIDENTIAL CARE (GROUP SETTING)

Focus Measure

RESIDENTIAL CARE. Degree to which care staff in the group home or facility are supporting the focus child/youth's care, protection, emotional well-being, permanency achievement, education, and development on a consistent daily basis. Residential care should be a focused short term intervention with a clear goal of strengthening the capacity of the focus child/youth to live successfully in a permanent home and in the community.

Core Concepts

[FOR A CHILD/YOUTH LIVING IN A GROUP CARE, RESIDENTIAL TREATMENT, OR DETENTION/SECURE FACILITY having 24-hour supervised staff working in rotating shifts] There should be routine primary caregivers that meet a focus child/youth's needs for health, safety, attention, caring, development, socialization, and education on a daily basis. They provide a basis for developing conscience, character, and good habits essential for personal responsibility. Primary caregiver activities should be accomplished on an age-appropriate basis for the child/youth. The group home/facility should have one or more primary assigned caregivers who are **willing, available, and able** to protect, parent, nurture, and guide a focus child/youth daily by:

- Meeting the focus child/youth's basic needs for food, shelter, clothing, hygiene, and health care.
- Meeting the focus child/youth's basic emotional needs through praise, affection, emotional support, and age-appropriate discipline.
- Attending to the trauma related needs that may manifest themselves in a residential treatment setting in a supportive and therapeutic manner.
- Knowing the focus child/youth's strengths, friends, pattern of activities, and whereabouts and providing oversight in reducing risk situations.
- Providing adequate protection, supervision, feedback about behavior, corrective instruction, and logical consequences for misbehavior.
- Providing guidance and moral reasoning as the focus child/youth moves through life stages and works through typical life problems.
- Encouraging and facilitating developmentally appropriate contact with parents, siblings and other important relationships.
- Working to ensure that the child or youth has the least restrictive and most normalized educational placement and experience consistent with the safety of the child or youth and the safety of others.
- Following through at the facility on special educational or therapeutic interventions for a focus child/youth having special needs.

It is essential that the staff in the group home or facility have the training, support and direction to ensure that their efforts are building the capacity of the child or youth to live successfully in a family and in the community. A major risk of residential care is that it may be focused on compliance and adaptation to the facility rather than to "normal" family and community life. The group home or facility should provide a positive and supportive atmosphere and living environment.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 30 Days

1. Are caregivers and schedules sufficiently consistent to support the development of productive relationships?

2. Are the focus child/youth's basic and special needs met on a consistent daily basis? • Are his/her identity, culture, and language recognized and respected and with age-appropriate opportunities for provided for their expression and participation?

3. Are caregivers regularly focused on and supporting the child or youth's educational activities and progress? Is there attention to and access to normal extracurricular activities as well as academic or vocational preparation?

4. Do caregivers actively support the participation of parents or appropriate family members in educational meetings and decisions?

5. Are the focus child/youth's emotional needs met through culturally appropriate praise, affection, emotional support, and age-appropriate discipline? • Are individualized behavior management plans used rather than assigning him/her to a point and level system that may not work?

6. Do caregivers routinely involve parents or appropriate family members in decisions about their child such as participation in activities, grooming and clothing, etc. so as to preserve and strengthen family ties?

7. As the focus child/youth's develops through his/her adolescence and teenage years, are caregivers able to assist him/her with making critical life decisions regarding education, vocation, sexuality, religion, tribe, culture, morality, or the use of illegal substances?

8. Are supports and services being provided to assist caregivers in the group home? • If so, do these seem to be adequate in meeting the needs of the focus child/youth's and caregivers? • Do caregivers have access to sufficient and ongoing training to meet the needs of those served?

STATUS REVIEW 11B: RESIDENTIAL CARE (GROUP SETTING)

Status Rating Description that Best Fits the Fact Pattern Observed

Description of the Status Situation Observed for the Focus Child/Youth and Current Caregiver — Rating Level

- **Optimal Caregiving: fully supporting the focus child/youth's care, protection, education, and development on a consistent daily basis.** The focus child/youth's basic and special needs are fully and consistently met. Caregivers provide affection, discipline, logical consequences, and moral upbringing. The focus child/youth always comes to school prepared and ready to learn; participates fully in normal school-based social activities, including extracurricular activities; and is benefiting from his/her educational opportunities as shown through excellent academic achievement. Caregivers participate fully in teacher conferences, planning services, and special events. Residential care is clearly a planned short term intervention and is consistently helping the child/youth move successfully toward community living in the context of family and informal supports. — **6** ☐

- **Good Caregiving: substantially supporting the focus child/youth's care, protection, education, and development on a consistent daily basis.** The focus child/youth's basic and special needs are generally met. Caregivers usually provide affection, discipline, logical consequences, and moral upbringing. The focus child/youth usually comes to school prepared and ready to learn; participates occasionally in normal school-based social activities, including extracurricular activities; and is benefiting from his/her educational opportunities as shown through satisfactory academic achievement. Caregivers usually participate in teacher conferences and planning meetings. Residential care is clearly a planned short term intervention and is generally helping the child/youth move successfully toward community living in the context of family and informal supports. — **5** ☐

- **Fair Caregiving: at least minimally supporting the focus child/youth's care, protection, education, and development on a daily basis.** The focus child/youth's basic and special needs are minimally met. Caregivers provide affection and discipline. Caregivers occasionally participate in teacher conferences and planning meetings. He/she comes to school minimally prepared and ready to learn, participates in a few extracurricular activities, and is benefiting from his/her educational opportunities as shown through fair academic achievement. Residential care is a planned short term intervention and, for the most part, is helping the child/youth move toward community living in the context of family and informal supports. — **4** ☐

- **Marginally Inadequate Caregiving: marginally supporting the focus child/youth's care, protection, education, and development on a somewhat limited or inconsistent basis.** The focus child/youth's basic and special needs may be inconsistently met. Caregivers may provide somewhat inconsistent affection and/or inadequate or inappropriate discipline. Caregivers may seldom participate in teacher conferences and planning meetings. The focus child/youth occasionally comes to school prepared and ready to learn, may participate in extracurricular activities, and is benefiting little from his/her educational opportunities as shown through poor academic achievement. The focus child/youth is inconsistently or inadequately assisted with homework or extracurricular activities. Residential care may not be consistently a planned short term intervention or may not be clearly helping the child/youth move successfully toward community living in the context of family and informal supports. — **3** ☐

- **Moderate and Continuing Problems in Caregiving.** The caregiver may be unable to meet the caregiving demands within the home for some periods of time. Basic care of children, supervision, and assistance may lapse for extended periods of time. The focus child/youth rarely comes to school prepared and ready to learn. Any benefit from his/her educational opportunities may be questionable, as shown through poor academic achievement. Discipline may be absent, inappropriate, or excessive. Residential care appears to be a long term intervention without a clear connection to the child/youth being prepared to move successfully toward community living in the context of family and informal supports. — **2** ☐

- **Serious and Worsening Problems in Caregiving.** The caregiver may be frequently absent or unable to perform parenting responsibilities within the home for extended periods of time. There may be serious concerns regarding basic care, supervision, and assistance for the children. The focus child/youth may be doing poorly in school, sick, absent, truant, suspended, or expelled. Discipline may be absent, inappropriate, or excessive. Serious support problems and their consequences have been present in recent times. Residential care appears to be a default placement with no clear connection to the child/youth being prepared for community living in the context of family and informal supports. — **1** ☐

- **Not Applicable**. The focus child/youth lives in a family setting. Caregiver Status Review 10a was applied. — **NA** ☐

STATUS REVIEW 12: FAMILY CONNECTIONS

Focus Measure

FAMILY CONNECTIONS: Degree to which family connections are maintained through appropriate visits and other means when the focus child/youth, siblings, and/or parents are living temporarily away from one another, unless compelling reasons exist for keeping them apart.

Core Concepts

[FOR A FOCUS CHILD/YOUTH IN OUT-OF-HOME CARE LIVING SEPARATELY FROM HIS/HER PARENTS AND/OR SIBLINGS]

When children are living away from their parents and/or their siblings for reasons of family member safety, specialized treatment, or detention, family members should have frequent and appropriate opportunities to visit in order to maintain or develop family ties. Unless case circumstances suggest it is unsafe or inappropriate, visits and other forms of contact should be provided for family members, potentially including mothers, fathers, siblings, relatives, and "fictive kin:" those with whom the focus child/youth has an emotionally significant, positive, and supportive relationship independent of a legal relationship. Facilitation of family connections should not only be supported by agency case managers, but by care providers and service providers-therapists, social workers, etc. Such visits should be conducted in locations conducive to family activities and offer "quality time" for advancing or maintaining relationships among family members. When family members are living apart, visits and/or other techniques, such as phone calls, letters, and/or exchange of photos should be used to nurture and maintain all appropriate family attachments. All appropriate family attachments should be maintained regardless of the permanency goal. The team should make decisions about visitation plans. Family visits and other forms of interaction should be planned, purpose, and progressive when intended to strengthen parenting skills and child-parent relationships to increase the likelihood of a successful reunification.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 30 Days

1. Who are considered to be significant and appropriate family members? • Are there any relatives or "kin" that may provide a stable and permanent home? • Are family visits occurring now? • How is the team involved in making plans for strengthening family connections?

    - How frequently are visits occurring? • Is each planned and purposeful? • Is the impact of each visit evaluated and reported?
    - Is the frequency of visits developmentally appropriate for the focus child/youth?
    - Are visits therapeutically appropriate?
    - Who coordinated and arranged the visits? •Are missed visits rescheduled in a timely manner?
    - Are visits supervised? If so, by whom?
    - Are visitation settings conducive to "quality time" in relationship building?
    - Are visits of appropriate frequency and duration occurring to support sustaining and improving family relationships?
    - Is the level of supervision decreasing over time, if appropriate?
    - Are visits with infants and younger children of sufficient frequency and duration for forming and maintaining family attachments?

2. Are other forms of family contact or connecting strategies being used (e.g., phone calls, letters, family photos)?

3. Are parents attending doctor's appointments, teacher conferences at school, children's performances, etc.?

4. Are there any compelling therapeutic or legal reasons that family members should not visit with one another? • If so, what are those reasons?

5. A court order may exist that constrains or prohibits visits. • If so, are appropriate and adequate family connections being maintained? • What is the effect of these connections (or the lack thereof) on the focus child/youth and family? • Regardless of the permanency goal, are all appropriate family attachments (including extended family) being nurtured and maintained?

6. For those who are visiting, are visits being conducted at times that are convenient for the appropriate family members to get together without hardship for some members? • What supports are being provided to parents, caregivers (e.g., transportation), and caseworkers (e.g., overtime or flextime for supervised visits) to facilitate and assist visits?

7. Are family visits being used to assess the readiness of the family for reunification? • If so, what are the results and how are the visits being assessed? • What do family members say about visitation and contact?

STATUS REVIEW 12: FAMILY CONNECTIONS

Status Rating Description that Best Fits the Fact Pattern Observed

Description of the Status Situation Observed for the Focus Child/Youth, Siblings, and Parent(s) — Rating Level

- **Optimal Maintenance of Family Connections**. Fully effective family connections are being excellently maintained for all significant family members through appropriate visits and other connecting strategies. All appropriate family members have regular and, where appropriate, increasingly frequent visits, and are encouraged to participate at doctor's visits, school conferences, and other events/activities that parents ordinarily attend.

6
☐ Mother
☐ Father
☐ Siblings
☐ Others

- **Substantially Acceptable Maintenance of Family Connections**. Generally effective family connections are being sought for all significant family members through appropriate visits and other connecting strategies. All appropriate family members have regular visits.

5
☐ Mother
☐ Father
☐ Siblings
☐ Others

- **Acceptable Maintenance of Family Connections.** Fairly effective family connections are being at least minimally maintained for most significant family members through appropriate visits and other connecting strategies. Most appropriate family members have periodic visits.

4
☐ Mother
☐ Father
☐ Siblings
☐ Others

- **Marginally Unacceptable Maintenance of Family Connections.** Family connections are marginally maintained for significant and appropriate family members through visits and other connecting strategies. Some appropriate family members have periodic visits and/or conflict with visits (may be scheduled, but not coordinated and/or staffed appropriately). Some members may have limited, inconsistent, or infrequent contact or connections.

3
☐ Mother
☐ Father
☐ Siblings
☐ Others

- **Substantially Unacceptable Maintenance of Family Connections.** Family connections are being inconsistently maintained for some or most family members through visits and other connecting strategies. Some appropriate family members have occasional visits. Some members may have limited, inconsistent, or infrequent contact or connections. Other important family members may be substantially disconnected from the family. Some visits may be therapeutically inappropriate.

2
☐ Mother
☐ Father
☐ Siblings
☐ Others

- **Non-existent or Fragmented, Declining in Quality or Frequency, or Inappropriate Family Connections.** Family connections are either not maintained, or they are fragmented, declining in frequency or quality, or inappropriate for family members. Appropriate and necessary visits are not occurring with sufficiency to maintain family connections. Visits are therapeutically inappropriate or unsafe for one or more family members.

1
☐ Mother
☐ Father
☐ Siblings
☐ Others

- **Not Applicable.** Family members are living together at home - OR - the focus child/youth has no mother or no father or no siblings - OR - TPR has occurred and/or it is not in the focus child/youth's best interest to maintain contact with family members and/or siblings. Therefore, this indicator does not apply.

NA
☐ Mother
☐ Father
☐ Siblings
☐ Others

SECTION 3

PRACTICE PERFORMANCE INDICATORS

REMINDERS FOR REVIEWERS

The reviewer should follow these directions when applying a practice performance indicator to a case situation being reviewed:

1. **Focus on the central construct measured in each indicator.** While two constructs may be logically related (e.g., engagement and teamwork or assessment/understanding, and planning), the reviewer is to focus on the central matters related to each specific indicator and follow the probe and rating guidance provided for each indicator. For example, if a reviewer discovered that strong recent assessments were present but that planning did not reflect the most recent assessments, then the reviewer would rate the assessments as being strong and rate the planning as less than acceptable for not reflecting the most recent and important information. Assessment would not be rated lower because assessment findings were not reflected in the planning of appropriate strategies, supports, and services. Planning would not be rated higher because of the strong assessments.

2. **Stay within the time-based observation windows associated with each indicator.** Follow the 90-day time rule when applying practice indicators.

3. **Rate indicators based on events that have occurred or conditions that were present within the time-based observation window**. Theorizing about events that might have occurred but did not is not a factual basis for rating. The 6-Month Forecast or prognosis is used to reflect expectations or concerns about future prospects or the suspected future effects of any present insufficiencies in core practice activities.

4. **Follow the guidance provided in rating statements when selecting a rating value for measuring an indicator having multiple components or conditions to be met.** For example, in *Practice Review 4: Assessment & Understanding*, multiple conditions for defining outcomes may be necessary in a case to meet key conditions within a case. *For a rating of 4*, there has to be at least a minimally adequate fit between the necessary outcomes to be met and the assessed strengths, needs, underlying issues, and life goals of the child and family involved. The preponderance of elements are found to be in the fair range or higher of practice performance with no essential elements found below minimal adequacy in the recent past.

PRACTICE REVIEW 1: RESPONSIVENESS TO CULTURAL IDENTITY & NEED

Focus Measure

RESPONSIVENESS TO CULTURAL IDENTITY & NEED. Degree to which: • The cultural identity of the focus child/youth and family has been assessed, understood, and accounted for in the service process. • The natural, cultural, or community supports appropriate for the focus child/youth and family are being identified and engaged. • Necessary supports and services provided are being made culturally appropriate. *NOTE: This indicator is applied to all families.*

Core Concepts

"Culture" is broadly defined. Focus is placed on whether the focus child/youth's and family's culture has been assessed, understood, and accounted for in the service process. Making sensitive cultural accommodations involves a set of strategies used by practitioners to individualize the service process to improve the goodness-of-fit between family members and providers who work together in the family change process. Many families may require simple adjustments due to differences between the family and providers. Such simple adjustments are a routine part of engagement, assessment, planning, and service provision. A youth and family's identity may shape their world view and life goals in ways that must be understood and accounted for in practice, [e.g., race, tribe, ethnicity; sexual orientation; religion; or disability, such as deaf].

Each focus child/youth and family has his/her own unique identities, values, beliefs, and world views that shape their ambitions and life choices. Some children/youth and families may require the use of culturally relevant and responsive supports in order to successfully engage, educate, assist, and support a family moving through the system. Responsiveness includes valuing cultural diversity, understanding how it impacts family functioning in a different majority culture, and adapting service processes to meet the needs of culturally diverse children/youth and their families. Properly applied in practice, cultural responsiveness reduces the likelihood that matters of language, culture, custom, identity, value, or belief will prevent or reduce the effectiveness of family change efforts.

Domains of Cultural Competence are: • Values and attitudes that promote mutual respect. • Communication styles that show sensitivity and non-judgmental stance. • Community and active consumer participation in developing evaluation of policies, practices, and interventions that builds on cultural understandings. • Physical environment including settings, dietary needs, materials, and resources that are culturally and linguistically responsive. • Policies and procedures that incorporate cultural and linguistic principles, multi-cultural practices, and locations of diverse populations.• Population-based clinical practice that avoids stereotyping groups. • Training and professional development in culturally competent practice.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 90 Days

1. How does the focus child/youth and how does the family define their own identity and culture, given that their declared identities may differ? • How has culture been assessed for this focus child/youth and family (e.g., a youth's religious or sexual orientation may differ from that of parents)? • What impact, if any, do any cultural differences play on engagement and teamwork in the service process? • How sensitive to cultural issues is the team in the service process? • Are cultural differences impeding working relationships with this child and family? • How have cultural conflicts been resolved?

2. Are assessments performed appropriate for the family's background?

3. Do the service providers respect family beliefs and customs? • Where indicated, are tribal laws and customs respected and ICWA requirements met?

4. Is there a need for the team to be of the same cultural background as this family? • Does the team have adequate knowledge of cultural issues relevant to service delivery for this focus child/youth and family? • If not, what is missing or misunderstood?

5. If the focus child/youth or parent/caregiver has a primary language that is other than English, are translator services provided, and how is reliability of the translator ensured?

6. Has the family team explored natural, cultural, or community supports appropriate for this focus child/youth and family? • Examples of possible supports include: spiritual advisors or traditional healers.

7. Location of the focus child/youth and family living setting may affect values, world views, and identity as well as access to certain types of services. Settings of significance related to culture and identity include RURAL, TRIBAL RESERVATION, RESETTLEMENT AREA, OR OTHER.

PRACTICE REVIEW 1: RESPONSIVENESS TO CULTURAL IDENTITY & NEED

Practice Rating Description that Best Fits the Fact Pattern Observed

Description of the Practice Performance Situation Observed for the Focus Child/Youth and Family Team — Rating Level

- **Optimal Practice.** The focus child/youth's and family's cultural identity has been assessed thoroughly and with cultural sensitivity, and specialist services are provided in a culturally appropriate manner for this child and family on a consistent and reliable manner with the child and family being asked for their feedback throughout service. The focus child/youth and family's cultural identity is recognized and well understood, and services are flexibly tailored to meet related needs. Family cultural beliefs and customs are fully respected and well accounted for in service processes. All reports and documents use culturally appropriate language that is not judgmental and limitations or potential cultural biases are recognized and noted. Service providers are fully knowledgeable about issues related to the focus child/youth and family's identified culture and shape treatment planning and delivery appropriately by ensuring the focus child/youth and family have an active voice in service planning. Other natural community helpers important to the focus child/youth's and family's culture are included in service planning and delivery. Service providers have ensured optimal cultural understanding and responsiveness by seeking feedback, suggestions, and meeting with community contacts who are similar or familiar to the culture of the focus child/youth and family. Service delivery and planning has illustrated that interventions were designed to fit the family's cultural needs rather than requiring or demanding the focus child/youth and family to change and fit the system. — **6** ☐

- **Good Practice.** The focus child/youth's and family's cultural identity is recognized and services generally address related needs. Feedback is sought from the focus child/youth and family about its effectiveness. Family cultural beliefs and customs are respected and taken into consideration for planning services. Most reports and documents are culturally appropriate and limitations or potential cultural bias is recognized. Other natural community helpers important to the focus child/youth's and family's culture are acknowledged and information is obtained from them. — **5** ☐

- **Fair Practice.** The focus child/youth's and family's cultural identity is recognized and the providers acknowledge this in reports and documents, planning process, and service delivery. The focus child/youth and family's cultural beliefs, identity, and customs are usually acknowledged and services are planned in an effort to avoid violations. For example, the provider might acknowledge and reach out to other natural community helpers important to the focus child/youth's and family's culture and works with the child/youth and family to integrate those supports. — **4** ☐

- **Marginally Inadequate Practice.** The focus child/youth's and family's cultural identity is recognized to limited degree and the providers may acknowledge that reports and documents, treatment planning, or services are not a good fit but is seeking to improve these processes for the focus child/youth and family. There may be some evidence of cultural recognition and response by the provider/agency in some cases, although it is limited or inconsistent for the child/youth and family. — **3** ☐

- **Poor Practice.** The focus child/youth's and family's cultural identity is not recognized in the service process. If needed, translation and/or specialist services were sought but were difficult to secure through the provider/agency. Thus, no useful translation and/or special provisions are made for cultural response for this focus child/youth and family. — **2** ☐

- **Absent or Adverse Practice.** There is no evidence of cultural recognition or response in this case. No reports and documents were sought that could have assisted service delivery with the focus child/youth and family. There has been no attempt by service providers to understand and account for possible cultural needs of the focus child/youth and family. The child/youth's and family's cultural identity may be treated with disrespect and their customs, values, and beliefs may be ignored, stereotyped, treated as irrelevant, or deemed inferior. Assessment, treatment planning, or service delivery processes do not seek to get feedback at any point in time from the focus child/youth and family about their cultural beliefs and customs. — **1** ☐

PRACTICE REVIEW 2: ENGAGEMENT

Focus Measure

ENGAGEMENT. Degree to which those working with the focus child/youth and family (youth, parents, relatives, caregiver, and others) are: • Finding family members who can provide support and permanency for the focus child/youth. • Developing and maintaining a culturally competent, mutually beneficial trust-based working relationship with the focus child/youth and family. • Focusing on the focus child/youth's and family's strengths and needs. • Being receptive, dynamic, and willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including service planning.

Core Concepts

The central focus of this review is on the diligence shown by the team in taking actions to find, engage, and build rapport with children and families and overcome barriers to families' participation. Emphasis is placed on direct, ongoing involvement in assessment, planning interventions, provider choice, monitoring, modifications, and evaluation. Success in the provision of services depends on the quality and durability of relationships between agency workers, service providers, and children and families. To be successful, the focus child/youth's and family's team must:

- Engage a focus child/youth and family meaningfully and dynamically in all aspects of the service process,
- Recognize their strengths and focus on developing the positive capacities, as well as addressing the diminished capacities in order to build and maintain rapport and a trusting relationship.
- When appropriate and/or necessary, thoughtfully and respectfully conclude the relationship when the service process is concluded or the intervention goals are achieved.

Strategies for effective service coordination should reflect the family's language and cultural background and should balance family-centered and strength-based practice principles with use of protective authority. Best practice teaches that team members should:

- Approach the focus child/youth and family from a position of respect and cooperation.
- Engage the family around strengths and use those strengths to address concerns for health, safety, education, and well-being.
- Engage the focus child/youth and family in the case planning and monitoring process, including establishing goals in case plans and evaluating the service process.
- Actively address obstacles to engagement, such as transportation or childcare supports, where necessary to increase family participation.
- Help the family define what it can do for itself and where the focus child/youth and family need help.
- Engage the focus child/youth and family in decision-making about the choice of interventions and the reasons why a particular intervention might be effective. This includes discussion of the logistics of getting to and participating in interventions in a manner that is practicable and feasible for the family.

NOTE: Status Review 9: Voice and Choice *of family members in shaping decisions may provide useful information to consider when rating* ***Practice Review 2: Engagement.*** *Remember that engagement focuses on practice activities that lead to and support an active and effective partnership with the focus child/youth and family. When these engagement activities are effective, parent participation and satisfaction should be positive.*

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 90 Days

1. What outreach and engagement strategies are team members using to build a working partnership with the focus child/youth and family and any close informal supporters? • Has the team offered special accommodations to the family as necessary to encourage and support engagement, participation, and partnership? • Are diligent search efforts continuing to look for and find family members who can provide support and permanency for the focus child/youth over the life of the case?

2. Do family members report being treated with dignity and respect? • Do they have a trust-based working relationship with those providing services?

3. How are the focus child/youth and family involved in the ongoing assessment of their needs, circumstances, and progress? • Do the focus child/youth and family routinely participate in the tracking and adjustment of the service arrangements?

4. Is the planning and implementation process youth-driven, family-centered and responsive to this focus child/youth and family's particular cultural values? • Do the focus child/youth and family routinely participate in the evaluation of the progress of the service process?

PRACTICE REVIEW 2: ENGAGEMENT

Practice Rating Description that Best Fits the Fact Pattern Observed

Description of the Practice Performance Situation for the Focus Child/Youth and Family (rate persons as appropriate to the review) — Rating Level

- **Optimal Practice.** Excellent, culturally competent, outreach efforts are being used as necessary to find and engage the focus child/youth, parents, all family members, and caregivers. Excellent accommodations provide for scheduling times and locations based on family convenience, support with transportation and child care, individualized problem solving, and time spent in whatever setting necessary to build the necessary relationship and rapport. Family engagement efforts are made consistently and persistently over time. Strong, positive working relationships between team members are evident in this case or high quality efforts have been made to engage key family members. An excellent and enduring pattern of engagement is evident..

6
☐ Child/Youth
☐ Mother
☐ Father
☐ Caregiver
☐ Other

- **Good Practice.** Good, consistent, culturally competent, outreach efforts are being used as necessary to find and engage the focus child/youth, parents, most family members, and caregivers. Team members report specific, useful accommodations being used to provide scheduling times and places based on family convenience, support with transportation and child care, individualized problem solving, and time spent in settings necessary to build the necessary relationship and rapport. Family engagement efforts are made frequently, at least twice a month. Good working relationships between team members are evident in this case, or reasonable efforts have been made to engage key family members. A good pattern of engagement is evident.

5
☐ Child/Youth
☐ Mother
☐ Father
☐ Caregiver
☐ Other

- **Fair Practice.** Minimally adequate to fair outreach efforts are being used as necessary to find and engage the focus child/youth, parents, some family members, and caregivers. Team members report some accommodations being offered to provide scheduling times and places based on family convenience, support with transportation and child care, individualized problem solving, and time spent in settings necessary to build the necessary relationship and rapport. Family engagement efforts are made occasionally, at least once a month. Fair working relationships between team members are evident in this case, or minimally adequate efforts have been made to engage the key people. Minimally adequate to fair pattern is evident.

4
☐ Child/Youth
☐ Mother
☐ Father
☐ Caregiver
☐ Other

- **Marginally Inadequate Practice.** Limited and somewhat inadequate or inconsistent outreach efforts are being used as necessary to find and engage the focus child/youth, parents, family members, and caregivers. Team members report few accommodations being offered to provide scheduling times and places based on family convenience, support with transportation and child care, individualized problem solving, and time spent in settings necessary to build the necessary relationship and rapport. Family engagement efforts are made sporadically, less than once a month. Mixed or marginally inadequate working relationships between team members may be evident in this case or reflective of a limited level of effort made to engage the key people involved.

3
☐ Child/Youth
☐ Mother
☐ Father
☐ Caregiver
☐ Other

- **Poor Practice.** Few, if any, reasonable efforts have been made by the team to increase the engagement and participation of the focus child/youth and family, though a team member may report that they have made efforts to establish rapport with at least some members of the family. Mixed or inadequate working relationships between team members are evident in this case or reflective of an inadequate level of effort made to engage the key people involved.

2
☐ Child/Youth
☐ Mother
☐ Father
☐ Caregiver
☐ Other

- **Absent or Adverse Practice.** There were no efforts made to engage the family. Service planning and decision-making activities are conducted at times and places or in ways that prevent or severely limit effective focus child/youth and family participation. Decisions are made without the knowledge or consent of the parents, the caregivers, or the focus child/youth. Services may be denied because of failure to show or comply. Appropriate and attractive alternative strategies, supports, and services are not offered. Important information may not be provided. Procedural or legal safeguards may be violated.

1
☐ Child/Youth
☐ Mother
☐ Father
☐ Caregiver
☐ Other

- **Not Applicable.** The focus child/youth is unable, because of age or developmental stage, to participate. Some children under age 10 years may not be able to be meaningfully engaged. The mother or father is no longer involved due to divorce, termination of parental rights, death of parent, incarceration, or deportation. There is no caregiver or congregate care provider.

NA
☐ Child/Youth
☐ Mother
☐ Father
☐ Caregiver
☐ Other

PRACTICE REVIEW 3: TEAMING

Focus Measure

- **TEAM FORMATION. Degree to which: (1) A group of motivated, qualified people - including any informal supporters a parent or youth may invite who bring skills and knowledge appropriate to the needs of the focus child/youth and family - have been identified, recruited, and made commitments to participate as team members for them. (2) The collective team has the ability to plan, organize, and execute effective services for the focus child/youth and family, given the level of complexity and cultural background involved.**

- **TEAM FUNCTIONING. Degree to which: (3) Members of the team meet and participate in a shared decision-making process on an ongoing basis. (4) Actions of the team reflect effective family-center teamwork and collaborative problem solving that support meeting the child and family's near-term needs and long-term goals as revealed in present results. (5) Members of the team have a working relationship with the focus child/youth and family and with each other.**

- **TEAM COORDINATION. Degree to which: (6) Adequate leadership is evident in preparing team members in advance of meetings for upcoming decisions, facilitating teamwork activities, organizing family-centered planning and service decision processes for the child and family, and following-up on commitments made by team members to ensure that contributions are made. (7) Effective service organization and integration efforts are evident in the assessment, planning, and delivery of interventions to the focus child/youth and family.**

Core Concepts

This indicator focuses on the structure, performance, and coordination of a youth-focused and family-centered planning team organized around the focus child/youth and family. Youth-driven and family-centered thinking embraces a set of values, skills, and tools used in intervention planning and in the individualization of services used by people who need supports provided by service providers. Effective teamwork results in collaborative problem solving, providing effective services, and achieving positive results. Effective teamwork provides service integration across service providers and supporters.

Team Formation

"Team" refers to a group of people that support the person and includes the focus child/youth and parent/caregiver, any family members and any informal supporters the parent may invite, and others who have a professional treatment or support role. Team membership can include: the focus child/youth, parents/caregivers, and key family members, in addition to a caseworker, community support worker, guardian, key interveners, teacher, and any other persons invited by the focus child/youth and family. Professionals providing treatment and other service providers should be included. Broad team representation assures that the child and family will benefit from team members with the range of technical skills, cultural knowledge, competencies, and personal interests necessary to support a positive life change process. The team should have the technical and cultural competence, knowledge of the child and family, authority to act on behalf of funding agencies and to commit resources, and ability to flexibly assemble supports and resources in response to specific needs. Members of the team should have the time available to fulfill commitments made to the focus child/youth and family. Members of the team should have a working relationship with the focus child/youth and family and members of the team. The team meets (face-to-face and/or electronically) often enough to support shared decision-making.

Team Functioning

The team assists in conducting youth-driven, family-centered, strengths-based planning activities and in providing assistance, support, and interventions after plans are made to meet the planned goals and conditions for safe case closure. Working together, the team members support the focus child/youth and family in identifying needs, setting goals, planning intervention strategies and services that will enable the focus child/youth and family to meet needs and define conditions for safe case closure. Effective, ongoing, collaborative problem solving is a key indicator of effective team functioning.

Team Coordination

Leadership and coordination are necessary to: (1) engage the team in a life change process for the focus child/youth and family; (2) form a family-centered team and facilitate teamwork; (3) plan, implement, monitor, modify, and evaluate essential service functions; (4) integrate strategies, activities, resources, and interventions agreed to by the team; (5) measure and share results for the focus child/youth and family in order to stop or alter strategies that do not work and to determine progress toward and readiness for transitions or case closure; and (6) ensure a unified process involving a shared decision-making approach. While leading and coordinating may be appropriately discharged by a variety of team members, it is most effectively accomplished by a designated leader individual(s) filling these roles should have strong facilitation skills and authority and, as appropriate, clinical skills in service planning, monitoring, and evaluation. Such factors as work schedule, caseload size, and access to key resources should afford the lead person an opportunity

PRACTICE REVIEW 3: TEAMING

these responsibilities. In a case where several agencies and providers are involved, negotiation may be necessary to achieve and sustain a coordinated and effective service process. Leadership and coordination responsibilities can also be shared with an empowered and capable service recipient. Self-advocacy/self-agency may be appropriate outcomes of interventions for the older youth or for a parent receiving services.

Team functioning and decision-making processes should be consistent with the principles of family-centered practice and integrated services. Evidence of effective team functioning over time is demonstrated by the quality of relationships, commitments, and unity of effort made by all members of the team, the focus and proper fit of services assembled for the person, dependability of service system performance, and connectedness of the person to critical resources. Team members' status, participation, perceptions, and achievement of effective results are important indicators demonstrating the functionality of the team and should be taken into account when making this review.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 90 Days

1. Is the focus child/youth and family, along with professionals, funding institutions, and other team members, planning and guiding services? • Does team membership include people with cultural and linguistic backgrounds that are similar to those of the focus child/youth and family on the team? • How well has team leadership addressed the cultural and linguistic needs of the focus child/youth and family?

2. Which members did they invite to participate? • Do the focus child/youth and parent believe that these team members are the "right people" for them? • Are the focus child/youth and family satisfied with the functioning of the team? • Can they request a team meeting at any time?

3. Are there any obvious omissions from the team? • Does the team have a common understanding of the needs of the focus child/youth and family? • Do the goals set by the team reflect the values and aspirations of the focus child/youth and family for a better life?

4. How often does the team meet? • Does the team meet (face-to-face and/or electronically) often enough to support shared decision-making at a pace that maintains awareness of the focus child/youth and family situation and provides timely, appropriate services in response to emergent needs or problems? • Do team members commit and ensure dependable delivery of services and resources for the focus child/youth and family? • Are all members of the team kept fully informed of progress being made and of the implementation of planned services? • How is it working?

5. Are team decisions coherent in design with efforts unified and integrated across all service agencies involved with the focus child/youth and family? • Does the team have and use flexible funding, informal resources, and services as appropriate to achieve the desired outcomes? • Do team actions and decisions follow a pattern of consistent and effective problem solving? • What are the results?

6. Is there a single recognized point of leadership and coordination (point person) for facilitation, implementing plans, and linking the involved parties? • If so, has the point person been empowered enough to be successful? • Or is leadership responsibility shared by more than one team member? • If so, is this by design and is it functioning effectively?

7. To what degree does team leadership receive adequate clinical, supervisory, and administrative support in fulfilling this essential role?

8. Does team leadership have sufficient ability and authority to press accountable parties to meet requirements and commitments of service provision responsibilities and also advocate for additional needed resources?

9. Do all involved parties have a common understanding of the plan and related requirements (e.g., AFSA-related court requirements for permanency of dependent children of the person)? • Is there a consensus among members on outcomes and requirements for case closure? • Do all team members have and use the same information?

10. Where indicated, is the team integrating and coordinating supports and services across all agencies and funding authorities (e.g., primary health care, mental health services, addiction treatment, law enforcement, probation or parole, vocational rehabilitation, housing, and juvenile justice)?

11. Does the team collectively share a sense of accountability for achieving desired outcomes and goals for attaining independence from the service system and case closure? • Are transitions and/or handoffs smooth and seamless to keep the planning process moving forward?

12. Does the team have a mechanism for identifying emerging problems and initiating appropriate responses and adjustments in the planning and implementation processes?

13. Overall, to what degree does teamwork conducted for this focus child/youth and family reflect necessary understanding and consistent use of youth-guided, family-centered, strengths-based, solution-focused planning -- consistent with principles of good and effective practice?

PRACTICE REVIEW 3: TEAMING

Practice Rating Description that Best Fits the Fact Pattern Observed

Description of the Practice Performance Situation Observed — Rating Level

- **Optimal Teaming.**

FORMATION: All of the right people, having appropriate skills, knowledge, qualifications and cultural competencies, have formed an excellent working team to organize effective services for the focus child/youth and family. Members have a strong commitment to focus child/youth and family and to supporting the team process.

FUNCTIONING: Members of the team collectively function as a fully unified and consistent team in assessing, identifying needs, setting goals, planning intervention strategies and services, solving problems, and evaluating results. Actions of the team fully reflect effective family-centered teamwork and excellent collaborative problem solving that is helping to meet the focus child/youth's and family's near-term needs and long-term goals as revealed in present results. Members have an excellent working relationship with the focus child/youth and family and with each other.

COORDINATION: Excellent leadership is evident in preparing team members in advance of meetings for upcoming decisions, facilitating teamwork activities, organizing family-centered planning and service decision processes, and rigorously following-up on commitments made by team members to ensure that their contributions are made in a timely and sufficient manner. Team leadership and coordination are highly effective in fully organizing and integrating supports and services across settings and providers.

6

☐ Formation
☐ Functioning
☐ Coordination

- **Good Teaming.**

FORMATION: Most of the right people, having appropriate skills, knowledge, qualifications and cultural competencies, have formed a good working team to organize effective services for focus child/youth and family. Many members have a substantial commitment to focus child/youth and family and to supporting the team process.

FUNCTIONING: Members of the team collectively function as a generally unified ongoing team in assessing, identifying needs, setting goals, planning intervention strategies and services, solving problems, and evaluating results. Actions of the team generally reflect effective family-centered teamwork and good collaborative problem solving that is helping to meet most of the focus child/youth's and family's near-term needs and long-term goals as revealed in present results. Most members have a good working relationship with focus child/youth and family and with each other.

COORDINATION: Substantially good and continuing leadership is evident in preparing team members in advance of meetings for upcoming decisions, facilitating teamwork activities, organizing family-centered planning and service decision processes, and frequently following-up on commitments made by team members to ensure that their contributions are made in a timely and sufficient manner. Team leadership and coordination are generally effective in organizing and integrating supports and services.

5

☐ Formation
☐ Functioning
☐ Coordination

- **Fair Teaming.**

FORMATION: Some of the right people, having appropriate skills, knowledge, qualifications and cultural competencies, have formed a fair working team to organize effective services. Some members have a commitment to supporting the team process.

FUNCTIONING: Members of the team collectively function as a somewhat unified team. Actions of the team at least minimally reflect family-centered teamwork and fair problem solving that is helping to meet some of the focus child/youth's and family's near-term needs and long-term goals as revealed in present results. Some members have a fair working relationship with focus child/youth and family and with each other.

COORDINATION: Minimally adequate to fair leadership is evident in preparing team members in advance of meetings for upcoming decisions, facilitating teamwork activities, organizing family-centered planning and service decision processes, and periodically following-up on commitments made by team members to ensure that their contributions are made in a timely and sufficient manner. Team leadership and coordination are at least minimally effective in organizing supports and services.

4

☐ Formation
☐ Functioning
☐ Coordination

PRACTICE REVIEW 3: TEAMING

Description of the Practice Performance Situation Observed for the Person | Rating Level

◆ **Marginally Inadequate Teaming.**

FORMATION: Some of the right people, having appropriate skills, knowledge, qualifications and cultural competencies, have formed a limited or inconsistent team for focus child/youth and family. Some members may lack a commitment to supporting the team process.

FUNCTIONING: Members of the team may inconsistently or inadequately function as a unified team. Actions of the team may only marginally reflect family-centered teamwork and with somewhat inadequate problem solving that may be limiting focus child/youth's and family's progress toward meeting near-term needs and long-term goals as revealed in present results. Some members may not have a working relationship with the child and family and/or with each other.

COORDINATION: Marginally inadequate leadership is evident in preparing team members in advance of meetings for upcoming decisions, facilitating teamwork activities, organizing family-centered planning and service decision processes, and following-up on commitments made by team members to ensure that their contributions are made in a timely and sufficient manner. Team leadership and coordination may be somewhat or sometimes inconsistent or ineffective in organizing supports and services.

3

☐ Formation
☐ Functioning
☐ Coordination

◆ **Poor Teaming.**

FORMATION: Few, if any, of the right people, having appropriate skills, knowledge, qualifications and cultural competencies, have formed a working team for the focus child/youth and family. Members may lack a commitment to supporting the team process.

FUNCTIONING: Members of the team may not function as a unified team. Actions of the team may not reflect family-centered teamwork or effective problem solving. The focus child/youth and family's progress toward meeting near-term needs and long-term goals may be quite limited as revealed in present results. Members may not have a working relationship with the child and family and/or with each other.

COORDINATION: Substantially inadequate leadership is evident in preparing team members in advance of meetings for upcoming decisions, facilitating teamwork activities, organizing family-centered planning and service decision processes, and following-up on commitments made by team members to ensure that their contributions are made in a timely and sufficient manner. Team leadership and coordination may be inconsistent and ineffective in organizing supports and services.

2

☐ Formation
☐ Functioning
☐ Coordination

◆ **Absent or Adverse Teaming.** There is no evidence of a formed or functionally unified and effective team for the focus child/youth and family. Service providers may be working independently and in isolation from one another. **- AND/OR -** The actions and decisions made by the group may be inappropriate, adverse, and/or antithetical to the guiding principles of family-centered practice, system of care principles, and systemic integration of services. Coordination appears to be lacking, fragmented, or possibly disrupted by child placements or by staff turnovers, reassignments, or agency cuts in positions.

1

☐ Formation
☐ Functioning
☐ Coordination

PRACTICE REVIEW 4: ASSESSMENT & UNDERSTANDING

Focus Measure

ASSESSMENT & UNDERSTANDING. Degree to which those involved with the focus child/youth and family understand: (1) Their strengths, needs, risks, preferences, and underlying issues. (2) The outcomes desired by the focus child/youth and family from their involvement with the system. (3) The underlying dynamic factors that impact the focus child/youth and family situation and prognosis for change. (4) What must change for the focus child/youth to function effectively in daily settings and activities. (5) What must change for the focus child/youth and family to have better overall safety, well-being, subsistence supports, transitions and life adjustments. (6) The path and pace by which permanency will be achieved for a focus child/youth who is not living with nor returning to the family of origin.

Core Concepts

Effective assessments supporting team-based reasoning lead to essential understandings in an ongoing process that informs the choice of outcomes and intervention strategies and supports used to help make changes that lead to desired outcomes. As appropriate to the situation, a combination of clinical, functional, educational, and informal assessment techniques should be used to determine the strengths, needs, risks, underlying issues, and future goals of the child and family. Once gathered, the information should be analyzed and synthesized to form a functional assessment and a bio-psycho-social clinical case formulation for use in planning a life change process for the focus child/youth and family. Assessment techniques, both formal and informal, should be appropriate for the focus child/youth's age, ability, culture, embraced faith, language or system of communication, and social ecology. New assessments should be performed promptly when planned goals are met or are not being met, when emergent needs or problems arise, or when changes are necessary. Continuing assessments and understandings direct modifications in strategies, services, and supports for the child and family as conditions change. Maintaining a useful big picture understanding is a dynamic, ongoing process. The focus here is placed on finding what works.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 90 Days

1. How well does the team understand the focus child/youth's and family's situation? • What outcomes are the they seeking from services? • What it will take to reach independence and successful life change for the focus child/youth and family? • What is working or not working now or in the recent past? • What court orders, if any, must be accounted for in the assessment and intervention planning processes?

    - How well are the strengths, needs, risks, and preferences of the focus child/youth and caregiver known and understood by those involved (team)?
    - How well does the team understand what may required for: (1) situational stability, (2) safety, (3) skills and behaviors for daily functioning in essential life activities and roles, (4) concurrent alternatives to permanency, (5) sustainable supports, (6) resiliency/coping for children, (7) recovery/relapse prevention for older youth and adults, (8) independence from system involvement, (9) successful transitions and life adjustments, and (10) achieving important life outcomes?

2. How well are focus child/youth and family stressors recognized and organized into an evolving and useful clinical formulation for planning?

    - Earlier life traumas, losses, disruptions
    - Risks of harm, abuse, or neglect
    - Co-occurring disabling conditions
    - Problems of attachment and bonding
    - Learning problems affecting school performance
    - Developmental delays or disabilities
    - Physical and/or behavioral health concerns
    - Recent life transitions and adjustments to new conditions
    - Subsistence challenges of the family
    - Court-ordered requirements/constraints
    - Recent tragedy, loss, victimization
    - Extraordinary caregiver burdens

3. What observations, data, formal assessments, or evaluations have been obtained? • Are assessments appropriate, given language and culture? • Are assessments conducted in natural settings during everyday activities? • Have assessment facts been interpreted to form a useful understanding? • Is there evidence that assessment is a dynamic, continuous learning process? • How has team understanding evolved over the service process?

4. Are focus child/youth's and family's strengths, needs, risks, and issues understood to support decisions about what works and what to do next? • How recent and useful are the assessments of the focus child/youth, mother, father, caregivers, or any others who are significantly involved?

5. Do the assessments include the consideration of the focus child/youth's history of abuse (physical and/or sexual abuse or victim of human trafficking) and use of any special procedures, such as psychiatric hospitalization, juvenile detention, or any recent uses of seclusion and restraints?

6. Does the assessment provide a useful bio-psycho-social assessment and case formulation for the child/youth and caregiver? • How well does the assessment provide useful explanation of the factors that explain focus child/youth and family's present situation and state of need? • What things will have to change in order for the focus child/youth and family or adult to achieve and maintain adequate levels of well-being, daily functioning, supports for living, and fulfillment of key life roles? • What important life outcomes are the focus child/youth and family seeking from services? • What court requirements must be met? • Based on history and tendency, what could go wrong in this case? • What is the prognosis for positive change over the next six months?

PRACTICE REVIEW 4: ASSESSMENT & UNDERSTANDING

Practice Rating Description that Best Fits the Fact Pattern Observed

Description of the Practice Performance Situation Observed for the Focus Child/Youth and Family — Rating Level

- **Optimal Assessment and Understanding.** The focus child/youth and parent's functioning and support systems are comprehensively understood. Knowledge necessary to understand the child and family's strengths, needs, and context is continuously updated and used to keep the big picture understanding (bio-psycho-social clinical formulation) current and comprehensive. Present strengths, risks, and underlying needs requiring intervention or supports are fully recognized and understood. Necessary conditions for improved functioning and independence from the system are fully understood and used to select effective change strategies. Those assisting and supporting the family have developed and maintained broad, deep, and optimal understanding of the focus child/youth and family situation necessary to support effective interventions for making positive life changes.

6
☐ Child/Youth
☐ Mother
☐ Father
☐ Caregiver
☐ Other

- **Good Assessment and Understanding.** The focus child/youth and parent's functioning and support systems are generally understood. Information necessary to understand the focus child/youth's and family's strengths, needs, and context is frequently updated and used to keep the big picture understanding (bio-psycho-social clinical formulation) fresh and useful. Present strengths, risks, and underlying needs requiring intervention or supports are substantially recognized and well understood. Necessary conditions for improved functioning and independence from the system are generally understood and used to select promising change strategies. Those assisting and supporting the family have developed and maintained a general good and useful understanding of the focus child/youth and family situation necessary to support promising interventions for making positive life changes.

5
☐ Child/Youth
☐ Mother
☐ Father
☐ Caregiver
☐ Other

- **Fair Assessment and Understanding.** The focus child/youth and parent's functioning and support system are minimally understood. Information necessary to understand the focus child/youth's and family's strengths, needs, and context is periodically updated and used to keep the big picture understanding (bio-psycho-social clinical formulation) fairly useful. Some strengths, risks, and underlying needs requiring intervention or supports are minimally recognized and understood. Necessary conditions for improved functioning and independence from the system are somewhat understood and used for some possible change strategies. Those assisting and supporting the family have formed a minimally adequate to fair understanding of the focus child/youth and family situation necessary to plan some interventions that might lead to some positive life changes.

4
☐ Child/Youth
☐ Mother
☐ Father
☐ Caregiver
☐ Other

- **Marginally Inadequate Assessment and Understanding.** The focus child/youth's and parent's functioning and support system are marginally understood. Information necessary to understand the focus child/youth's and family's strengths, needs, and context is limited and occasionally updated. Present strengths, risks, and underlying needs requiring intervention or supports are partly understood on a limited or inconsistent basis. Necessary changes in behavior or conditions are somewhat interpreted and expressed.

3
☐ Child/Youth
☐ Mother
☐ Father
☐ Caregiver
☐ Other

- **Poor, Incomplete, or Inconsistent Assessment and Understanding.** Knowledge of the focus child/youth and parent's functioning and support system may be obsolete, erroneous, or inadequate. Information necessary to understand the focus child/youth's and family's strengths, needs, and context is poorly or inconsistently updated. Uncertainties exist about present conditions, risks, and underlying needs requiring intervention or support. Necessary changes in behavior or conditions may be confused or contradictory. Dynamic conditions may be present that could require a fundamental reassessment of the focus child/youth's and family's situation.

2
☐ Child/Youth
☐ Mother
☐ Father
☐ Caregiver
☐ Other

- **Absent, Incorrect, or Adverse Assessment and Understanding.** Current assessments used for planned services are absent or incorrect. Some adverse associations between the current situation, the focus child/youth's bio/psycho/social/educational functioning, and the parent's functioning and support system may have been made. Glaring uncertainties and conflicting opinions exist about things that must be changed for needs and risks to be reduced and the focus child/youth to function adequately in normal daily settings. A new and complete assessment must be made and used now for this case to move forward.

1
☐ Child/Youth
☐ Mother
☐ Father
☐ Caregiver
☐ Other

- **Not Applicable.** A parent is not involved due to divorce, termination of parental rights, death of parent, incarceration, or deportation. There is no kinship, foster, or adoptive family involved or the focus child/youth is placed or presently resides in a congregate care setting with no plan for reunification or adoption.

NA

PRACTICE REVIEW 5: LONG-TERM VIEW

Focus Measure

LONG-TERM VIEW: Degree to which there are stated, shared, and understood safety, well-being, and permanency outcomes and functional life goals for the focus child/youth and family that specify required protective capacities, desired behavior changes, sustainable supports, and other accomplishments necessary for the child/youth and family to achieve and sustain adequate daily functioning and greater self-sufficiency necessary for safe case closure and beyond.

Core Concepts

What are the existing barriers that prevent the focus child/youth and family from achieving their vision? What must change? What pathway will lead to a better life? How will the focus child/youth, parent, and interveners together know when progress is being made and when desired outcomes and goals have been achieved – so that interventions can be safely concluded? In a broad sense, ***having a long-term view of a better life enables the focus child/youth, family, and those helping them to see both the next step forward and the end-point on the horizon -- thus, providing a clear vision of the path ahead.*** This review focuses on the specification and use of the outcomes and goals that must be attained by the focus child/youth and family (birth, adoptive, or guardianship) to achieve stability, adequate functioning, permanency, and other outcomes necessary for the focus child/youth and family to achieve their desired improvements and goals.

As necessary for the focus child/youth and family to achieve adequate functioning and independence, a statement of specific outcomes and goals to be achieved is necessary to guide the interventions and change process. This statement frames a *long-term vision* for adequate and sustaining functioning and well-being for the child and family. It defines the *destination points of the journey of change* by framing necessary outcomes/end points and goals for the child/family to function successfully with improved well-being. Achieving such outcomes and goals involves intervention processes commensurate in scope and intensity with the range of needs and family-specific context presented. Thus, goals or necessary outcomes for a focus child/youth and family with extensive needs might include: (1) situational stability, (2) safety/management of risks, (3) skills and behaviors for daily functioning in essential life activities and roles, (4) concurrent alternatives to permanency, (5) sustainable supports, (6) resiliency/coping for children, (7) recovery/relapse prevention for older youth and adults, (8) independence from system involvement, (9) successful transitions and life adjustments, (10) improved self-sufficiency.

As appropriate to the focus child/youth and family under review, these goals may span health/behavioral health care, child welfare, special education, addiction treatment, and juvenile justice services. This implies that interveners together must understand and coordinate their change requirements, strategies, and interventions used to achieve necessary results and outcomes. Specification of these conditions defines what must be achieved for them to function adequately and to benefit from interventions that help improve daily functioning and overall well-being.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 90 Days

1. If the focus child/youth and/or parent requires treatment for psychiatric or addiction problems, are outcomes for achievement of stability, improved functioning, symptom management, recovery, and relapse prevention a clearly specified and understood by all involved?

2. When the child and family are involved with child welfare services, mental health/addiction treatment services, and/or juvenile court (probation/parole), have the interveners, working in partnership with the focus child/youth and family, defined conditions for timely completion of court requirements and supported the achievement of necessary behavior changes, the resolution of outstanding legal requirements or constraints, and any other conditions for achieving family independence? • How well is the focus child/youth and parent supported and helped to ensure understanding of these conditions? • Does the plan reflect family strengths and preferences in strategies and approaches to the necessary changes?

3. If appropriate, is there a concurrent plan that is being used in the event that the current parent is unable to meet the agreed-upon conditions for family preservation or reunification? • Does the concurrent plan provide appropriate conditions for selection of prospective adoptive parents or guardians, especially for a child having special needs? • Does it prepare the parents, caregiver, and child for adoption/guardianship?

4. Where appropriate, is an older focus youth's developmental goals, planned identification and use of strengths, and educational trajectory consistent with achieving optimal self-sufficiency and independence given the capacities of the youth? • Is there a guiding view for planning services and providing supports that provides for the focus youth's transition to independent living, new housing, and adequate income as appropriate to the youth's capacities? • Does it set goals aimed at the focus youth's success after making the transitions and life adjustments that will be necessary upon reaching the age of majority?

5. If the focus youth is age 14 years or older, is there a planned trajectory that guides his/her transition for getting from school to work, to independent/supported living, and to any necessary adult services? • What are the conditions necessary for independence from supports and services that have been set and used in planning services? • Will the focus youth's current trajectory likely lead to greater independence, social integration, and community participation? • How will the family and their service providers know when they are done with the intervention process?

PRACTICE REVIEW 5: LONG-TERM VIEW

Description and Rating of Practice Performance Observed

Description of the Practice Performance Situation Observed for the Focus Child/Youth and Family — Rating Level

- **Optimal Specification of Outcomes.** An excellent set of well-reasoned and well-specified safety, well-being, and permanency outcomes and life improvements for the focus child/youth and family is fully known, understood, and supported by all involved. These goals are diligently used to guide intervention efforts. Commensurate with the focus child/youth and family situation and encompassing all interests involved in the intervention process, the scope and detail of the end outcomes and requirements fully fits the scope and nature of change to be accomplished by the focus child/youth and family, including satisfaction of any and all court requirements. The permanency outcomes and end requirements are fully reflective of the understood child/family situation and what must change for the intervention process to be concluded successfully. **6** ☐

- **Good Specification of Outcomes.** A good and sufficient set of well-reasoned and well-specified safety, well-being, permanency outcomes and life improvements for the focus child/youth and family is substantially known, understood, and supported by all involved. These goals are substantially used to guide intervention effort. Commensurate with the focus child/youth and family situation and encompassing all interests involved in the intervention process, the scope and detail of the end outcomes and requirements substantially fits the scope and nature of change to be accomplished by the focus child/youth and family, including satisfaction of any and all court requirements. The permanency outcomes and end requirements are generally reflective of the understood child/family situation and what must change for the intervention process to be concluded successfully. **5** ☐

- **Fair Specification of Outcomes.** A minimally adequate to fair set of safety, well-being, permanency outcomes and life improvements for the focus child/youth and family is somewhat known, understood, and supported by those involved. These goals are at least minimally used to guide intervention and change. Somewhat commensurate with the focus child/youth and family situation and encompassing most interests involved in the intervention process, the scope and detail of the end outcomes and requirements minimally fits the scope and nature of change to be accomplished by the child and family, including satisfaction of any and all court requirements. The permanency outcomes and end requirements are at least minimally reflective of the understood child/family situation and what must change for the intervention process to be concluded successfully. **4** ☐

- **Marginally Inadequate Specification of Outcomes.** A marginal, somewhat inadequate set of safety, well-being, permanency outcomes and life improvements for the focus child/youth and family is somewhat known and understood by some of those involved. Goals are limited and inconsistent in guiding intervention and change. Somewhat inconsistent with the focus child/youth and family situation and encompassing only some interests involved in the intervention process, the scope and detail of the end outcomes and requirements inadequately fits the scope and nature of change to be accomplished by the focus child/youth and family, including satisfaction of any and all court requirements. The permanency outcomes are limited in their reflection of the understood child/family situation and miss some important aspects of what must change for the intervention process to be concluded successfully. **3** ☐

- **Poor Specification of Outcomes.** A poorly reasoned, inadequate, or incomplete set of safety, well-being, permanency outcomes and improvements for the focus child/youth and family is confusing for those involved. These goals are insufficient for guiding intervention and change. Major gaps exist in defining outcomes or reflecting important legal requirements that must be resolved before the intervention process can be concluded. **2** ☐

- **Absent, Ambiguous, or Adverse Specification of Outcomes.** There is no common direction, outcome, or requirement to guide services that is accepted and used by those involved in intervention and change processes. The future trajectory is obscure or ambiguous and interveners may be working in isolation with divergent or conflicting intentions. Goals may not address permanency outcomes or other requirements that would apply to determine readiness for closure. Conflicting goals and tacit expectations, if implemented, could lead to poor results or possible adverse consequences for the focus child/youth or family. **1** ☐

PRACTICE REVIEW 6: PLANNING INTERVENTIONS

Focus Measure

PLANNING. Degree to which meaningful, measurable, and achieveable life outcomes (e.g., safety, permanency, well-being, transition and life adjustment) for the focus child/youth and family are supported with well-reasoned, agreed-upon goals, intervention strategies, and actions for their attainment.

Core Concepts

As used here, intervention is a set of planned strategies and actions through which life changes for a focus child/youth and family are produced -- leading to the attainment of key life outcomes identified by the child/youth and family and their team. Intervention planning is an ongoing process throughout the life of the case. Planned interventions should be consistent with the long-term view for the focus child/youth and family exiting the service system. An intervention strategy defines the general approach or method used to bring about change along with a related set of actions to guide implementation. Selection of strategies should be based on assessed needs. The choice of strategies and actions should reflect input from the focus child/youth and family and relevant team members. This indicator focuses on the logic patterns linking the long-term outcomes and near-term goals with the strategies and actions used to achieve them. Evidence supporting effective planning of intervention strategies and actions should be drawn from the planning documents of the various agencies serving the child and family. For the purpose of this review, key life outcomes with related intervention strategies are classified and rated in four categories of interest -- as applicable to the focus child/youth and family participating in the review. Some categories may not apply to the child/youth and family at the time of review. When an outcome and strategy used is not included in categories A-E below, the review will rate the outcome and strategy under category F (Other) and explain the outcome and strategy in the oral and written report. The rating categories are explained as follows.

A. **Safety and Protection**. Safety outcomes may include protection from exposures to harm in the focus child/youth's daily settings, the child's protection from self-endangerment, and protection of others from the focus child/youth in his/her daily settings, when indicated. Strategies used to achieve safety should relate to known threats of harm that may present as a crisis at moments in the life of a focus child/youth and/or caregiver.

B. **Permanency**. Permanency pertains to important quality of life outcomes for the focus child/youth that include: (1) quality and durability of the placement (i.e., good match, successful capacity testing, positive pattern of sustaining capacity to meet the focus child/youth's needs), (2) security in positive and enduring relationships, and (3) resolution of legal custody for a dependent focus child/youth separated from his/her primary caregivers for reasons of safety or dependency. For an adoptive focus child/youth and family approaching safe case closure with the child welfare system, family sustainment becomes a focal concern. An adoptive family for a special needs child will need ongoing support services to meet the needs of the focus child/youth and to sustain the family through the predictable crises that will arise over the months and years ahead. For long-term success, the adoptive family will need lifelines for securing supports when needed following case closure. Permanency usually involves a combination and sequence of strategies to bring about a good and stable placement, enduring relationships, resolution of legal custody, and family sustainment supports to meet future needs.

C. **Well-Being**. As used here, well-being outcomes include attainment and maintenance of good or best attainable physical and mental health status. Improved well-being, for some youth, may involve building positive relationships or reducing risky behaviors. Interventions may include medication, various treatment strategies, specialized health care, and/or use of social supports or wraparound services.

D. **Transition and Life Adjustment**. (**Note: Transition and Life Adjustment is only applicable in cases where Status Indicators 8c and 8d are applicable.**) These outcomes involve achieving smooth life changes with successful adjustments in new settings and circumstances. Requirements for future success should be clearly defined. In advance of a change and during change, needed supports should be provided to help to achieve success.

To be rated in the acceptable range (ratings of 4-6), clearly defined and attainable outcomes are matched with clearly defined strategies and related actions for achieving the outcomes. Having only a clear outcome without a clear intervention strategy and course of action would not warrant an acceptable rating for an area. Likewise, having authorized services in place without having clearly defined outcomes to be achieved would not warrant an acceptable rating because no exit condition (an attained outcome) has been set for the conclusion of services.

PRACTICE REVIEW 6: PLANNING INTERVENTIONS

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 90 Days

This review focuses on the reasonableness and clarity of specific strategies that are planned to help the focus child/youth and family gain greater independence from the service system. The combination of outcomes and sequence of strategies in each applicable category are rated by the reviewer using the rating guidance provided.

1. What are the specific outcomes and intervention strategies planned for the focus child/youth and/or caregiver and in what area? • Are outcomes sufficiently precise in their construction for the youth and family and the providers of interventions to know when the outcomes have been achieved? • Are the intervention strategies well-reasoned and sufficiently explained to show the logical relationship of each strategy to the outcome to be achieved? • Does each intervention strategy have a described course of action for its implementation?

2. How well do the planned strategies fit the focus child/youth and family situation with respect to culture, preference, and convenience? • What do the focus child/youth and family say about the goodness-of-fit of the planned services with respect to their life situation, language, culture, and location?

3. What role did the team play in the formulation of the planned intervention outcomes, strategies, and courses of action planned to implement strategies? • What agencies are participating in the formulation of plans and services? • What commitments of ongoing assistance and resources have been made and by whom to carry out the strategies being planned to support important life changes? • How and by whom are the various strategies and courses of action being coordinated to ensure the timely achievement of planned outcomes for the focus child/youth and family? • What problems, if any, have been occurring in the processes of planning, coordination, and implementation of intervention strategies and actions?

4. To what degree is daily practice actually organized around implementing planned intervention strategies for the focus child/youth and family? • Does the planning process have a sense of urgency in working toward increasing well-being, functioning, and supports necessary for safe case closure?

5. Is a written treatment/care/service plan complete (individually and collectively having clear life outcomes matched with intervention strategies and actions to attain outcomes) and available to the entire team of service providers, including the focus child/youth and caregiver? • If needed, have the necessary service authorizations, referrals, or other needed documents been provided by each agency involved in order to support timely and adequate implementation of planned interventions?

Practice Rating Description that Best Fits the Fact Pattern Observed

NOTES: The reviewer applies rating scale criteria to each area in which intervention strategies are planned to achieve life outcomes for the focus child/youth and family. To be rated in the acceptable range (ratings of 4-6), clearly defined and attainable life outcomes must be matched with operationally defined strategies and related actions for achieving the outcomes.

Practice Rating Description that Best Fits the Fact Pattern Observed

Description of the Practice Performance Situation Observed for Applicable Strategy Areas for Intervention	Rating Level
◆ **Optimal Planning.** An excellent, well-reasoned, continuous planning process is fully used to match effective strategies to measurable life outcomes and near-term goals that are fully consistent with the long-term view. Choices are supported fully by the focus child/youth and family and by a strong team consensus. The strategies selected reflect a sound assessment and are logically related to the planned goals and outcomes to meet the needs of the focus child/youth and family and to help them be successful in daily living after exiting the service system. Plans include a precisely described operational course of action to which participants are highly committed. Strategies and actions across providers and funding sources are fully aligned and well integrated.	**6** ☐ a. Safety/Protection ☐ b. Permanency ☐ c. Well-being ☐ d. Transition/Adjust

PRACTICE REVIEW 6: PLANNING INTERVENTIONS

Practice Rating Description that Best Fits the Fact Pattern Observed - Continued

Description of the Practice Performance Situation Observed for Applicable Strategy Areas for Intervention | Rating Level

- **Good Planning.** A generally well-reasoned, ongoing planning process is substantially used to match intervention strategies to measurable goals that are generally consistent with the long-term view. Choices are generally supported by the focus child/youth and family and by a substantial team consensus. The strategies selected reflect a good assessment and are closely linked to the planned goals and outcomes to meet the needs of the child and family and to help them be successful in daily living after exiting the service system. Plans include a generally well-described operational course of action to which participants are substantially committed. Strategies and actions across providers and funding sources are well aligned and integrated.

5
☐ a. Safety/Protection
☐ b. Permanency
☐ c. Well-being
☐ d. Transition/Adjust

- **Minimally Adequate to Fair Planning.** A minimally reasoned, periodic planning process is used to match intervention strategies to stated goals that are somewhat consistent with the long-term view. Choices are at least minimally supported by the child/youth and family and by a slim team consensus. The strategies selected reflect a minimally adequate to fair assessment and are loosely linked to the planned goals and outcomes to meet the needs of the focus child/youth and family and to help them be successful in daily living after exiting the service system. Plans include a minimally described set of steps to which key participants are somewhat committed. Strategies and actions across providers and funding sources are somewhat aligned and minimally integrated.

4
☐ a. Safety/Protection
☐ b. Permanency
☐ c. Well-being
☐ d. Transition/Adjust

- **Marginally Inadequate Planning.** A somewhat inadequately reasoned, occasional planning process is used. Intervention strategies may not have clear goals and may be somewhat inconsistent with the long-term view. Choices may be marginally supported by the focus child/youth and family. A vague or shifting consensus may exist around some goals and strategies. Interventions described may reflect an authorized service category (e.g., therapy) rather than a clear strategy for change. The intervention may be related to an inferred area of need but may lack clear goals or strategies. Plans may include some general activities for which some participants are authorized to provide services. Planning across providers and funding sources is somewhat misaligned or inconsistently integrated.

3
☐ a. Safety/Protection
☐ b. Permanency
☐ c. Well-being
☐ d. Transition/Adjust

- **Substantially Inadequate Planning.** A substantially inadequate planning process is evident. Intervention strategies may lack meaningful goals and/or may be inconsistent with the long-term view. Choices may not be supported by the focus child/youth and family. There may be no clear consensus around future goals or strategies. Any authorized services may not be linked to clear goals or strategies. Plans may include activities for which some participants are authorized to provide services but without having a clear purpose. Planning across providers and funding sources may be conflicting. Providers may be operating independently.

2
☐ a. Safety/Protection
☐ b. Permanency
☐ c. Well-being
☐ d. Transition/Adjust

- **Absent or Misdirected Planning.** No clear planning process is operative at this time. - OR - Planning activities are substantially misdirected, conflicting, obsolete and irrelevant, or insufficient in reasoning or detail to guide an effective intervention and change process for the focus child/youth and family.

1
☐ a. Safety/Protection
☐ b. Permanency
☐ c. Well-being
☐ d. Transition/Adjust

- **Not Applicable.** The planning category does not apply at this time.

NA
[Safety always applies]
☐ b. Permanency
☐ c. Well-being
☐ d. Transition/Adjust

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PRACTICE REVIEW 7: IMPLEMENTING INTERVENTIONS

Focus Measure

IMPLEMENTING INTERVENTIONS: Degree to which: • Intervention strategies, natural and professional supports, and services planned for the focus child/youth, parent or caregiver, and family are available and provided on a timely and adequate basis. • The combination of supports and services fit the focus child/youth and family situation so as to maximize potential results and benefits while minimizing conflicting strategies and inconveniences • Delivery of planned interventions is sufficient and effective to help the focus child/youth and family make adequate progress toward attaining the life outcomes and maintaining those outcomes beyond case closure.

Core Concepts

An adequate array of informal and formal supports and services is necessary to implement the intervention and support strategies in the case plan. Supports can range from volunteer reading tutors to after-school supervision, adult mentors, recreational activities, and supported employment for a youth. Supports may be voluntarily provided by friends, neighbors, churches, or secured from provider organizations. Professional services may be donated, offered through health care plans, or funded by government agencies. A combination of strategies, supports, and services may be necessary to support and assist the focus child/youth, family, and teacher achieve the outcomes planned in this case. The combination should be individualized to fit the focus child/youth and family situation to maximize results while minimizing inconveniences that could discourage commitment to the life change interventions.

An adequate array of services includes educational, social, mental health, health, recreational, and organizational services, such as service coordination. An adequate array spans supports and services from all sources that may be needed by the focus child/youth and parent or caregiver. This array includes post-adoption services for adopted children with special needs and their families. Selection of basic supports should begin with informal family network supports and generic community resources available to all citizens. Specialized and tailor-made supports and services should be developed or purchased, only when necessary, to supplement rather than supplant readily available supports and services of a satisfactory nature. Provision of supports and services should be sufficient in power and benefit to help the focus child/youth and family achieve the life outcomes toward which the intervention strategies are aimed.

Long delays or waiting lists for services usually mean that essential services may not be available when needed. Allocation rules that limit the type or amount of services that a person may have (without regard to actual need) may result in insufficient services to meet near-term needs or achieve key outcomes.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 90 Days

1. Are intervention strategies identified in the case plan matched to appropriate supports and services for the focus child/youth and family? • Are informal supports developed and used at home, at school, and in the community as a part of the service process?

2. Are the natural and professional supports and services provided culturally and clinically appropriate? • Is each service and support readily accessible when needed and convenient (time and place) for the family? • Are they sustainable as needed over time? • If not, what is missing?

3. Have informal supports been developed or uncovered and used at home and in the community as a part of the service process? • Is the combination of informal and formal supports and services used for the focus child/youth and family sufficient to meet near-term needs and planned intervention outcomes? • Is the combination of supports and services used for/by this family dependable and satisfactory from their point of view?

4. To what extent are informal resources of the family, neighborhood, civic clubs, churches, charitable organizations, local businesses, and general public services (e.g., recreation, public library, or transportation) used in providing supports for this focus child/youth and family? • Will supports shift from formal to informal over time? • If so, what is the schedule for moving from formal to informal supports?

5. If necessary, is the team taking steps to locate or develop or advocate for previously unknown or undeveloped resources? • Has the team taken steps to identify resource gaps, if any, and notify the community? • Is the focus child/youth or parent on a waiting list for services? • If so, what services are they waiting and how long have they waited thus far? • Has the focus child/youth or family been denied services? • If so, which services were denied and why?

6. Did practitioners on the team have appropriate service options from which to choose when selecting recommended professional services? • Did the family have appropriate and preferred options from which to choose when selecting supports and services? • How well do supports and services fit the focus child/youth and family situation? • To what degree is provision of supports and services adequate and effective in intervention efforts?

PRACTICE REVIEW 7: IMPLEMENTING INTERVENTIONS

Practice Rating Description that Best Fits the Fact Pattern Observed

Description of the Practice Performance Situation Observed for the Focus Child/Youth and Family — Rating Level

- **Optimal Implementation.** An excellent array of supports and services fully matches intervention strategies identified in current plans and is substantially helping the focus child/youth and family meet near-term needs and make progress toward planned outcomes. A highly accessible and dependable combination of informal and, where necessary, formal supports and services is available, appropriate, used, and seen as very satisfactory by the family. The array provides a wide range of options that permits use of professional judgment about appropriate treatment interventions and family choice of providers. **6** ☐

- **Good Implementation.** A good and substantial array of supports and services substantially matches intervention strategies identified in the case plan and is generally helping the focus child/youth and family meet near-term needs and make progress toward planned outcomes. A usually dependable combination of informal and formal supports and services is available, appropriate, used, and seen as generally satisfactory by the family. The array provides an appropriate range of options that permits use of professional judgment and family choice of providers. If necessary, the team is taking steps to mobilize additional resources to give the family greater choice and/or provide resources to meet particular family needs. **5** ☐

- **Fair Implementation.** A fair array of supports and services somewhat matches intervention strategies identified in the case plan and is minimally to fairly helping the focus child/youth and family meet near-term needs and make progress toward planned outcomes. A minimally adequate to fair set of supports and services is usually available, used, and seen as somewhat satisfactory by the family. The array provides few options, limiting professional judgment and family choice in the selection of providers. The team is considering taking steps to mobilize additional resources to give the family greater choice and/or provide resources to meet particular family needs but has not yet taken any steps. **4** ☐

- **Marginally Inadequate Implementation.** Supports and services identified in the case plan may be somewhat limited or may not be readily accessible or available to the family. A limited set of supports and services may be inconsistently available and used but may be seen as partially unsatisfactory by the family. The service/support array provides few options, substantially limiting use of professional judgment and family choice in the selection of providers. The team has not yet considered taking steps to mobilize additional resources to give the family greater choice and/or provide resources to meet particular family needs. **3** ☐

- **Poor Implementation.** Supports and services identified in the case plan are very limited and services may be inaccessible or inconsistently available to the family. Few supports and services may be available and used. They may be seen as generally unsatisfactory by the family. The focus child/youth or family may be placed on waiting lists for some supports or services. The array provides very few options, preventing use of professional judgment and family choice in the selection of providers. The team has not considered taking steps to mobilize additional resources or may not be functioning effectively. **2** ☐

- **Absent or Adverse Implementation.** Few of the supports and services identified in the case plan, if any, are provided at this time. They may not fit the actual needs of the family well and may not be dependable over time. Access to some services could be denied or the focus child/youth or family could be waitlisted for some necessary services. Because informal supports may not be well developed and because local services or funding is limited, any services may be offered on a "take it or leave it" basis. The family may be dissatisfied with or refuse services, and the absence of a key service may present a potential safety risk to family members. The team may be powerless to alter the service availability situation or the focus child/youth and family may lack a functioning team. **1** ☐

PRACTICE REVIEW 8: MEDICATION MANAGEMENT

Focus Measure

MEDICATION MANAGEMENT. Degree to which: • Any use of psychiatric or addiction control medications for the focus child/youth is necessary, safe, and effective. • The focus child/youth and parents understand the purpose and use of each medication and have given their informed consent for each medication. • New atypical/current generation drugs have been tried, used, and/or appropriately ruled out. • The focus child/youth is routinely screened for medication side effects and treated when side effects are detected. • The use of medication is being coordinated with other treatment modalities and with any treatment for any co-occurring conditions (e.g., seizures, diabetes, asthma, addiction, obesity).

Core Concepts: This Indicator Applies to a Focus Child/Youth who Is Prescribed Psychiatric Medications

Use of psychiatric/addiction control medications is one of many treatment modalities that may be used in treating a focus child/youth having a serious emotional disorder or addiction. When use of such medications is deemed necessary and appropriate, it should conform to standards of good and accepted practice, including informed consent, consultation, most efficacious drug selection, consistency with medication protocols, demonstrated treatment response, and minimal effective dose. Effects and side effects of medication use should be assessed, tracked, and used to inform decision making. Any adverse side effects should be addressed and treated.

Use of medications should be coordinated with other modalities of treatment, including positive behavioral supports, behavioral interventions, counseling, skill development, and social supports. Continuity in medication regimes should be present across treatment settings. The focus child/youth should have access to necessary specialized health care services, including treatment and care for any co-occurring conditions (e.g., seizures, asthma, diabetes, addiction, HIV). The purpose is to determine whether the focus child/youth receives and benefits from safe medication practices. This review does not apply to a focus child/youth who has not taken psychotropic medications within the past 90 days.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 90 Days

1. Does the focus child/youth take a psychotropic/addiction control medication? • Is there a DSM Axis I diagnosis to support each psychotropic medication? • Is psychiatric medication use consistent with current treatment protocols? • Who are the prescribers of these medications?

2. Is the purpose for each medication documented and tracked to target symptoms or maladaptive behaviors? • Is each medication consistent with intended use? • If multiple psychotropic medications are used with the child, is there written justification by the prescriber? • Is the primary care physician informed of these medications?

3. Do the focus child/youth and parent know what each psychotropic/addiction control medication is as well as its intended benefits and possible risks? • Is educational information about medications, effects/side effects, and self-medication available? • Is relapse prevention information available to the focus child/youth? • Have the focus child/youth and parent given informed consent for each medication?

4. Are all medications communicated to new providers when the focus child/youth changes placements? • If so, how is the accomplished?

5. Has the focus child/youth or parent requested medication adjustments? If so, what was requested and why? • Were adjustments made following the request?

6. How well are present medications controlling psychiatric symptoms and managing any chronic health conditions the focus child/youth may have? • Do the benefits of these medications seem to be greater than any adverse side-effects or long-term risks associated with the medications?

7. Is there periodic evaluation of the focus child/youth's response to treatment using data to track target symptoms or behaviors? • Has a minimum effective dosage of each medication been determined or are steps being taken to do so? • Is there at least quarterly screening (including any required lab work) of the focus child/youth for adverse effects of medications? • Who is responsible for medication monitoring and screening for side effects? • If adverse effects have been found, have appropriate countermeasures been implemented?

8. Does the focus child/youth have a chronic health condition (e.g., seizures, diabetes, asthma, addiction control) for which health maintenance medications are prescribed and should be monitored and adjusted periodically? • How often and how well have coordinating staff consulted with other treating specialists (e.g., neurologists, psychiatrists, endocrinologists) for a focus child/youth having chronic and/or complex health care needs? • How well are all current medications being coordinated across treatment modalities and current prescribers for the focus child/youth?

PRACTICE REVIEW 8: MEDICATION MANAGEMENT

Practice Rating Description that Best Fits the Fact Pattern Observed

Description of the Practice Performance Situation Observed for the Focus Child or Youth — Rating Level

- **Optimal Medication Management.** The focus child/youth presents symptoms or behaviors that are responding better than expectations to current generation medications with no report of bothersome side effects. The focus child/youth reports good compliance with the prescribed medications and is not requesting any changes at this time. Use of medications is well coordinated with other treatment modalities. The caregiver and physician have an excellent understanding about how he/she is to manage increases/decreases in medications. **6** ☐

- **Good Medication Management.** The focus child/youth presents symptoms or behaviors that are responding consistent with expectations to current generation medications but reports some mild side effects. The focus child/youth reports that rarely medications are not taken as prescribed. Use of medications is sometimes coordinated with other treatment modalities. The child, caregiver, and physician have a good understanding about how he/she is to manage increases/decreases in medications. **5** ☐

- **Fair Medication Management.** The focus child/youth is becoming stable on appropriate medication and presents some minor symptoms or behaviors of concern and complains of a few mild side effects. Use of medication is checked conversationally and staff hint at occasional non-compliance. The focus child/youth may have mild interest in medication education activities. Medication is minimally coordinated with other treatment modalities. **4** ☐

- **Marginally Inadequate Medication Management.** The focus child/youth presents symptoms or behaviors that may be responding in a limited or unexpected way to medications. Medication use may be inconsistent. Consents may not have been obtained. or updated for some medications. Screening for side effects may not be current or mild side effects may be noted but minimally treated. Use of medication is seldom coordinated with other treatment modalities. Some risk of harm may be possible. **3** ☐

- **Poor Medication Management.** The focus child/youth presents significant symptoms or behaviors that may not be responding to medications. Medication use may not be well documented or justified. Consents may be missing or expired. Screening for side effects may not be current or moderate side effects may be noted. Use of medication may not be coordinated with other treatment modalities. Some risk of harm may be present. **2** ☐

- **Absent or Adverse Medication Management.** The focus child/youth presents increasingly serious symptoms or behaviors that may not be responding to medications. Medication use may be undocumented, not justified, or experimental. Consents may be missing or expired. Screening for side effects may not occur or serious side effects may be present and untreated. Use of medication may be conflicting with other treatment modalities. Risks of harm are present and may be increasing. **1** ☐

- **Not Applicable.** The focus child/youth does not now take psychotropic medications, nor has the child used such medications within the past 90 days. Therefore, this review does not apply. **NA** ☐

PRACTICE REVIEW 9: TRACKING & ADJUSTMENT

Focus Measure

TRACKING & ADJUSTMENT. Degree to which those involved with the focus child/youth and family are: • Carefully tracking the child's/family's intervention delivery processes, progress being made, changing family circumstances, and attainment of functional goals and well-being outcomes for the child and family that lead to system independence and safe case closure. • Communicating (as appropriate) to identify and resolve any intervention delivery problems, overcome barriers, and replace any strategies that are not working. • Adjusting the combination and sequence of strategies being used in response to progress made, changing needs, and knowledge gained from trial-and-error experience to create a self-correcting intervention process.

Core Concepts

Effective practice is outcome-focused and results-driven. Measuring progress toward attainment of key life outcomes by the focus child/youth and family is done by continuously tracking the direction and pace of life changes and the proximity to the attainment of the outcomes expected. Measuring progress toward safe case closure is an essential aspect of tracking when achievement of permanency is a key life outcome for a dependent focus child/youth in foster care. An ongoing tracking and adjustment process should be used to monitor service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner. Tracking and adjustments provide the learning and change processes that make the intervention process smart and, ultimately, effective for the child and caregiver. Effective tracking and adjustment establish results-based accountability in case practice.

Intervention strategies, supports, and/or services should be modified when goals are met, strategies are determined to be ineffective, new preferences or dissatisfactions with existing strategies or services are expressed, and/or new needs or circumstances arise. Working together, the caseworker and/or community support worker, team, and focus child/youth and family should play a central role in tracking and adjusting intervention strategies, services, and supports. Members of the team (including the focus child/youth, parent or caregiver) should apply the knowledge gained through ongoing assessments, monitoring, and periodic evaluations to adapt strategies, supports, and services. The frequency and intensity of the tracking and adjustment process should reflect the pace, urgency, and complexity of focus child/youth needs and case events. This learning and change process is necessary to find what works for the child/youth and parent/caregiver. Getting successful near-term results (that lead to desired outcomes) depends on a smart assessment, planning, tracking, and adjustment process.

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found over the Past 90 Days

1. How often is the status of the focus child/youth and family monitored/reviewed? • How and by whom is this being done?

2. How well are the focus child/youth's and family's responses to current interventions being monitored (e.g., face-to-face contacts, telephone contact, and meetings with the family, child, service providers; reviewing reports from providers)? • How is the monitoring information being used to track progress made and problems encountered? • Who receives and uses this information for making next step decisions?

3. How well is the implementation of treatment interventions and service processes being tracked? • Is progress or lack of progress being identified and noted and communicated between team members?

4. Are detected problems being reported and addressed promptly?

5. Are identified needs and problems being acted on?

6. Is there a clear and consistent pattern of successful adaptive service changes that have been made in response to use of short-term results?

7. Is the intervention process modified as goals are met? • Are strategies modified if no progress is observed? • If no, why not?

8. Are intervention strategies, supports, and services updated as goals are met? • Are necessary plans and service authorizations updated or revised if no progress is observed? • If not, why not?

9. How often does the caseworker and team update and modify intervention strategies and necessary documents?

10. To what extend is tracking and adjustment being used in managing the change processes used for this focus child/youth and family to keep the strategies and services responsive to the present life situation of the focus child/youth and family?

PRACTICE REVIEW 9: TRACKING & ADJUSTMENT

Practice Rating Description that Best Fits the Fact Pattern Observed

NOTE: Both tracking and adjustment activities are combined into a single rating for the focus child/youth and family because both are required to work together to keep planning interventions responsive to needs and to stop strategies that are not working and replacing those with strategies that will work.

Description of the Practice Performance Situation Observed for the Focus Child/Youth and Family	Rating Level
◆ **Optimal Tracking and Adjustment Process.** Intervention strategies, supports, and services being provided to the focus child/youth and family are highly responsive and appropriate to changing conditions. Continuous or frequent monitoring, tracking, and communication of focus child/youth status and service results to the team are occurring. Timely and smart adjustments are being made. Highly successful modifications are based on a rich knowledge of what things are working and not working for the focus child/youth and family. An optimal pattern of tracking and adjustment is evident in practice.	6 ☐
◆ **Good Tracking and Adjustment Process.** Intervention strategies, supports, and services being provided to the focus child/youth and family are generally responsive to changing conditions. Frequent monitoring (consistent case dynamics), tracking, and communication of focus child/youth status and service results are occurring. Generally successful adaptations are based on a basic knowledge of what things are working and not working for the focus child/youth and family. A generally good pattern of tracking and adjustment is evident in practice.	5 ☐
◆ **Minimally Adequate to Fair Tracking and Adjustment Process.** Intervention strategies, supports, and services being provided to the focus child/youth and family are minimally responsive to changing conditions. Periodic monitoring, tracking, and communication of focus child/youth status and service results are occurring. Usually successful adaptations to supports and services are being made. A minimally adequate to fair pattern of tracking and adjustment is evident in practice.	4 ☐
◆ **Marginally Inadequate Tracking and Adjustment Process.** Intervention strategies, supports, and services being provided to the focus child/youth and family are partially responsive to changing conditions. Occasional checking and communication of focus child/youth status and service results are occurring. Limited or inconsistent adaptations are based on isolated facts of what is happening to the focus child/youth and family. Mild to moderate problems may be just emerging, now present, or persisting.	3 ☐
◆ **Fragmented or Shallow Tracking and Adjustment Process.** Poor intervention strategies, supports, and services may be provided to the focus child/youth and family and may not be responsive to changing conditions. Rare or shallow monitoring, poor communications, and/or an inadequate service team may be unable to function effectively in planning, providing, monitoring, or adapting services. Few sensible modifications may be planned or implemented. Serious ongoing problems of concern may continue unresolved.	2 ☐
◆ **Absent, Non-operative, or Misdirected Tracking and Adjustment Process.** Intervention strategies, supports, and services may be limited, undependable, or conflicting for the focus child/youth and family. No monitoring or communications may occur and/or an inadequate team (inadequate structure or functioning) may be unable to function effectively in planning, providing, monitoring, or adapting services. Current supports and services may have become non-responsive to the current needs of the child/youth and family. The service process may be blind to current circumstances or spinning out of control. Serious and worsening problems may persist without adequate attention or effective resolution.	1 ☐

SECTION 4

OVERALL RATING PATTERNS

SCORING GUIDANCE FOR THE OVERALL STATUS & PRACTICE RATINGS

GENERAL DIRECTIONS

This QSR Protocol provides the following general directions to reviewers for determining an Overall Status Rating and Overall Practice Rating in a case for which a review has been completed for all of the applicable indicators in each section. An overall section rating assigns a value (using a 6-point scale) for describing how well the focus child/youth and caregiver were doing and how well practice was working for them at the time of review. The overall rating scales use the same interpretations (i.e., optimal, good, fair, marginal, poor, adverse) as those used for the individual qualitative indicator ratings.

Each section (status and practice) has guidance provided below for determining conditions under which Overall Status and Overall Practice Performance are deemed acceptable. For example, the status of the focus child/youth cannot be regarded and rated as acceptable when he/she is found to be unsafe in her/his daily settings either due to threats of harm occurring in daily settings or due to behavioral risks to self or others. Provided in the section that follows are general rules-of-thumb used by reviewers when determining an overall rating for status. This guidance is used when selecting an overall rating value that best fits the aggregate ratings for a focus child/youth and caregiver being reviewed.

OVERALL STATUS RATING

General guidance is provided to assist QSR reviewers when selecting one of six possible rating categories for reporting the Overall Status Rating for the focus child/youth being reviewed. This rating provides an answer to the question: *Overall, how well is the child/youth and current caregiver doing at the time of the review?* As shown in the example worksheet on page 78, all of the focus child/youth and family status indicators (as applicable to the case) are used in scoring overall status.

The aggregate pattern of indicator ratings is taken into account by the reviewer AFTER assuring that the focus child/youth is **SAFE** – *that is, having ratings of 4 or higher for all applicable settings on Status Review 1: Safety from Exposure to Threats of Harm and having ratings of 4 or higher on Status Review 2: Behavioral Risk. If the child/youth is rated less than 4 on any of the safety-related elements, then the overall status rating becomes the rating given to the lowest rating safety element.*

When the focus child/youth is determined to be SAFE on all applicable safety elements, the following directions are applied. The reviewer prepares and uses the indicator ratings on the roll-up sheet and then applies guidance provided to determine an overall status rating level for the focus child/youth reviewed.

The Overall Status Rating will be based on the pattern revealed in the rating values determined for the applicable status indicators, depending on which are applicable in the case being reviewed. A special rule is applied when considering the ratings determined for sub-elements in *Status Review 9: Voice & Choice*. When determining the Overall Status Rating, count ONLY those persons in *Status Review 9: Voice & Choice* (i.e., mother, father, substitute caregiver, other) who are significantly involved in the life of the focus child/youth and, where appropriate to permanency, are identified as viable permanency resources to the focus child/youth. If any persons are not significantly involved and/or not viable permanency resources, then omit them from the count in determining the preponderant pattern and lower bound of the rating range.

Presented below are descriptions of six possible overall rating patterns for status indicators that may be found in a case under review. The reviewer first determines the point where the preponderance of the applicable ratings fall and then determines the lowest rating value among the applicable ratings. This defines the pattern used by the reviewer to select an overall rating value for the status section.

Once the pattern is discerned, the reviewer selects one of these six levels as a review finding in the case. The following general descriptions are offered to guide the reviewer in selecting an overall status rating so reviewers will be consistent in their work and so users of QSR findings will be aware of the manner in which overall ratings are determined. Interpretative patterns for the six Overall Status levels are as follows:

- **Level 6 - Optimal Overall Status**. At level 6, the focus child/youth is SAFE. Working from the completed worksheet or roll-up sheet, the preponderance of applicable indicator ratings in the status domain are rated 6. All status ratings for the focus child/youth and current caregiver are in the 4-6 range.

- **Level 5 - Good Overall Status**. At level 5, the focus child/youth is SAFE. The preponderance of indicator ratings in the status domain are rated in the 5 range. No status indicator is rated lower than 3.

- **Level 4 - Fair Overall Status**. At level 4, the focus child/youth is SAFE. The preponderance of applicable indicator ratings in the status domain are rated in the 4 range with some higher. No status indicator is rated lower than 2.

  Note: *For a situation in which status indicator ratings are equally divided between 3 and 4 ratings across the applicable set, the reviewer should give weight to the following key status indicators when selecting an overall rating of 3 or 4: stability, health, and learning. That is, if two of these three indicators are rated 4 or higher, then the overall rating should be 4. Conversely, if two or three of these indicators are rated 3 or lower, then the overall rating should be 3.*

- **Level 3 - Marginally Inadequate Overall Status**. At level 3, the focus child/youth may or may not have some occasional safety concerns of a mild nature and/or the preponderance of applicable indicator ratings in the status domain may be rated in the 3 range. Some indicators may be rated in the 2 range. [It is possible for the child to be rated as SAFE and yet the overall status to be rated at level 3.]

SCORING GUIDANCE FOR THE OVERALL STATUS & PRACTICE RATINGS

- **Level 2 - Poor Overall Status**. At level 2, the focus child/youth may or may not have significant safety concerns and/or the preponderance of applicable indicator ratings in the status domain may be rated in the 2 range. Some indicators may be rated in the 1 range. [It is possible for the child to be rated as SAFE and yet overall status to be rated at level 2.]

- **Level 1 - Adverse and Worsening Overall Status**. At level 1, the focus child/youth situation may pose serious and worsening safety threats and/or the preponderance of applicable indicator ratings in the status domain may be rated in the 1-2 range. [It is possible, though unlikely, for the child to be rated as SAFE and yet overall status to be rated at level 1.]

The reviewer uses the rating patterns and ranges noted on the completed QSR Roll-Up Sheet for the focus child/youth to determine the rating category above that best describes the overall status situation observed at the time of review.

OVERALL PRACTICE RATING

Guidance is provided to assist reviewers when selecting one of six rating categories for reporting the Overall Rating for the Practice Section. This rating provides an answer to the question: *Overall, how well is practice working at the time of the review?* All practice indicators (as applicable to the case) are used in determining the Overall Practice Rating. Presented below are descriptions of six possible overall practice rating patterns that may be found in the case under review.

Selecting the Overall Practice Rating category is based on the aggregate pattern found for the applicable practice indicators in a case. Reviewers are directed to determine where the preponderance of ratings falls when examining the rating patterns. When determining the Overall Practice Rating, count ONLY those persons in Indicators 1, 2, 4, and 6 (*mother, *father, *caregiver, *other) who are significantly involved in the life of the child and, where appropriate to permanency, are identified as viable permanency resources to the focus child/youth for reunification, guardianship, or adoption. If any persons are not significantly involved, then omit them from the count.

Once the preponderance of ratings and the lowest rated indicator are determined, the reviewer selects the overall rating description that best fits the pattern of findings.

The interpretations for these overall ratings are defined as follows:

- **Level 6 - Optimal Overall Practice**. At level 6, the preponderance of applicable indicator ratings in the practice domain are rated 6. All practice ratings for the focus child/youth and family are in the 4-6 range. No indicator is rated less than 4.

- **Level 5 - Good Overall Practice**. At level 5, the preponderance of applicable indicator ratings in the practice domain are rated in the 5 range. No practice indicator is rated lower than 3.

- **Level 4 - Fair Overall Practice**. At level 4, the preponderance of applicable indicator ratings in the practice domain are rated in the 4 range with some higher. No practice indicator is rated lower than 2.

  Note: *For a situation in which practice indicator ratings are equally divided between 3 and 4 ratings across the applicable set, the reviewer should give weight to the following core practice activities when selecting an overall rating of 3 or 4: engagement, team functioning/coordination; assessment, intervention planning, tracking. That is, if the majority of these five core indicators is rated 4 or higher, then the overall rating should be 4. Conversely, if the majority of these indicators is rated 3 or lower, then the overall rating should be 3.*

- **Level 3 - Marginally Inadequate Overall Practice**. At level 3, the preponderance of applicable indicator ratings in the practice domain may be rated in the 3 range. Some indicators may be rated in the 1-2 range.

- **Level 2 - Poor Overall Practice**. At level 2, the preponderance of applicable indicator ratings in the practice domain may be rated in the 2 range. Many indicators may be rated in the 1-2 range.

- **Level 1 - Adverse Overall Practice**. At level 1, the preponderance of applicable indicator ratings in the practice domain may be rated in the 1-2 range with many falling into the 1 rating.

The reviewer uses the rating patterns and ranges noted on the completed QSR Roll-Up Sheet to determine the rating category above that best describes the overall case practice situation observed. The Overall Practice Rating is used to reflect the level of service system performance for the child at the time of review.

COMPELLING REASONS FOR GIVING AN ALTERNATIVE OVERALL STATUS OR PRACTICE RATING

The patterns of aggregate ratings suggested to guide a QSR reviewer to selecting overall status and practice ratings are meant to be used under usual case situations. If, in the course of a review, the reviewer finds a rare and complex situation that, by its unusual nature and evidence gathered, strongly points to a different rating interpretation, the reviewer should present the evidence and compelling reasons that a higher or lower overall rating should be given.

The reviewer's presentation of evidence and compelling reasons for a different overall rating should be made to the QSR team and team leader. If the team concurs with the reviewer's recommendation and if the leader so directs, then the reviewer may report a rating that fairly fits the situation found although it departs from the rating guidance offered above.

QSR OVERALL RATING WORKSHEET WITH INDICATOR RATING ELEMENTS

STATUS INDICATORS

STATUS INDICATORS	IMPROVE		REFINE		MAINTAIN		NA
	1	2	3	4	5	6	
1. **SAFETY: exposure to threats**							
a. Home	☐	☐	☐	☐	☐	☐	
b. School	☐	☐	☐	☐	☐	☐	☐
c. Other settings	☐	☐	☐	☐	☐	☐	☐
2. **SAFETY: behavioral risk**							
a. Risk to Self	☐	☐	☐	☐	☐	☐	☐
b. Risk to Others	☐	☐	☐	☐	☐	☐	☐
3. **Stability**							
a. Home	☐	☐	☐	☐	☐	☐	
b. School	☐	☐	☐	☐	☐	☐	☐
4. **Permanency**							
a. Placement fit	☐	☐	☐	☐	☐	☐	
b. Security & durability	☐	☐	☐	☐	☐	☐	
c. Legal permanency	☐	☐	☐	☐	☐	☐	☐
5. **Living arrangement**	☐	☐	☐	☐	☐	☐	
6. **Physical health**							
a. Physical status	☐	☐	☐	☐	☐	☐	
b. Receipt of care	☐	☐	☐	☐	☐	☐	
7. **Emotional functioning**	☐	☐	☐	☐	☐	☐	☐
8. **Learning & Development**							
a. Early learning/develop	☐	☐	☐	☐	☐	☐	☐
b. Academics	☐	☐	☐	☐	☐	☐	☐
c. Prep for adulthood (14-17 yrs)	☐	☐	☐	☐	☐	☐	☐
d. Trans to adulthood (18+ yrs)	☐	☐	☐	☐	☐	☐	☐
9. **Voice & choice**							
a. Focus child/youth	☐	☐	☐	☐	☐	☐	☐
b. Mother*	☐	☐	☐	☐	☐	☐	☐
c. Father*	☐	☐	☐	☐	☐	☐	☐
d. Caregiver*	☐	☐	☐	☐	☐	☐	☐
10. **Family funct./resourcefulness**							
b. Mother*	☐	☐	☐	☐	☐	☐	☐
c. Father*	☐	☐	☐	☐	☐	☐	☐
11. **Caregiving**							
a. Family setting	☐	☐	☐	☐	☐	☐	☐
b. Residential care (group setting)	☐	☐	☐	☐	☐	☐	☐
12. **Family connections**							
a. Mother*	☐	☐	☐	☐	☐	☐	☐
b. Father*	☐	☐	☐	☐	☐	☐	☐
c. Siblings	☐	☐	☐	☐	☐	☐	☐
d. Other	☐	☐	☐	☐	☐	☐	☐
Overall Status Rating	☐	☐	☐	☐	☐	☐	

PRACTICE INDICATORS

PERFORMANCE INDICATOR ZONES	IMPROVE		REFINE		MAINTAIN		NA
	1	2	3	4	5	6	
1. **Cultural identity & need**	☐	☐	☐	☐	☐	☐	
2. **Engagement**							
a. Focus child/youth	☐	☐	☐	☐	☐	☐	☐
b. Mother*	☐	☐	☐	☐	☐	☐	☐
c. Father*	☐	☐	☐	☐	☐	☐	☐
d. Caregiver*	☐	☐	☐	☐	☐	☐	☐
e. Other*	☐	☐	☐	☐	☐	☐	☐
3. **Teaming**							
a. Formation	☐	☐	☐	☐	☐	☐	
b. Functioning	☐	☐	☐	☐	☐	☐	
c. Coordination	☐	☐	☐	☐	☐	☐	
4. **Assessment & understanding**							
a. Focus child/youth	☐	☐	☐	☐	☐	☐	
b. Mother*	☐	☐	☐	☐	☐	☐	☐
c. Father*	☐	☐	☐	☐	☐	☐	☐
d. Caregiver*	☐	☐	☐	☐	☐	☐	☐
e. Other*	☐	☐	☐	☐	☐	☐	☐
5. **Long-term view**	☐	☐	☐	☐	☐	☐	
6. **Planning interventions**							
a. Safety/protection	☐	☐	☐	☐	☐	☐	
b. Permanency	☐	☐	☐	☐	☐	☐	☐
c. Well-being	☐	☐	☐	☐	☐	☐	☐
e. Transition/life adjusttment	☐	☐	☐	☐	☐	☐	☐
7. **Implementing interventions**	☐	☐	☐	☐	☐	☐	
8. **Medication management**	☐	☐	☐	☐	☐	☐	☐
9. **Tracking & adjustment**	☐	☐	☐	☐	☐	☐	
Overall Practice Rating	☐	☐	☐	☐	☐	☐	

☞ * When determining the Overall Status or Practice Ratings, count ONLY those persons in the indicators for Voice & Choice, Cultural Identity, Engagement, and Assessment & Understanding (*mother, *father, *foster/relative caregiver, *other) who are significantly involved in the life of the focus child/youth and, where appropriate to permanency, are identified as viable permanency resources to the focus child/youth for reunification, guardianship, or adoption. If any of these persons are not significantly involved, then omit them from the count in determining the preponderant pattern and lower bound of the rating range -- as directed on pages 78-79.

SIX-MONTH PROGRESS TRAJECTORY (PAST SIX MONTHS)

ESTIMATING RECENT PROGRESS OF LIFE CHANGES FOR THE FOCUS CHILD/YOUTH AND FAMILY

The purpose of providing interventions for a focus child/youth and family is to help them get better, do better, and stay better in important life areas. Life outcomes should be identified with and for the focus child/youth and family by the team and written into service plans to guide the selection of intervention strategies and the provision of supports and services. The Six-Month Progress Trajectory is an overall estimation of the degree to which expected changes in key life areas for the focus child/youth and family are meeting, exceeding, or falling short of expectations of those involved. Reviewers gather evidence from current service plans, progress notes, and interviews with the focus child/youth, family, and other key team members when making an estimate of the six-month trajectory.

Determination of the Six-Month Progress Trajectory is based on recent patterns (as determined from multiple sources) of changes that have unfolded in the recent past. When estimating a six-month trajectory, the reviewer considers the child/youth and family's overall status pattern at the time of review and how that pattern may have changed from the status observed six months ago. How has focus child/youth and family status changed over the past six months? What is better now and what things, if any, are worse? Which of these changes are related to important life outcomes that have been supported with targeted interventions implemented over the past six months? What is the nature and direction of any noteworthy life changes? To what degree have the focus child/youth and family been getting better, doing better, and staying better over the past six months? How well do these life changes meet, exceed, or fall short of expectations?

What pattern description best explains the recent life trajectory of the focus child/youth and family over the past six months? The following descriptions are used by the reviewers to describe the overall life progress trajectory over the past six months:

- An excellent pattern of strong positive change and life improvements in all or nearly all key life areas that exceed expectations.
- A substantially positive and consistent pattern of life improvement in most or many key life areas that generally meet expectations.
- A minimally adequate to fair pattern of positive changes in some key life areas that may be promising but fall somewhat short of expectations.
- A somewhat limited, inconsistent, variable, or mixed set of changes with some being positive, but falling below expectations.
- A pattern of little, if any, positive change or life improvement in any key life areas, falling far short of expectations.
- A pattern of decline, regression, or significant worsening in some key life areas, moving in a direction opposite of expectations.

Based on consideration of the evidence available, the reviewer selects and reports the six-month progress trajectory that best fits the facts at the time of review. This finding is reported on the roll-up sheet and in the written report.

SIX-MONTH PROGRESS TRAJECTORY (PAST 6 MONTHS)

Based on considerations of the focus child/youth and family's current status in key life areas compared to status six months ago -- life changes, goals being addressed, reports of recent progress, and expectations of child/youth, family, and other team members -- which of the follow best describes the six-month progress trajectory in this case? (check only one)

- ☐ **Excellent progress in most key areas -- exceeds most or all expectations**
- ☐ **Good progress in many key areas -- meets or exceeds many expectations**
- ☐ **Fair progress in some key areas -- meets some, falls short of other expectations**
- ☐ **Marginal, limited, or inconsistent progress -- falls somewhat below expectations**
- ☐ **No progress or little change in any key areas -- falls far short of expectations**
- ☐ **Regression or worsening in key life areas -- contrary to expectations**

SIX-MONTH FORECAST (NEXT SIX MONTHS)

FORECASTING THE FOCUS CHILD/YOUTH'S NEAR-TERM FUTURE

Determination of the Overall Status Rating, Overall Progress, and Overall Practice Performance Rating for the focus child/youth is based on the observed current patterns as they emerge from the recent past. When making a six-month forecast, the reviewer projects the focus child/youth's overall status pattern six months forward from the date of the review estimating whether he/she will likely remain at a high level (if currently at a high level), improve to higher level, decline to a lower level, or remain at a low level (if currently at a low level). The projection method builds on **known facts, historic patterns, and recent tendencies** known about the focus child/youth's current status, family/caregiver circumstances, present practice levels, and local conditions at the service site. Forming a six-month forecast is based on **predicable future events** (e.g., the focus child/youth being discharged from residential treatment and returned to home and school within the next 60 days) and **informed predictions** (e.g., probability of termination of parental rights in a case that has a poor prognosis for reunification for a child/youth who has been in care for 22 months) about the expected course of change over the next six months, grounded on known current status and practice performance as well as knowledge of tendency patterns found in case history.

Example: If a case were being reviewed in the last quarter of the school year (April), then the trajectory point for consideration is the first quarter (October) of the next school year. Suppose that the child being reviewed has demonstrated a pattern of serious, complex, and recurrent behavior problems that were just being brought under control within the past 45 days. [Overall Child Status = 4, meaning child status is minimally and temporarily acceptable; a fact]. Suppose that this child got into trouble with the law last summer [a fact], while out of school with no structured summer program [a fact], and while having inadequate supervision in the home [a fact]. Suppose this child is to be discharged from the residential treatment facility at the end of June [a fact], but has no transition plan for returning to home and school [a fact], no planned summer program to keep the child out of trouble [a fact], continuing problems at home [a fact], and no contact or planning with the neighborhood school expected to admit and serve the child when school begins in August [a fact]. Based on what is now known about this child, what is the probability that the child's status in six months (October) will: (1) Improve from a 4 to a higher level? (2) Stay about the same at level 4? or (3) Decline to a level lower than 4? Given this set of case facts plus the child's tendency patterns described in recent history, most reviewers would make an informed prediction that the case trajectory would be downward and that the child's status is likely to decline. One may "hope" for a different trajectory and a more optimistic situation, but *hope is not a strategy* to change the conditions that are likely to cause a decline. Based on the reviewer's six-month forecast for a case, the reviewer offers practical "next step" recommendations to alter an expected decline or to maintain a currently favorable situation over the next six months.

Based on what is known about this case and what is likely to occur in the near-term future, make an informed prediction of the forecast in this case. *Assume that the service system's practice performance continues doing business as usual when making the six-month prediction.* Mark the appropriate alternative future statement in the space provided for the Six-Month Prognosis on the roll-up sheet. The facts that lead the reviewer to this view of case trajectory should be reflected in the reviewer's findings and recommendations.

SIX-MONTH FORECAST (NEXT 6 MONTHS)

Based on the focus child/youth's **current overall status**, recent progress, the current level of **overall practice performance**, and **events expected to occur over the next six months**, is this child/youth's overall status expected to maintain at a high level, improve to a higher level, remain about the same, decline over the next six months, or remain at low level six months from now? (check only one)

- ☐ **MAINTAIN at a CURRENTLY HIGH STATUS LEVEL (5-6 range)**
- ☐ **IMPROVE to a level HIGHER than the current overall status**
- ☐ **CONTINUE at the SAME STATUS LEVEL — status quo**
- ☐ **DECLINE to a level LOWER than the current overall status**
- ☐ **REMAIN at a CURRENTLY LOW STATUS LEVEL (1-2 range)**

SECTION 5

REPORTING OUTLINES

WRITTEN CASE REVIEW SUMMARY

FOCUS CHILD/YOUTH'S STATUS FINDINGS

Facts about the Review

- Agency or Office
- Person's Code
- Reviewer's Name
- Review Date
- Date of Report
- Person's Placement

People Interviewed during this Review

Indicate the number and role (child/youth, parent, caregiver, case-worker, community support worker, therapist, job coach, etc.) of the persons interviewed during the course of review. Indicate any key persons who were unavailable or unwilling to participate in interviews.

Facts About the Focus Child/Youth and Family

- Person's situation and living arrangement
- Reasons for current services
- Services presently received
- Agencies presently or recently involved

Focus Child/Youth's and Family's Current Status

Describe the current status of the child/youth and family and present living arrangements based on status review findings relative to well-being, daily functioning, necessary supports, and fulfillment of applicable adult roles. Mention relevant historical facts that are necessary for an understanding of the person's current status. Use a concise flowing narrative to tell the "case story" and make sure that it supports and adequately illuminates the Overall Status rating. If any unfavorable status result puts the person at risk of harm, explain the situation.

Child/Youth's Recent Progress

Describe the focus child/youth's recent progress as revealed in the progress indicators. As appropriate to the person's situation, address matters related to safety, permanency, and well-being.

Factors Contributing to Favorable Status & Progress

Where status is positive, indicate the contributions that the focus child/youth's and family's own strengths, good clinical reasoning and practical problem solving by practitioners, and uses of natural supports and generic community services made to the results.

Factors Contributing to Unfavorable Status

Describe any personal challenges or local practice conditions that seem to be contributing to the current unfavorable status and how the focus child/youth and/or family may be adversely affected now or in the near-term future, if status is not improved.

PRACTICE PERFORMANCE FINDINGS

Describe the current practice performance of the service system for this child and family using a concise narrative form. Mention any historical facts or local circumstances that are necessary for understanding the situation.

What's Working Now

Identify and describe which service system functions are now working adequately for the focus child/youth and family. Focus on practice strengths in engaging/teaming, understanding, planning, implementing, and getting/using results. Briefly explain the factors that are contributing to the current success of these system functions.

What's Not Working Now and Why

Identify and describe any service system functions that are <u>not</u> working adequately for the focus child/youth and family. Focus on practice challenges in engaging/teaming, understanding, planning, implementing, and getting/using results. Briefly explain the problems that appear to be related to any current breakdowns in any of these functions.

Six-Month Prognosis/Stability of Findings

Based on current service system performance found in this case, is the child/youth's overall status likely to improve, stay about the same, or decline over the next six months -- assuming that practice continues business as usual? Take into account current service quality and important life change adjustments that may occur over this time period. Explain your rationale for the prognosis made.

Practical Steps to Sustain Success and Overcome Current Problems

Suggest several practical *next steps* that could be taken to sustain and improve successful practice activities over the next six months. Suggest practical steps that could be taken to overcome current problems and to improve poor practices and local working conditions for this person in the next 90 days.

Reporting Considerations

When using an unbounded reporting format, the summary should not exceed six typed pages, depending on the complexity of the case and the extent of supports and services being provided by various agencies. When using a writing template, complete all sections and elements as appropriate to the case. Follow the guidance provided for length of statements entered into text blocks in the template. Ensure that consistency exists between all forms of reporting made to agency staff, including the feedback session, grand rounds session, roll-up sheet and case review summary. Submit the completed report in the manner directed and by the deadline set by the QSR Team Leader.

10-MINUTE ORAL PRESENTATION OUTLINE FOR GRAND-ROUNDS

ORAL PRESENTATION OUTLINE*

1. FACTS ABOUT THE FOCUS CHILD/YOUTH AND FAMILY — 3 MINUTES

- Key facts: age, gender, diagnoses, medications, residence, work, family/informal supports
- Strengths and needs of the focus child/youth and family
- Reasons for current services and agencies involved
- Primary life outcomes expected from current services

2. CURRENT STATUS & RECENT PROGRESS — 3 MINUTES

- Focus child/youth status in well-being areas (safety, stability, permanency, health, emotional well-being)
- Focus child/youth status in academics, lawful behavior, social supports
- Focus child/youth status in fulfilling key life roles (student, friend, team mate, citizen)
- Current caregiving, family functioning and resourcefulness
- Overall status rating (on 1-6 scale)
- Overall recent progress trajectory (on 1-6 scale)
- Any present problems or unmet needs

3. PRACTICE PERFORMANCE — 3 MINUTES

- Engaging & teaming
- Understanding the situation/clinical formulation
- Planning outcomes and interventions
- Providing adequate supports and services
- Getting and using results (including tracking and adjusting)
- Overall practice rating (1-6 scale)
- Six-month prognosis

4. CLOSING ITEMS — 1 MINUTES

- Suggested next steps
- What this child/youth's story teaches about practice

TOTAL PRESENTATION TIME	10 MINUTES

5. QUESTIONS TO PRESENTER — 5 MINUTES

* *NOTE: This is a facilitated presentation and discussion session that uses a timekeeper.*