Quality Service Review
For a Child and Family

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

QSR Protocol - Field Use Version

Produced for Use by

The Michigan Department of Health & Human Services

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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, adapt to complex, ever-changing conditions, and assess the Michigan MiTEAM case practice model.

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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Acknowledgements

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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, childcare, 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 wellbeing, 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.

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 Health and Human Services Child Welfare Vision, Mission, and Guiding Principles

- **Child Welfare Vision**:

  DHHS 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.

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

- 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 Health and Human Services (DHHS) 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 Health and Human Services (DHHS) 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, DHHS 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 DHHS and private agency providers 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 a 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 nonjudgmental 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.

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Quality Service Review Indicators

The QSR Protocol provides reviewers with a specific set of indicators to use when examining the status of the child 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'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'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.

Focus Periods Under Review			
Indicators		**Past**	**Future**
Child & Family Status Indicators	Safety: Exposure to Threats	30 Days	
	Safety: Behavioral Risk	180 Days	
	Stability	360 Days	& Next 180 Days
	Permanency	30 Days	
	Living Arrangement	30 Days	
	Physical Health	30 Days	
	Emotional Functioning	30 Days	
	Academic Status	30 Days	
	Independent Living Skills	30 Days	
	Voice & Choice	30 Days	
	Family Functioning & Resourcefulness	30 Days	
	Family Connections	30 Days	
Practice Performance Indicators	Engagement	90 Days	
	Teaming	90 Days	
	Assessment & Understanding	90 Days	
	Long-Term View	90 Days	
	Case Planning	90 Days	
	Implementing Interventions	90 Days	
	Tracking & Adjustment	90 Days	

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 cannot be regarded as acceptable if the child is unsafe or persons in the focus child's daily settings are not safe from the focus child. More information regarding the sum-up process for the two review domains are in Section 4 of this protocol.

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.

General Information

Training Required for QSR Reviewers

Persons using this protocol should have completed the classroom training program (8 hours). The classroom portion of reviewer training uses lectures, simulation-based training on protocol indicators, 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. 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 have successfully completed these steps will be granted review privileges.

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 his 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

Differences between Ratings 3 and 4

- A rating of 3 is close, but not presently acceptable.
- A 3 is not adequate for the child to do well now or in the near-term future.
- A 3 may show some positive indications but now falls short of a desired result or adequate function.
- Under favorable conditions, a 3 could become a 4 later.
- A rating of 4 is minimally acceptable right now.
- A 4 is just enough for the child to do OK now and in the near-term future.
- A 4 requires evidence of acceptable status/results or of adequate functioning related to acceptable present results.
- "Groundhog Day" Rule: If this case were frozen in time as it is today, would it be acceptable?

Section 2

Child & Family Status Indicators

1.	Safety from Exposure to Threats of Harm	14
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5.	Living Arrangement	22
6.	Physical Health	24
7.	Emotional Functioning	26
8a.	Early Learning & Development (under age 5)	30
8b.	Academic Status (age 5 and older)	31
9.	Independent Living Skills (age 14 and older)	32
10.	Voice & Choice	34
11.	Family Functioning & Resourcefulness	36
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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 concept measured in each indicator.** While two concepts 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-days, unless stated differently for a particular indicator. *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 Period Under Review: **Past 30 Days**

Applicability: All cases are applicable for the scoring of home. School is not applicable if the child was not enrolled in a school program or early childhood education program. Other is only applicable if the child attends other settings, i.e. daycare, parental visitation settings, etc.

Focus Measure:
Safety is the degree to which the child is free from abuse, neglect, intimidation, and bullying by others in their place of residence and other daily settings.

Core Concepts:
Safety is central to child and family well-being. Each child should feel safe and be free from abuse and neglect or other known risks of harm in their daily environments. This includes safety from identified abuse and neglect, unreasonable intimidations by parents, family, caregivers, neighbors, peers, teachers, employers, or anyone else interacting with the child. Settings to be considered include the child's physical residence, educational program, day care setting, as well as any other setting in which the child is involved on a regular basis. All adult caregivers and other persons of authority in the child's life bear a responsibility for maintaining safety for the child. Any known risks should be addressed with a safety plan that provides specific proactive and reactive steps to protect the child.

Status Review 1: Safety from Exposure to Threats of Harm

Rating	Status	Supporting Facts
6 **Excellent** ☐ **Home** ☐ **School** ☐ **Other**	The child's situation indicates optimal safety in their home and other settings.	The child is free from abuse and neglect. The child resides in an exceptionally safe home, school, and community. The child is continually free from intimidation, bullying, and other known risks of harm. The child has fully reliable and competent parents/caregivers who always protect the child . The child is not vulnerable to any specific threat of harm.
5 **Good** ☐ **Home** ☐ **School** ☐ **Other**	The child's situation indicates substantial safety in their home and other settings.	The child is free from abuse and neglect. The child resides in a substantially safe home, school, and community. The child is typically free from intimidation, bullying, and other known risks of harm. The child has reliable and competent parents/caregivers who protect the child under normal daily conditions. The child is rarely vulnerable to threats of harm.
4 **Fair** ☐ **Home** ☐ **School** ☐ **Other**	The child's situation indicates acceptable safety from imminent risks of harm in their home and other settings.	The child is free from abuse and neglect. The child resides in a reasonably safe home, school, and community. The child is fairly free from intimidation, bullying, and other known risks of harm. The child has fairly competent parents/caregivers who protect the child reasonably well under normal daily conditions. The child is seldom vulnerable to threats of harm.
3 **Limited** ☐ **Home** ☐ **School** ☐ **Other**	The child's situation indicates a marginal safety risk. There is some risk of harm in their home and other settings.	The child may have been exposed to abuse or neglect. Persons at home, school, or in the community are sometimes posing a safety risk to the child through intimidation, bullying, or other known risks of harm. Supervision and/or supports are not always dependable at all times or in all settings or have not yet resulted in a consistent pattern of safety. The child is somewhat vulnerable to a threat of harm.
2 **Poor** ☐ **Home** ☐ **School** ☐ **Other**	The child's situation indicates significant safety problems that pose increased risks of harm in their home and other settings.	The child has been exposed to abuse or neglect. Persons at home, school, or in the community are posing significant safety problems for the child through intimidation, bullying, or other known risks of harm. The current level of supervision and/or support is inadequate to manage risks. The child is substantially vulnerable to a threat of harm.
1 **Adverse** ☐ **Home** ☐ **School** ☐ **Other**	The child's situation indicates serious safety problems that pose high risks of harm in their home and other settings.	The child has been exposed to abuse or neglect. Persons in the child's daily settings are posing a serious and worsening safety problem for the child through intimidation, bullying, or other known risks of harm. Necessary supervision and/or supports are either missing or grossly inadequate.

Status Review 2: Safety from Behavioral Risks to Self or Others

Focus Period Under Review: **Past 180 Days**

Applicability: If the child is under 12 months of age, this indicator is not applicable.

Focus Measure:
Degree to which the child avoids self-harm, self-endangering situations and refrains from behaviors that may put others at risk of harm.

Core Concepts:
This indicator examines the child's choices, decisions, behaviors, activities, and whether or not those choices result in risky or potentially harmful actions. It addresses behavioral risks including self-endangerment and risk of harm to others.

Examples of potentially harmful actions may include:
- Running away or leaving supervision for extended periods of time.
- Extreme tantrums that may result in harm to self or others.
- Serious property destruction, including fire setting.
- Bulimia and/or anorexia.
- Use of weapons.
- Gang affiliation and related activities.
- Use or abuse of alcohol, addictive substances, or illegal substances.
- Suicidality, self-mutilation, or other forms of self-injurious behaviors.
- Placing self in dangerous situations or neglecting exceptional self-care requirements.
- Assault or physical attacks.
- Predatory sexual activities such as grooming, coercion, or non-consensual sexual activities.
- High risk sexual activities such as serial partners or indiscriminate sexual encounters.

Status Review 2: Safety from Behavioral Risks to Self or Others

Rating	Status	Supporting Facts
6 **Excellent** ☐ **Risk to Self** ☐ **Risk to Others**	The child is consistently avoiding behaviors that cause harm to self, others, or the community.	The child has not engaged in any harmful actions in the past six months.
5 **Good** ☐ **Risk to Self** ☐ **Risk to Others**	The child is substantially avoiding behaviors that cause harm to self, others, or the community.	The child has not engaged in any harmful actions in the past three months; however, there was at least one in the past six months.
4 **Fair** ☐ **Risk to Self** ☐ **Risk to Others**	The child is usually avoiding behaviors that cause harm to self, others, or the community.	The child has not engaged in any harmful actions within the past 30 days; however, there was at least one in the past three months.
3 **Limited** ☐ **Risk to Self** ☐ **Risk to Others**	The child occasionally engages in behaviors that cause harm to self, others, or the community.	The child has engaged in an emerging pattern of harmful actions resulting in some consequences. The child is able to self-regulate their behaviors when support is provided.
2 **Poor** ☐ **Risk to Self** ☐ **Risk to Others**	The child regularly engages in behaviors that cause harm to self, others, or the community.	The child has engaged in an increasing pattern of harmful actions resulting in serious consequences. The child is not able to self-regulate their behaviors when support is provided.
1 **Adverse** ☐ **Risk to Self** ☐ **Risk to Others**	The child frequently engages in behaviors that cause harm to self, others, or the community.	The child has engaged in a consistent pattern of harmful actions resulting in severe consequences. The child may fail to cooperate with supports provided.

Status Review 3: Stability

Focus Period Under Review: **Past 12 months or since the family began receiving Services from MDHHS and projecting into the next six months**

Applicability: All cases are applicable for home stability. The school indicator is not applicable if the child is not school age or is older and not presently enrolled in an educational or vocational program.

Focus Measure:
The child's daily living environments are stable and free from risk of disruption. Any known risk of disruption or future risk of disruption in the current placement are being managed appropriately by providing supports to the child and caregiver.

Core Concepts:
Continuity in caring relationships and consistency of settings and routines are essential for the child's sense of identity, security, attachment, trust, and social development. The stability of the child's life will influence their ability to solve problems, negotiate change, assume responsibilities, and form healthy relationships. Stability is intrinsically linked to the child's attachment, to their family and home community, individual, racial, and cultural identity, as well as their emotional and behavioral development and overall well-being. The reviewer should specifically consider what overall impact the move/disruption had on the achievement of permanency for the child.

*** Note:** A "disruption" is an 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 situation in which the child does not return to the same home following treatment.

- An educational move is considered disruptive if the child changes school due to a home disruption, if the school location is changed for any reason, or to a more restrictive educational setting.
- A brief hospitalization for acute care is not a disruption if the child returns to the same home following discharge.

Example of Planned Moves

1. Move to a less restrictive placement.
2. Move from a foster home to a pre-adoptive home.
3. Move from an unrelated foster home to a relative foster home (licensed or unlicensed).
4. Move from foster home to parental/removal home.
5. Move to reunite child with siblings.
6. Move from one relative to another for the purpose of permanency or the child's best interest.

Example of Unplanned Moves

1. Foster parent, relative or other caregiver requested the move.
2. Foster parent moved from the State or had a revocation of their foster home license.
3. Unsuccessful trial home placement.
4. Placement disruption (Residential asks for removal, child moves from relative care to an unrelated licensed foster home, child runs away, or child enters juvenile detention).
5. Respite foster home placement until a more permanent placement is found.

Status Review 3: Stability

Rating	Status	Supporting Facts
6 **Excellent** ☐ **Home Setting** ☐ **School Setting**	The child's stability in the home and/or school is strong. The child has many enduring relationships with those living in the home and has positive peer relationships at school.	The child has established positive and enduring relationships with parents/caregivers, siblings, adult supports and peers. The child has remained in the same home and school over the past 12 months or since receiving services from the department, with only planned changes. There is little likelihood of any future planned/unplanned disruption and only age appropriate changes are expected in school settings.
5 **Good** ☐ **Home Setting** ☐ **School Setting**	The child's stability in the home and/or school is steady. The child has some enduring relationships with those living in the home and has or is beginning to solidify positive peer relationships at school.	The child has established positive relationships with parents/caregivers, siblings, and peers. The child has remained in the same home and school over the past 12 months or since receiving services from the department or has had only one disruption* in either setting within the past 12 months and none within the past six months. Only age appropriate changes in school settings are expected in the next six months and any unplanned changes in placement are unlikely.
4 **Fair** ☐ **Home Setting** ☐ **School Setting**	The child's stability in the home and/or school is adequate. The child is beginning to secure a few enduring relationships with those living in the home and is just beginning to connect with positive peer relationships at school.	The child has established some positive relationships with parents/caregivers, siblings, and peers. The child has remained in the same home and school over the past nine months or since receiving services from the department or has had only one disruption* in either setting within the past nine month and none within the past 90 days. Only age appropriate changes in school settings are expected in the next six months and any changes in placement are unlikely within the next three months.
3 **Limited** ☐ **Home Setting** ☐ **School Setting**	The child's stability in the home and/or school may be inadequate. Services provided to stabilize placement are ineffective. The child has not formed supportive relationships with anyone living in the home or at school.	The child has few relationships with parents/caregivers, siblings and peers but appear superficial and short term. The child has remained in the same home and school over the past three to six months or since receiving services from the department but has had more than one disruption* in either setting within the past six months. Only age appropriate changes in school settings are expected within the next six months, but changes within the home may be likely within the next three months.
2 **Poor** ☐ **Home Setting** ☐ **School Setting**	The child's stability in the home and/or school is inadequate. The child has not formed supportive relationships with anyone living in the home or at school, and school attendance may be irregular, or child is not attending at all.	The child has not established positive relationships with parents/caregivers, siblings, and peers. The child has remained in the same home and school over the past three to six months or since receiving services from the department but has had more than two disruptions* in either setting within the past six months. Only age appropriate changes in school settings are expected within the next three to six months, but changes within the home may be likely within the next 30 days. There are problems with the child's stability in either or both placements that the agency is not addressing.
1 **Adverse** ☐ **Home Setting** ☐ **School Setting**	The child's stability in the home and/or school is temporary (i.e. shelter care, detention or crisis stabilization) or unacceptable. Repeated disruptions in school/home have resulted in few if any stable or consistent relationships for the child.	The child has no relational stability and may feel isolated and alone. The child has remained in the same home and school over the past three to six months or since receiving services from the department but has had more than three disruptions* in either setting within the past three months. Only age appropriate changes in school settings are expected within the next three to six months, but changes within the home may be likely within the next 30 days. The child's situation is spiraling out of control and the agency is not addressing the placement instability.

***** **Note:** A "disruption" is an unplanned move to a more restrictive setting and/or to another home.

Status Review 4: Permanency

Focus Period Under Review: **Past 30 Days**

Applicability: All cases are applicable unless legal permanency has been resolved or the case is an open CPS case.

Focus Measure:
A permanency goal has been identified for the child and the timely completion of the goal is in the near future. The child is living with caregivers that the child, caregivers and family team members believe will result in enduring relationships. The team is presently implementing specific steps toward permanency that will ensure lasting relationships that provide a sense of family, stability and belonging. For a child who may not live in a traditional home setting, the team and the child are securing or has secured lasting relationships and informal supports that will remain into adulthood.

Core Concepts:
A child removed from their family home should be placed in a good quality placement with respect to successful matching of the child with an appropriate caregiver. This placement should provide positive and enduring relationships that last into adulthood and achieve conditions necessary for timely legal permanency with a planned permanent caregiver**.**

Status Review 4: Permanency

Rating	Status	Supporting Facts
6 Excellent	The child is living in a permanent family setting or living independently and has established several lifelong relationships or connections within their community. All legal barriers have been removed that could alter the current permanency goal; timely resolution of legal permanency is in the near future.	The child has an identified placement that is willing to provide beyond case closure. The child has established a trusting relationship with a caregiver and the relationship has been tested and endured. Permanency is in the near future. The child's permanency goal has been achieved, and when appropriate, the child's reunification, adoption or guardianship finalization is near and case closure is imminent.
5 Good	The child is living in a family setting and a plan is being developed by the team for permanency with the current caregiver. The child and caregiver are committed to this plan. The child is living independently and has or is beginning to establish lifelong relationships or connections within their community. Almost all legal barriers have been removed to alter the current permanency goal; timely resolution of legal permanency is evident.	The child has an identified placement that is willing to provide beyond case closure. The child has established a relationship with a caregiver and the relationship has been tested and endured. The caregiver has agreed to provide long-term permanency. The child's permanency goal has been identified and plans are being implemented to secure the goal of reunification, adoption, or guardianship within the next three to six months.
4 Fair	The child is living in a family setting or is ready to move to a permanent family setting. The child has just moved, is appropriate to move to an independent living setting or is ready to move to a permanent family setting and is beginning to establish supports and connections within the community. There are some legal barriers that still exist that may alter the current permanency goal.	The child is in the process of establishing a relationship with a caregiver. The placement fit is likely, but the relationship has not been tested. The child's permanency goal has been identified and plans are beginning to be implemented to secure the goal towards reunification, adoption or guardianship within the next six to nine months.
3 Limited	The child is not living in a setting that will be able to provide them with a permanent home. The timely resolution of obtaining legal permanency with or without a legal caregiver is uncertain. The child living independently has not established any supports or connections within the community and may not be able to maintain independent placement.	A placement has not been identified for the child nor has a long-term plan been established. The child has not established a relationship with a caregiver willing to commit to long-term care. The child is in a temporary setting and the likelihood of reunification or finding a permanent home remains uncertain. There are multiple factors contributing to stalling legal permanency for the child and the team is just beginning to address those factors.
2 Poor	The child is not living in a setting that will be able to provide them with a permanent home. There are continuing problems of permanence and prospects for achieving timely resolution of legal permanency are not likely. There is no achievable plan being implemented. Reunification, adoption or guardianship issues are unresolved. The child living independently has not established any supports or connections within the community and is unable to maintain independent placement.	The child has no identified placement. The child has established no long-term relationships. The child is in a setting that the team is doubtful will endure or the child has been in a temporary setting for more than six months with no achievable plan being implemented to move the child to a less restrictive placement. There are multiple factors contributing to stalling legal permanency for the child and the team is not yet addressing those factors.
1 Adverse	The child is not living in a setting that will be able to provide them a permanent home. The child has serious and worsening problems of permanence and prospects for achieving timely resolution of legal permanency with the current or planned caregiver is not possible and placement disruption is likely to occur. There is no achievable plan being implemented. Reunification, adoption or guardianship issues have failed to be resolved.	The child is in an unacceptable setting or has been in a setting for more than six months with no achievable plan being implemented to move the child to a less restrictive placement that will provide permanence. There are multiple factors contributing to stalling legal permanency for the child and the team is not addressing those factors.

Status Review 5: Living Arrangement

Focus Period Under Review: **Past 30 Days**

Applicability: All cases are applicable.

Focus Measure:
The child resides in the most appropriate and least restrictive living arrangement that is consistent with and supportive of their needs, including their personal identity, age, faith, language and culture.

Core Concepts:
For children in out-of-home care, living arrangements can include unrelated/related licensed foster homes, unlicensed relative or fictive kin care, treatment foster homes, independent living settings, supervised independent living settings, group home care, or residential treatment. Whenever safe, the child should remain at home with their family, or in the community in which they were removed. If the child must be temporarily removed from their home, efforts to locate appropriate relative or kinship placement within the local community to maintain family and familiar community connections should be made. Some children with special needs may require therapeutic settings that must be the least restrictive, most appropriate and inclusive setting to support the child's needs. Children residing in their home of origins are considered to be in the best Living Arrangement available as long as all safety issues have been adequately addressed within the preceding 30 days. This includes safety plans and interventions that have been in place prior to the preceding 30 days and have proven to be continually affective.

For a child placed in a residential facility the following should be considered when scoring on this indicator:

- Does the facility have the appropriate services and supports in place to assist in achieving permanency for the child?
- Is the team preparing for the child's next move into a least restrictive setting?
- Does the facility provide the child with activities outside the facility to assist in preparing the child for placement in the community?

Status Review 5: Living Arrangement

Rating	Status	Supporting Facts
6 Excellent	The child is living in the least restrictive, most appropriate placement setting necessary to meet all of their needs.	The living arrangement provides excellent access for the child to maintain all family connections and relationships with all siblings. The placement setting also provides excellent supports for the child's emotional, cultural, educational, physical, spiritual, social and supervisory needs. The caregiver is dependable and competent in meeting any extraordinary demands of the child.
5 Good	The child is living in the least restrictive, most appropriate placement setting necessary to meet the majority of their needs.	The living arrangement provides good access for the child to maintain almost all family connections and relationships with most siblings. The placement setting also provides good supports for the child's emotional, cultural, educational, physical, spiritual, social and supervisory needs. The caregiver is generally able to meet any extraordinary demands of the child. The caregiver is able to use appropriate redirection when needed.
4 Fair	The child is living in the least restrictive, most appropriate placement setting necessary to meet their minimum basic needs.	The living arrangement provides fair access for the child to maintain most family connections and relationships with some siblings. The placement setting also provides fair supports for the child's emotional, cultural, educational, physical, spiritual, social and supervisory needs. The caregiver is somewhat able to meet any extraordinary demands of the child. The redirection of the child is usually present, but at times may be absent or inappropriate.
3 Limited	The child is not living in the least restrictive or most appropriate placement setting. The living arrangement does not meet the child's minimum basic needs.	The living arrangement provides only limited access for the child to maintain family connections and relationships with their siblings. The placement setting is also limited in providing supports necessary to meet the child's emotional, cultural, educational, physical, spiritual, social and supervisory needs. The caregiver is somewhat able to meet any extraordinary demands of the child. Redirection of the child may be absent, inappropriate, or excessive.
2 Poor	The child is not living in the least restrictive placement setting and the living arrangement is substantially inappropriate to meet the needs of the child.	The living arrangement provides poor access for the child to maintain family connections or relationships with their siblings. The placement setting provides poor supports or does not provide necessary supports to meet the child's emotional, cultural, educational, physical, spiritual, social and supervisory needs. The caregiver has difficulty meeting any extraordinary demands of the child. Redirection of the child is absent, inappropriate, or excessive.
1 Adverse	The child is living in a restrictive placement setting and the living arrangement is contributing to a serious or worsening situation for the child.	The living arrangement provides no access for the child to maintain family connections or relationships with their siblings. The placement setting does not provide any supports necessary to meet the child's emotional, cultural, educational, physical, spiritual, social and supervisory needs. The caregiver is not able to meet extraordinary demands of the child. Redirection of the child is absent, inappropriate, or excessive.

Status Review 6: Physical Health

Focus Period Under Review: **Past 30 Days**

Applicability: All cases are applicable.

Focus Measure:
Physical health is the degree to which the child is achieving and maintaining favorable health status, given any diagnosis and prognosis that they may have by receiving adequate and consistent levels of health care and necessary medications and treatments appropriate for the child's age and personal needs. The child's basic needs for food, shelter, and clothing are being met.

Core Concepts:
The goal for the child 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 child's basic needs for necessary medications and treatments, 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, medication reviews, dental hygiene, and screenings for possible developmental delays, mental health needs, or other physical health needs. This extends to reproductive health care education and services, in order for youth to prepare and protect themselves from making poor life choices, exposure to sexually transmitted diseases, and teen pregnancy. The child should be allowed access to alternative health and other physical care services appropriate to their culture, racially determined skin and hair care needs, and to their cultural and ethnic preferences. For a child who is clinically obese, they should be receiving dietary guidance and appropriate supports. A responsible adult should assure that medications are taken as prescribed, 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 child who is developmentally capable, they should understand their condition and how to self-manage issues associated with the condition.

Status Review 6: Physical Health

Rating	Status	Supporting Facts
6 Excellent	The child is in excellent physical health.	The child's physical needs for nutrition, exercise, sleep, medication and hygiene are fully met. If the child has a chronic condition, they are attaining the best possible health status that can be expected. Routine preventive medical and dental care (vision, immunizations, well child exams and developmental screenings) are consistently provided on a timely basis. All appropriate and necessary follow-up care is provided on a timely basis. The child may have a long-established relationship with a primary care physician and receives excellent high-quality health services as needed.
5 Good	The child is in generally good physical health.	The child's physical care needs for nutrition, exercise, sleep, medication and hygiene are being substantially met. The child is demonstrating a good, steady health pattern considering any chronic conditions. Routine health and dental care (vision, immunizations, well child exams and developmental screenings) are consistently provided, but not always on schedule. Follow up care has been provided within reasonable time frames. The child may have an established relationship with a primary care physician and receives usually good quality health care services as needed.
4 Fair	The child is in fair physical health.	The child's physical needs for nutrition, exercise, sleep, medication and hygiene are being adequately met. The child is demonstrating a good, steady health pattern considering any chronic conditions. Routine health and dental care (vision, immunizations, well child exams and developmental screenings) are adequately provided, but not always on schedule. Some immunizations may not have occurred, or some may be overdue. Follow-up care may have been delayed for a month or two. The child may have just established a relationship with a primary care physician and may receive some health care services as needed.
3 Limited	The child is in marginal health.	The child has a limited, inconsistent, or inadequate level of health status. Any previous or current health concerns may be adversely affecting the child's functioning. The child's physical care needs for nutrition, exercise, sleep, medication and hygiene may be inconsistently met. Routine health and dental care (vision, immunizations, well child exams and developmental screenings) are not always provided. Some required immunizations have not occurred. Follow-up care has not been provided, or it has been delayed for more than three months. The child may not have a primary care physician who provides necessary health care. The child may occasionally miss an indicated health care appointment or service. Important treatments have been missed or delayed, but it is not immediately life threatening.
2 Poor	The child is in poor physical health and is not improving.	The child's physical health status is affecting their development, functioning, and/or ability, with no improvement. The child's physical care needs for nutrition, exercise, sleep, medication and hygiene may not be met, with significant impact on functioning. Chronic conditions may be less controlled, possibly with the presentation of acute episodes. Routine health and dental care (vision, immunizations, well child exams and developmental screenings) have been seriously neglected. The child may not have a primary care physician and relies on emergency room care for acute needs. The child may frequently miss indicated health care appointments and needed services. There has not been follow-up on important recommendations.
1 Adverse	The child is in poor physical health and is declining.	The child's health problems are adversely affecting their development, functioning, and/or ability, and may be worsening. The child's need for nutrition, exercise, sleep, medication and hygiene may not be met with possible adverse outcomes. Chronic conditions are increasingly uncontrolled, with presentation of acute episodes that increase health care risk. Routine health and dental care (vision, immunizations, well child exams and developmental screenings) have been seriously neglected leading to serious physical deterioration or disability. Follow up care has been completely neglected. The child may refuse appointments or services. Parents or caregivers may regularly miss the child's health care appointments or services.

Status Review 7: Emotional Functioning

Focus Period Under Review: **Past 30 Days**

Applicability: This indicator does not apply for a child under two.

Focus Measure:
The degree to which the child 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 consistent with their age and ability.

Core Concepts:
For a child ages two through five years, emotional functioning is characterized by their developing capacity to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn. Behaviors are developmentally appropriate. Emotional well-being for children ages two through five is synonymous with healthy social and emotional development.

For a child over the age of five, emotional functioning is characterized by a feeling of personal worth, a sense of belonging, attachment to family and friends, as well as age-appropriate social groups. These children demonstrate the ability to offer and accept nurturing positive relationships with family/peers and express affection within appropriate bounds of social behavior. They also have a realistic awareness of their own personal strengths, attributes, accomplishments and potential, as well as their limitations. They are developing the ability to self-regulate emotions, express gratitude, delay gratification, and use age-appropriate levels of self-direction. They have an increasing ability to recover from setbacks and handle frustration. They are able to internalize moral values, social norms, and rules that guide personal behavior. They are developing a sense of purpose, optimism, and compassion for others.

Status Review 7: Emotional Functioning

Note: Complete the Scale on pgs. 28-29 for Estimating a Child's Level of Emotional Functioning prior to scoring.

Rating	Engagement Status	Supporting Facts
6 Excellent	The child is demonstrating an excellent and sustained pattern of emotional functioning.	The child is exceeding expectations in forming attachments and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors. A child functioning at this level would be consistent with Level 10 in the Scale for Estimating a Level of Emotional Functioning for the child.
5 Good	The child is demonstrating a good and steady pattern of emotional functioning.	The child is meeting expectations in forming attachments and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors. A child functioning at this level would be consistent with the Level 8-9 range in the Scale for Estimating a Level of Emotional Functioning for the child.
4 Fair	The child is demonstrating a fair pattern of emotional functioning.	The child is meeting minimal expectations in 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. A child 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.
3 Limited	The child is demonstrating a limited and inconsistent level of emotional functioning.	Emotional functioning is becoming somewhat problematic. The child falls below expectations in more than one area or shows severe impairment in one area: forming attachments and positive social relationships, coping and adapting skills, or appropriate self-management of emotions and behaviors. A child functioning at this level would be consistent with Level 5 in the Scale for Estimating a Level of Emotional Functioning for a Child.
2 Poor	The child is demonstrating a consistently poor pattern of emotional functioning.	Emotional problems may be becoming more uncontrolled, possibly with presentation of acute episodes. The child is not meeting expectations in forming attachments and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors. A child 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.
1 Adverse	The child is demonstrating an adverse or worsening level of emotional well-being.	Emotional problems are uncontrolled, with presentation of acute episodes that present behavioral risks. The child is not meeting expectations or is showing regression in forming attachments and positive social relationships, coping and adapting skills, and appropriate self-management of emotions and behaviors. A child 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.

Scale for Estimating a Child's Level of Emotional Functioning

Rate actual functioning within the **Past 30 Days**.

	Level	Levels of Emotional Functioning to be used by the Reviewer
___	10	Child has excellent emotional functioning in all areas (home, school, with peers, in the community); is involved in a wide range of activities and has many interests (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 developmentally appropriate. Child demonstrates excellent emotional attachment to their caregiver, age appropriate boundaries with adults and peers, has healthy eating and sleeping habits, and their emotional responses to redirections (such as tantrums) are age appropriate in duration, intensity, and frequency.
___	9	Child has adequate emotional functioning in all areas (home, school, with peers, in the community). There may be slight difficulties around individual events, but everyday worries never get out of hand (including but not limited to mild anxiety about an important exam; occasional arguments with siblings, parents/caregivers, or peers).
___	8	Child has no more than a slight impairment in emotional functioning (home, school, with peers, in the community). Some disturbance of behavior or emotional distress may be present in response to life stresses (including but not limited to parental/caregiver separation, death, birth of a sibling, illness or medical problem, change of placement, worker or school); these are brief and interference with functioning is short-lived. Such children are only minimally disturbing to others and are not considered deviant by those who know them.
___	7	Child has some meaningful interpersonal relationships, however there is some significant difficulty in one area (home, school, with peers, in the community). Behaviors may include but are not limited to sporadic or isolated antisocial acts, occasional truancy, theft, or defiance of rules at home. The child's grades may be dropping due to a lack of participation or completion of work; fighting with peers, experimenting with illegal or non-prescribed substances, or has a lack of engagement in family/social activities or relationships. Such children may not be disturbing to others; however, those who know them well are starting to express concern.
___	6	Child has sporadic difficulty in several, but not all areas (home, school, with peers, in the community). Possible behaviors would be similar to those outlined in the level above. Such children are more disturbing to those who witness the behaviors, but not to those who see the youth in other settings. Those who know them well are expressing significant concern.

NOTE: Children rated lower than Level 6 may be considered to have a serious emotional disturbance.

Scale for Estimating a Child's Level of Emotional Functioning

Rate actual functioning within the **Past 30 Days**.

	Level	Levels of Emotional Functioning to be used by the Reviewer
___	5	Child has a moderate degree of interference in emotional functioning in several, but not all social areas or has a severe impairment of functioning in one area (home, school, with peers, in the community). Behaviors may include but are not limited to suicidal thoughts, school refusal, obsessive rituals, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive or other antisocial behavior. Despite behavior concerns, there is some preservation of meaningful social relationships.
___	4	Child has a major impairment in functioning in several, but not all, areas and unable to function in one of these areas (home, school, with peers, in the community). Behaviors may include but are not limited to aggression without clear instigation, markedly withdrawn and isolating behavior, or suicidal attempts with clear lethal intent. Such youth may require special schooling and/or hospitalization (but this alone is not a sufficient criterion for inclusion in this category).
___	3	Child is unable to function in almost all areas (home, school, with peers, in the community). This child may stay at home, in a ward, or in a bed all day without taking part in social activities. There may be a severe impairment in their ability to connect actions with consequences. Communication may be incoherent at times or inappropriate.
___	2	Child is unable to function in all areas (home, school, with peers, in the community). Child requires considerable supervision to prevent hurting self or others (frequently violent, repeated suicide attempts) or to maintain personal hygiene. There is gross impairment in all forms of communication (severe abnormalities in verbal and gestural communication, marked social aloofness, stupor).
___	1	Child needs constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in communication, cognition, affect, or personal hygiene.
___	NA	Not Applicable due to age of the young child [under age two years].

Status Review 8a: Early Learning & Development (Under age 5)

Focus Period Under Review: **Past 30 Days**

Applicability: The case is applicable if the child is under five years of age.

Focus Measure:
The child is developing, learning, progressing, and gaining skills at a rate appropriate with their age and ability.

Core Concepts:
Each child should be actively engaged in developmental and educational activities that enable the child to develop the skills and functional capabilities at a rate and level consistent with their age and ability. Essential functional capabilities include mobility, communication, toileting, following simple and more complex directions, independent, parallel and cooperative play, independent dressing, color recognition, etc. Developmental milestones include crawling at about nine months, walking by 15 months, saying/signing a few words by 18 months, having a vocabulary of about 50 words by two years, and following simple two-part commands by three years. Children over age three should be developing readiness for beginning academic skills. Children who have developmental delays or physical limitations should be receiving the necessary supports to maximize their development.

Status Review 8a: Early Learning & Development (Under age 5)

Rating	Status	Supporting Facts
6 Excellent	The child is making excellent progress in all domains.	The child's current developmental status is at or above age expectations in all domains, based upon normal developmental milestones.
5 Good	The child is making good progress in most domains.	The child's current developmental status is at age expectations in most domains, however there may be one or two areas in which the child is not as strong and requires ongoing monitoring.
4 Fair	The child is making fair progress in many domains.	The child's current developmental status is near age expectations in most major domains and may be slightly below in a few. The child is making substantial gains and appears to be approaching age-appropriate expectations.
3 Limited	The child is making limited progress in many domains.	The child's developmental status is somewhat near expectations in some domains but showing delays in others. The child is making moderate developmental gains and may not be improving in some domains.
2 Poor	The child is making poor progress in most domains.	The child's developmental status is showing significant delays in several domains as compared to age-appropriate expectations. The child may be making gains but has significant delays and is not likely to reach age-appropriate levels of functioning for some time.
1 Adverse	The child is significantly behind and/or regressing in all domains.	The child's current developmental status is significantly below developmental milestones and there may be a decline in certain domains. The rate of improvement is no more than minimal and may be subject to periods of regression.

Status Review 8b: Academic Status (Age five and older)

Focus Period Under Review: **Past 30 Days**

Applicability: The case is applicable if the child is 5 years of age or older and enrolled in a K-12 education program.

Focus Measure:
The child is learning, progressing, and gaining essential functional capabilities commensurate with their age and ability. The child is regularly attending school and is placed in a grade level consistent with age or developmental level. The child is meeting requirements for grade promotion leading to a school diploma, General Educational Degree (GED) or vocational training.

Core Concepts:
Each child should be actively engaged in educational, and/or vocational activities that enable the child to build skills and functional capabilities at a rate and level consistent with their age and abilities**.** Each child's attendance should be sufficient to benefit from instruction and meet requirements for grade promotion, course completion, and entry into the next school or vocational program. Each child's participation and engagement in educational activities is enabling them to reach or exceed all educational expectations and requirements set within their assigned curriculum, and where appropriate, their Individual Educational Plan (IEP).

Status Review 8b: Academic Status (Age 5 and older)

Rating	Status	Supporting Facts
6 Excellent	The child is making excellent progress in all essential areas.	The child is meeting or exceeding all requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program.
5 Good	The child is making good progress in most essential academic and functional areas.	The child is meeting most requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program.
4 Fair	The child is making fair progress in key academic and functional areas.	The child is meeting some core requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program.
3 Limited	The child is making limited or unacceptable progress in some key academic and functional areas.	The child is not meeting some core requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program.
2 Poor	The child is not progressing in key academic, functional, or vocational areas.	The child is not meeting many core requirements for grade-level promotion, course completion, or successful transition to the next school or vocational program. The child is temporarily suspended or is not attending school on a regular basis.
1 Adverse	The child is losing or regressing academic or functional skills.	The child may be chronically truant, suspended, expelled from school, or may have dropped out of school. The child may be three or more years behind in key academic areas. The child may be placed in congregate care, confined in detention, or hospitalized without appropriate instruction.

Status Review 9: Independent Living Skills (Ages 14 and older)

Focus Period Under Review: **Past 30 Days**

Applicability: The case is applicable for all youth ages 14 and older.

Focus Measure:
The degree to which the youth/young adult, according to age and ability is: (1) actively gaining and using functional life skills, (2) engaging in productive daily activities, (3) managing personal and financial needs, (4) connecting to a positive and supportive network, (5) gaining competencies to fulfill essential young adult roles, and (6) gaining access to any needed young adult services. If applicable, the young adult is becoming eligible for adult services. The adult system will provide (via a seamless transition) continuing care, treatment, and residential services that the youth will require upon discharge from children's services.

Core Concepts:
Preparation for Independent Living is measured by whether the youth is building the necessary capacities for living independently.

Preparation for Adulthood Domains:

Gaining and Using Functional Life Skills: As appropriate to ability and need, the youth should be actively engaged in learning and using functional life skills necessary for successful daily living. This includes cooking, maintaining living space, managing health and medical needs, shopping, etc. The most basic level (14-15 years of age) includes dressing, eating, ambulation, toileting, hygiene and basic household chores. The next level (16-17 years of age) includes housekeeping, taking medications as prescribed, basic money management, shopping for food and clothing, using the phone or other forms of communication, and using transportation in the community. Higher-level skills (18 and older) apply to the care of pets, care of others, parenting skills, food preparation and clean-up, financial management, safety procedures, and emergency responses.

Actively Engaging in Productive Daily Activities: As appropriate to ability and need, the youth should be engaged in meaningful activities that include but are not limited to: educational activities (life skills education, general equivalency diploma coursework, or post-secondary education); employment; participation in a vocational training program; and/or the youth is exploring or engaged in productive volunteer opportunities; is receiving information about work benefits, access to work supports, and advocacy.

Managing Personal and Economic Needs: For youth 16 and over residing in an independent living setting, earned income and financial supports should be sufficient to cover basic living requirements (i.e., shelter, food, clothing, transportation, health care, medications, leisure, childcare, etc.). The youth is accessing, receiving, and managing the economic benefits for which they are eligible. The youth has adequate housing and is financially stable for meeting and maintaining ongoing life needs. The youth is managing dental care, 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.

Connecting to a Positive and Supportive Network: As appropriate, includes a network of family, friends, positive peers, and adult supporters consistent with their choices and preferences. The youth should have opportunities to meet people outside of the service provider organization and to spend time with them in settings such as community activities. As appropriate to needs, the youth's social network should support recovery efforts in times of financial, emotional, and physical distress.

Gaining Competencies in Fulfilling Essential Roles: As appropriate to the youth's situation, for being a successful employee, tenant, parent, and law-abiding citizen of the community.

Gaining Access to Services: As necessary to meet important life needs for housing, daily living, heath care, and parenting. This also includes meeting developmental needs or accessing recovery supports.

Status Review 9: Independent Living Skills

Rating	Status	Supporting Facts
6 Excellent	The youth demonstrates excellent independent living skills consistent with age and developmental capacities.	The youth is making excellent progress in all or most of the preparation for adulthood domains. The youth is making excellent progress in secondary educational or vocational training and/or securing employment opportunities and when needed, they have secured adult services with continuing long-term care. The youth/young adult has developed significant long-term supportive relationships. For a young adult within 12 weeks of MDHHS exit, they have acquired all or nearly all of the skills, competencies, resources, connections, supports, and services necessary for successful living following system exit.
5 Good	The youth demonstrates good independent living skills consistent with age and developmental capacities.	The youth is making good progress in most of the preparation for adulthood domains. The youth is making good progress in secondary educational or vocational training and/or securing employment opportunities. When needed, they are in the process of securing adult services with continuing long-term care. The youth/young adult has developed some long-term supportive relationships. For a young adult within 12 weeks of MDHHS exit, they have acquired most of the skills, competencies, resources, connections, supports, and services necessary for successful living following system exit.
4 Fair	The youth demonstrates fair independent living skills consistent with age and developmental capacities.	The youth is making fair/average progress in most of the preparation for adulthood domains. The youth is making acceptable progress in secondary educational or vocational training and/or securing employment opportunities and when needed, they have only begun to secure adult services with continuing long-term care. The youth/young adult has only developed a few long-term supportive relationships. For a young adult within 12 weeks of MDHHS exit, they have acquired at least some of the skills, competencies, resources, connections, supports, and services necessary for successful living following system exit.
3 Limited	The youth demonstrates limited independent living skills that are inconsistent with age and developmental capacities.	The youth is making limited or inconsistent progress in the preparation for adulthood domains. The youth is making limited progress in secondary educational or vocational training and/or securing employment opportunities and when needed, they have not secured adult services with continuing long-term care. The youth is only beginning to develop long-term supportive relationships. For a young adult within 12 weeks of MDHHS exit, they have acquired at least some of the skills, competencies, resources, connections, supports, and services necessary for successful living following system exit.
2 Poor	The youth does not have independent living skills that are consistent with age and developmental capacities and has neither a plan nor an awareness to acquire such.	The youth is making slow, inadequate progress in the preparation for adulthood domains. The youth is making unacceptable progress in secondary educational or vocational training and/or securing employment opportunities and although needed, has not secured adult services with continuing long-term care. The youth/young adult has not or cannot develop long-term supportive relationships. For a young adult within 12 weeks of MDHHS exit, they may be lacking the skills, competencies, resources, connections, supports, and services necessary for successful living following system exit.
1 Adverse	The youth does not have independent living skills and there is no foreseeable plan nor course of action to ensure successful independence beyond case closure.	The youth has refused to comply or opportunities to the youth are unavailable to develop long-term supportive relationships, participate in gaining independent living/life skills or establish community supports and networks, attend educational/vocational training and will not secure employment. There has been no planning for needed adult services and continuing long-term care.

Status Review 10: Voice & Choice

Focus Period Under Review: **Past 30 Days**

Applicability: All cases are applicable unless the following exists (N/A the applicable individual):

- **If a child, parent or caregiver is not interviewed, reviewer should not score that individual.**
- The child was unable to be interviewed because of age or developmental ability.
- Some children under 10 years of age may not be able to exercise their voice or choice.
- A parent whose rights have been terminated cannot be rated on this indicator.
- A caregiver is not rated on this indicator if the child is placed in a congregate setting (residential facility, group home, supervised independent living or similar placement).

Focus Measure:
Degree to which the child, parents, caregivers and other key supporters believe they have an active and significant role in influencing and shaping decisions made about the family's goals.

Core Concepts:
The child and family should have an active role and voice in developing goals and objectives, as well as in the development and implementation of plans.

Services should be youth-guided and family-centered in their planning and provision. The family change process belongs to the child and family. They are the center of care and core drivers of decisions. The child and family should have a sense of ownership in the plan and decision process. Emphasis is placed on direct and ongoing involvement in all phases of service: assessment, planning interventions, provider choice, monitoring, modification, and evaluation.

This includes, but is not limited to:

- Knowing and explaining their 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 the agency worker and the child, mother, and father.

Child and family engagement, as well as 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.

Status Review 10: Voice & Choice

Rating	Status	Supporting Facts
6 **Excellent** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	The case participant reports being a full and effective partner on the team, fully participating in all aspects of assessment, service planning, implementation, monitoring, and evaluation of results.	The case participant has a central and directive role, providing a voice that shapes all of the decisions made by the team on behalf of the child and family.
5 **Good** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	The case participant reports being a substantial and contributing partner on the team, generally participating in most aspects of assessment, service planning, implementation, monitoring, and evaluation of results.	The case participant has an active and generally effective role, providing a voice that influences the decisions made by the team on behalf of the child and family.
4 **Fair** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	The case participant reports being a fair participant in some aspects of team decision making, minimally participating in some assessment, service planning, implementation, monitoring, and evaluation of results.	The case participant has a minimally effective role, providing a voice that suggests and affirms the decisions made by the team on behalf of the child and family.
3 **Limited** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	The case participant reports being a limited or inconsistent participant in a few aspects of assessment, service planning, implementation, monitoring, and evaluation of results.	The case participant has a marginal role, providing a somewhat passive voice that acknowledges or accepts decisions made by the team on behalf of the child and family. The case participant may have limiting circumstances, may not have been offered accommodations or supports, or may not wish greater participation even with offered accommodations or assistance.
2 **Poor** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	The case participant reports that they seldom participate in any aspects of assessment, service planning, implementation, monitoring, and evaluation of results.	The case participant has a missing or silent role. The case participant 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.
1 **Adverse** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	The case participant reports that they have not participated in key aspects of assessment, service planning, implementation, monitoring, and evaluation of results.	The case participant has a nonexistent or uninvolved role. The case participant may be experiencing overwhelming life circumstances, without the benefit of special accommodations for support or participation.

Status Review 11: Family Functioning & Resourcefulness

Focus Period Under Review: **Past 30 Days**

Applicability: All cases are applicable unless the parent is deceased, parental rights have been terminated, or there is no viable goal of reunification.

Focus Measure:
The degree to which the child's birth parents or caregivers with whom the child is currently residing in an intact family or has a goal of reunification, have the capacity to take charge of family issues and function successfully. The parents or caregivers have the ability to provide the child with the support and assistance necessary for daily living. A network of supports has been established to sustain family functioning and well-being.

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

Status Review 11: Family Functioning and Resourcefulness

Rating	Status	Supporting Facts
6 **Excellent** ☐ **Mother** ☐ **Father** ☐ **Other**	The parents are in control of the family's issues.	All fundamental family needs are being met by the family and its network of supports. Supports for any extraordinary demands on the parents are effective and sustainable. The home is safe and well-functioning
5 **Good** ☐ **Mother** ☐ **Father** ☐ **Other**	The parents are taking control of the family's issues.	Most fundamental family needs are being met. The family is developing connections to essential supports within their extended family and community. Supports for any extraordinary demands on the parents are being developed and put into action. The home is safe and becoming well-functioning.
4 **Fair** ☐ **Mother** ☐ **Father** ☐ **Other**	The parents are beginning to take control of the family's issues.	Some fundamental family needs are being met. The family is beginning to develop connections to essential supports within their extended family and community. Supports for any extraordinary demands on the parents are beginning to be developed and put into action. The home is safe and efforts to improve family functioning are beginning.
3 **Limited** ☐ **Mother** ☐ **Father** ☐ **Other**	The parents are not ready to take control of the family's issues.	Few fundamental needs are being met. The family has limited connections to essential supports within their extended family and community. Supports for any extraordinary demands placed on the parents are being assessed. Safety concerns remain in the home and efforts to improve family functioning are planned.
2 **Poor** ☐ **Mother** ☐ **Father** ☐ **Other**	The parents are not able to take control of the family's issues.	The fundamental needs of the family are not being met. The family remains isolated from and distrusting of essential supports within their extended family and community. Safety concerns in the home remain, and efforts to improve functioning of the home are not planned.
1 **Adverse** ☐ **Mother** ☐ **Father** ☐ **Other**	The parents are unwilling to control their family's issues.	The family remains isolated from and distrusting of essential supports within their extended family and community. 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 or absent.

Status Review 12: Family Connections

Focus Period Under Review: **Past 30 Days**

Applicability: All cases are applicable unless the following exists (N/A the applicable individual):

- Family members are living together in the home.
- The child has no mother, father or siblings.
- Termination of Parental Rights has occurred, or parent is deceased.
- It is not in the child's best interest to maintain contact with family members or siblings.
- The case is an open CPS case where all siblings remain in the home. (If a sibling has been moved out of the home, siblings should be rated).

Focus Measure:
Degree to which family connections are being maintained through appropriate visits and other means between the child, their parent(s) and siblings, unless compelling reasons exist for keeping them apart.

Core Concepts:
All appropriate family attachments should be maintained regardless of the permanency goal. When children are living away from their parents 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, and siblings. Family visits are visits between the child and parents or their siblings. Such visits should be conducted in locations conducive to family activities and offer "quality time" for advancing or maintaining relationships among family members. For family members expected to live together again in the future, carefully increased or graduated visits, from short supervised visits in safe locations, to overnight or weekend visits in the home, these visits should be used to maintain, develop, and strengthen family connections. When family members are expected to continue living apart, visits or other efforts, such as phone calls, letters, or exchange of photos should be used to enable siblings and parents (if some level of contact can be safe and appropriate) to continue their family ties. When appropriate, parents, siblings, or others with an identified significant relationship may be encouraged to participate in school activities, medical appointments, and possibly therapeutic sessions, in an effort to maintain and promote positive and nurturing relationships.

Status Review 12: Family Connections

Rating	Status	Supporting Facts
6 **Excellent** ☐ **Mother** ☐ **Father** ☐ **Siblings** ☐ **Other**	The child's connection to all family members is being excellently maintained through high quality visits, increased frequency (as appropriate) and other connecting strategies (i.e. doctor visits, school conferences, and child's extra-curricular activities).	The child has numerous visits with all family members. Agency staff provide excellent support in arranging convenient visitation schedules, providing assistance of transportation (i.e. bus passes or gas cards) securing access to family friendly visitation settings and providing or helping to facilitate supervision when necessary.
5 **Good** ☐ **Mother** ☐ **Father** ☐ **Siblings** ☐ **Other**	The child's connection to significant family members is being substantially maintained through quality visits and other connecting strategies (i.e. doctor visits, school conferences and child's extra-curricular activities).	The child has frequent visits with significant family members. Agency staff provide good support in arranging convenient visitation schedules, providing some assistance with transportation (i.e. bus passes or gas cards), securing access to family friendly visitation settings and providing or helping to facilitate supervision when necessary.
4 **Fair** ☐ **Mother** ☐ **Father** ☐ **Siblings** ☐ **Other**	The child's connection to most family members is being adequately maintained through visits and some other connecting strategies (i.e. doctor visits, school conferences and child's extra-curricular activities).	The child has regular visits with family members. Agency staff provide some support in arranging convenient visitation schedules, providing some assistance with transportation (i.e. bus passes or gas cards), securing access to family friendly visitation settings and providing or helping to facilitate supervision when necessary.
3 **Limited** ☐ **Mother** ☐ **Father** ☐ **Siblings** ☐ **Other**	The child's connection to some family members is being marginally maintained through periodic visits and limited connecting strategies (i.e. doctor visits, school conferences and child's extra-curricular activities).	The child has periodic visits with some family members. Agency staff provide limited support in arranging convenient visitation schedules and assistance with transportation (i.e. bus passes or gas cards). Securing access to family friendly visitation settings and providing or helping to facilitate supervision when necessary is limited.
2 **Poor** ☐ **Mother** ☐ **Father** ☐ **Siblings** ☐ **Other**	The child's connection to family members is being inconsistently maintained through visits and only a few connecting strategies (i.e. doctor visits, school conferences and child's extra-curricular activities) are being sought.	The child has infrequent visits with some family members and other important family connections are not occurring. Agency staff provide minimal support in arranging convenient visitation schedules and assistance with transportation (i.e. bus passes or gas cards). Securing access to family friendly visitation settings and providing or helping to facilitate supervision when necessary is not being provided.
1 **Adverse** ☐ **Mother** ☐ **Father** ☐ **Siblings** ☐ **Other**	The child's family connection is not being maintained, is fragmented, declining in frequency/quality, or is inappropriate for the child and no other connection strategies (i.e. doctor visits, school conferences and child's extra-curricular activities) are being sought.	Appropriate and necessary visits are not occurring with sufficiency, or visits that are occurring are unsafe or inappropriate for the child. Agency staff do not provide any support in arranging convenient visitation schedules or assistance with transportation (i.e. bus passes or gas cards), nor do they assist in securing access to family friendly visitation settings and providing or helping to facilitate supervision when necessary is not being provided.

Section 3

Practice Performance Indicators

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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: Engagement

Focus Period Time Frame: **Past 90 Days**

Applicability: All cases are applicable unless the following exists (N/A the applicable individual):

- **If a child, parent or caregiver is not interviewed, reviewer should not score that individual.**
- The child was unable to be interviewed because of age or developmental ability.
- Some children under 10 years of age may not be able to be meaningfully engaged.
- Mother or father is no longer involved due to termination of parental rights or death.
- Caregiver is not scored if the child is placed in an independent living or residential setting.

Focus Measure:
Degree to which those working with the child and family (siblings, parents, relatives, caregiver, and others) are developing and maintaining a culturally competent, mutually beneficial, and collaborative working relationship with the child and family. Teams should be receptive and willing to make adjustments in scheduling and meeting locations to accommodate family participation in the service process, including service planning. Case participants should focus on the child and family's strengths and needs.

Core Concepts:
The central focus of this review is on the diligence shown by the case participants in taking actions to find, engage, and build rapport with children and families and overcome barriers to families' participation. 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 child and family's case participants must:

- Engage the child and family meaningfully in all aspects of case planning.
- Recognize and build on their strengths, as well as address their needs in order to build and maintain rapport and a collaborative relationship.
- Acknowledge small successes through case planning and identify when goals have been met.

Strategies for effective service coordination should reflect the family's language and cultural background. Services should be family-centered and strength-based while also addressing safety.

Case participants should:

- Approach the child and family from a position of respect, cooperation and empowerment.
- Engage the family around strengths and use those strengths to address concerns for health, safety, education, and well-being.
- Engage the child and family in case planning and monitoring process, including establishing goals, identifying appropriate services, and evaluating progress.
- Actively address obstacles to engagement when necessary to increase family participation (e.g. transportation, childcare supports, etc.).
- Help the family define what it can do for itself and where the child and family need help.

Practice Review 1: Engagement

Rating	Status	Supporting Facts
6 **Excellent** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	There is a strong and positive working relationship between case participants. An excellent and enduring pattern of engagement is evident.	The case participant reports that meeting times and locations are always scheduled based on family convenience. Support with transportation and childcare was provided. Case planning is consistently individualized and takes the family's culture into account. The case participant is being consistently involved in the decision-making and case planning process. Strong positive working relationships between case participants is evident and key family members are engaged.
5 **Good** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	There is a good working relationship between case participants. A good pattern of engagement is evident.	The case participant reports that meeting times and locations are frequently based on family convenience. Support with transportation and childcare was mostly provided. Case planning was individualized and took the family's culture into account. The case participant is being involved in the decision-making and case planning process. Good working relationships between case participants is evident with most key family members engaged.
4 **Fair** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	There is a fair working relationship between case participants. A fair pattern of engagement is evident.	The case participant reports that meeting times and locations are sometimes based on family convenience. Support with transportation and childcare was occasionally provided. Case planning was sometimes individualized and took the family's culture into account. The case participant is being somewhat involved in the decision-making and case planning process. The frequency of contacts were enough to meet the needs of the family. Fair working relationships between case participants is evident and adequate efforts to engage some key family members.
3 **Limited** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	There is a limited working relationship between case participants. A limited pattern of engagement is evident.	The case participant reports that meeting times and locations were rarely based on family convenience. Support with transportation and childcare was rarely provided. Case planning was rarely individualized or took the family's culture into account. The case participant is minimally involved in the decision-making and case planning process. The frequency of contacts were enough to meet the needs of the family. Inadequate working relationship between case participants is evident with limited efforts to engage key family members.
2 **Poor** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	There is a poor working relationship between case participants. An inadequate pattern of engagement is evident.	The case participant reports that meeting times and locations were not based on family convenience. Support with transportation and childcare was not provided. Case planning was not individualized and did not take family culture into account. The case participant is not involved in the decision-making or case-planning process. Few, if any, reasonable efforts have been made by the team to improve working relationships and increase participation by the case participant. The poor working relationships are reflective of inadequate efforts made to engage the key people involved.
1 **Adverse** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	Adverse or no efforts were made to engage the case participant.	The case participant reports that meeting times and locations prevent or severely limit effective participation. Case planning decisions are made without the knowledge or consent of the case participant. Services may be terminated due to non-compliance without offering alternative services. The case participant is not provided all important information. Procedural or legal safeguards may be violated.

Practice Review 2: Teaming

Focus Period under Review: **Past 90 Days**

Applicability: All cases are applicable.

Focus Measure:
Degree to which: A team should be formed around the child and family with a group of motivated and committed people, including formal and informal supporters, with skills and/or knowledge appropriate to the needs of the child and family. Members of the team meet and participate in a shared decision-making process on an ongoing basis. Team members function as one unit and share in communicating case information; all members have a similar understanding of case strengths, needs and next steps. A team member has taken the lead in preparing other members in advance of upcoming meetings, decisions, and facilitating teamwork activities. Effective service organization and integration efforts are evident in the assessment, planning, and delivery of interventions to the child and family.

Core Concepts:
Teaming is an ongoing, collective effort that emphasizes a team approach. Three concepts exist when assessing this indicator: formation, functioning and coordination. All three concepts are important and play a role in achieving positive outcomes.

This indicator focuses on the structure, performance, and coordination of a youth-focused and family-centered planning team organized around the child and family. Youth-driven (if age appropriate) 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, effective services, and achievement of positive results, as well as providing service integration across service providers and supporters.

The child and family team should be built around the family and focus on working toward the child and family goals, throughout the life of the case. Team membership should include the child, parents/caregivers, key family members, and caseworker. The team may also include the community support workers, guardian, teacher, coaches, church members, mentors, etc., and any other persons invited by the child and family. Professionals providing treatment and other service providers should be included. Effective, ongoing, collaborative problem solving, is a key indicator of effective team functioning. Communication among team members should include sufficient information to ensure that all team members share a collective understanding of long and short-term goals and what needs to occur to achieve the desired sustainable outcomes. Leadership and coordination are necessary to engage the team in a life change process for the child and family. A family team should implement, monitor, modify, and evaluate essential service functions, activities, resources, and interventions agreed upon by the child and family.

Optimal performance in this area is when the child/family has taken control of team meetings; has become the leader in the organization of the team; has scheduled team meetings; and has **informed** decisions in collaboration with the team to benefit the child/family.

Practice Review 2: Teaming

Rating	Status	Supporting Facts
6 Excellent	Current teaming is optimal.	All of the right people, with appropriate skills, knowledge, qualifications and cultural competencies, have formed an excellent working team to organize effective services for the child and family. Family members hold an equal and shared role with professionals and is given the ability to make decisions. Members of the team collectively function as a fully unified and consistent team in assessing, identifying needs, setting goals, planning interventions and services, solving problems, and evaluating results. Communication among team members occurs on a consistent basis and is sufficient to meet the needs of the child and family. Excellent leadership is evident in preparing team members in advance of meetings for upcoming decisions, facilitating teamwork activities and service decision processes, rigorously providing timely following-up in a sufficient manner.
5 Good	Current teaming is substantial.	Most of the right people, having appropriate skills, knowledge, qualifications and cultural competencies, have formed a good working team to organize effective services for the child and family. Family members hold a shared role with professionals and is given the ability to make decisions. Members of the team collectively function as a generally unified ongoing team in assessing, identifying needs, setting goals, planning interventions and services, solving problems, and evaluating results. Communication among team members occurs on a regular basis and is sufficient to meet the needs of the child and family. Substantially good and continuing leadership is evident in preparing team members in advance of meetings for upcoming decisions, facilitating teamwork activities, and service decision processes.
4 Fair	Current teaming is acceptable.	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. Family members are asked to provide input and provided the opportunity to make decisions. Communication among team members occurs and is sufficient to meet the needs of the child and family. 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 child and family's goals. 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.
3 Limited	Current teaming is marginal.	Some of the right people, having appropriate skills, knowledge, qualifications and cultural competencies; have formed a limited or inconsistent team for child and family. Some members may lack a commitment to supporting the team process. Members of the team may inconsistently or inadequately function as a unified team. Communication among team members does not occur on a regular basis and is not sufficient to meet the needs of the child and family. Actions of the team may only marginally reflect family-centered teamwork, with somewhat inadequate problem solving, that may be limiting the child and family's progress toward meeting short-term needs and long-term goals as revealed in present results. Marginally inadequate leadership is evident in preparing team members in advance of meetings for upcoming decisions, facilitating teamwork activities and service decision processes.
2 Poor	Current teaming is absent.	Few, if any of the right people having appropriate skills, knowledge, qualifications or cultural competencies, have formed a working team for the child and family. Communication is not occurring with all team members and is not sufficient to meet the needs of the child and family. 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. Substantially inadequate leadership is evident in preparing team members in advance of meetings for upcoming decisions, facilitating teamwork activities, service decision and following up.
1 Adverse	Current teaming is oppositional or non-existent.	There is no evidence of a formed or functionally unified team for the child and family. Service providers may be working independently and in isolation from one another. 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, possibly disrupted by child placements or by staff turnovers, reassignments, or agency cuts in positions.

Practice Review 3: Assessment & Understanding

Focus Period under Review: **Past 90 Days**

Applicability: All cases are applicable unless the following exists (N/A the applicable individual):

- Mother or father is no longer involved due to termination of parental rights or death.
- Caregiver is not scored if the child is placed in an independent living or residential setting.

Focus Measure:
Degree to which those involved with the child/family understand their: strengths, needs, risks, preferences, trauma, and underlying issues; the outcomes desired by the child/family; what must change for the child/family to have better overall safety, well-being, and permanency; the cultural identity of the child/family and the need for culturally appropriate services; the path and pace by which the outcomes will be achieved for a child who is not living with nor returning to the family of origin.

Core Concepts:
As appropriate to the situation, a combination of clinical, functional, educational, and informal assessment techniques should be used to determine the strengths, needs, risks, trauma, underlying issues, and future goals of the child and family. Part of informal assessment techniques is to collaborate with case participants to assist in identifying strengths, trauma, and needs. Once gathered, the information should be organized and analyzed to form a functional comprehensive assessment to plan appropriate interventions. Assessment techniques, both formal and informal, should be appropriate for the individual's age, ability, culture, language and social ecology. New assessments should be performed when goals are met or are not being met, when emergent needs arise, or when changes are necessary. Ongoing assessments should prompt modifications in the strategies and services for the child and family, as conditions change. Maintaining a useful big picture understanding is a dynamic, ongoing process. The focus here is finding what works for the child and family.

Practice Review 3: Assessment & Understanding

Rating	Status	Supporting Facts
6 **Excellent** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	Those involved with the child and family have an excellent understanding of their strengths, needs, risks, trauma, and underlying issues.	The case participant's functioning and support system, including formal and informal supports, are comprehensively understood. Knowledge necessary to understand the child and family's strengths, needs, and trauma is continuously gathered through formal and/or informal assessments. Necessary conditions for improved functioning and independence from the system are fully understood and used to select effective interventions for making positive life changes.
5 **Good** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	Those involved with the child and family have a good understanding of their strengths, needs, risks, trauma, and underlying issues.	The case participant's functioning and support systems, including formal and informal supports, are generally understood. Information necessary to understand the child and family's strengths, needs, and trauma are frequently gathered through formal and/or informal assessments. Necessary conditions for improved functioning and independence from the system are generally understood and used to select effective interventions for making positive life changes.
4 **Fair** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	Those involved with the child and family have a fair understanding of their strengths, needs, risks, trauma, and underlying issues.	The case participant's functioning and support systems are somewhat understood. Support systems include some formal and informal support. Information necessary to understand the child and family's strengths, needs, and trauma are periodically gathered through formal and/or informal assessments. Necessary conditions for improved functioning and independence from the system are somewhat understood and used to select interventions that might lead to some positive life changes.
3 **Limited** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	Those involved with the child and family have a limited understanding of their strengths, needs, risks, trauma, and underlying issues.	The case participant's functioning and support systems are not clearly understood. Support systems include only formal supports. Information necessary to understand the child and family's strengths, needs, and trauma are occasionally gathered through informal and/or formal assessments. Necessary changes in behavior or conditions are somewhat understood and expressed.
2 **Poor** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	Those involved with the child and family have a poor understanding of their strengths, needs, risks, trauma, and underlying issues.	Knowledge of the case participant's functioning and support system is erroneous and/or inadequate. Information necessary to understand the child and family's strengths, needs, and trauma are inconsistently gathered and updated. Necessary changes in behavior or conditions may be contradictory. Those involved do not appear to understand the family's dynamics, having conflicting or contradicting formal/informal assessments of the family's situation.
1 **Adverse** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	Those involved with the child and family have no understanding of their strengths, needs, risks, trauma, and underlying issues.	Assessments for planned services are absent or incorrect. Glaring uncertainties and conflicting opinions exist about things that must be changed; specifically, trauma to be addressed and the needs and risks to be reduced. Case participants are unclear as to the dynamics that brought the child/family to the attention of Children Services.

Practice Review 4: Long-Term View

Focus Period under Review: **Past 90 Days**

Applicability: All cases are applicable.

Focus Measure:
Degree to which all case participants, particularly the child and family understand and agree on the steps, services, and supports required to achieve and sustain adequate daily functioning and greater self-sufficiency necessary for safe case closure and beyond.

Core Concepts:
The central focus is the path upon which a family moves towards enduring safety, permanency, and well-being to achieve and maintain independence from the Department. The long-term view anticipates and defines what must be achieved in order to be successful, beyond case closure. The long-term view should answer the questions of "where" the case is headed and "how" do we get there.

This indicator should be consistent with the Six-Month Forecast.

Practice Review 4: Long-Term View

Rating	Status	Supporting Facts
6 Excellent	All case participants have a clear and consistent understanding of the goal and what current steps are needed to achieve safety, permanency, and well-being beyond case closure.	Case participants have one common goal and know their role in case planning. The proper services are in place. The family members are aware of resources and are able to advocate for themselves. Case participants have prepared the family to address future challenges. The steps, services and supports are consistently used to guide intervention efforts.
5 Good	Most case participants have a clear and consistent understanding of the goal and what current steps are needed to achieve safety, permanency, and well-being beyond case closure.	Case participants have one common goal and know the role they play case planning. Most of the proper services are in place and family members are in the process of learning about resources and being able to advocate for themselves. Case participants are preparing the family to address future challenges. Steps, services, and supports are used to guide intervention efforts.
4 Fair	Most case participants have a fair understanding of the goal and what current steps are needed to achieve safety, permanency, and well-being beyond case closure.	Primary case participants agree on a common goal. Some case participants know the role they play in case planning and some of the right services are in place. The family members are in the process of learning resources and being able to advocate for themselves. The case participants are preparing the family to address future challenges. Case participants have not yet agreed upon steps, services and supports that are needed to guide intervention efforts.
3 Limited	Case participants have a limited understanding of the goal and what current steps are needed to achieve safety, permanency, and well-being beyond case closure.	Case participants do not agree on a common goal and few know the role they play in case planning. Limited services are in place that would support intervention efforts and future challenges have not been identified. There is limited understanding of the child and family situation and what aspects must change for the intervention process to be concluded successfully.
2 Poor	Case participants have a poor understanding of the goal and what current steps are needed to achieve safety, permanency, and well-being beyond case closure.	Poor or no goals have been established. The right case participants have not been identified and no services are in place. Major gaps exist in defining outcomes and obtaining safety, permanency, and well-being.
1 Adverse	Case participants have conflicting permanency goals. There is no clear plan to achieve case closure or maintain safety and well-being beyond case closure.	Conflicting or incorrect goals, services and supports if implemented, could lead to poor results or possible adverse consequences for the child or family. Plans do not address permanency outcomes, safety, or well-being beyond case closure.

Practice Review 5: Case Planning

Focus Period Under Review: **Past 90 Days**

Applicability: All cases are applicable unless the following exists (N/A the applicable individual):

- Mother or father is no longer involved due to termination of parental rights or death.
- Caregiver is not scored if the child is placed in an independent living or residential setting.

Focus Measure:
Degree to which the child and family treatment plans are individualized, address identified needs, and the reasons the child entered care. There is a combination of supports and services in place to address the child and family's current needs. The child and family are in agreement with the goals, interventions, and steps being taken to achieve safety, permanency, and well-being.

Core Concepts:
The child and family have an integrated and comprehensive plan that is focused on the long-term view for the child and family. The plan should be specific to the child and family's strengths with identified goals, roles, steps, and resources that the child and family have agreed upon. The plan should include formal and informal supports, and be developed to include realistic and achievable goals, supports, and services. The plan should include strength-based language and include the family's identified strengths. The plan should appropriately address safety concerns and include a safety plan.

The child and family plan should assess the big picture. The plan should include "who", "what", "when", "where," and "how" in the planning process, and be culturally appropriate. The plan should be modified if changes occur in circumstances, progress, or needs of the focus child and family.

Practice Review 5: Case Planning

Rating	Status	Supporting Facts
6 **Excellent** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	An excellent, well-reasoned, continuous planning process is used to measure life outcomes and outlined goals for the child, parent and caregiver. The plan includes the assessment of needs and strengths and is fully consistent with the long-term view for the child and family.	The plan includes all necessary formal and informal supports and services to address identified needs. An accurate and thorough assessment has been completed that includes the child, parent and caregiver's current needs, strengths, cultural background and expressed preferences. The plan includes realistic and achievable goals, steps, supports, and services. The plan appropriately addresses all noted safety concerns and has a safety plan when needed. The plan provides a clear path toward achieving permanency. The plan is continuously updated and reflects changes in the child, parent and caregiver's circumstances.
5 **Good** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	A good, well-reasoned and ongoing planning process is substantially used to measure the outlined goals for the child, parent and caregiver. The plan reflects the assessment of needs and strengths and the long-term view of the child and family.	The plan includes the most essential formal and informal supports and services to address identified needs. An accurate assessment has been completed that includes child, parent and caregiver's current needs, strengths, cultural background and expressed preferences. The plan includes realistic and achievable goals, steps, supports, and services. The plan appropriately addresses noted safety concerns and has a safety plan when needed. The plan provides a clear path toward achieving permanency. The plan is frequently updated and reflects changes in the child, parent and caregiver's circumstances.
4 **Fair** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	A fair-reasoned, periodic planning process is used to address the developed goals for the child, parent and caregiver. The plan marginally reflects the assessment of needs and strengths, and the long-term view of the child and family.	The plan includes some essential formal and informal supports and services to address identified needs. Some assessments have been completed that include the child, parent and caregiver's current needs, strengths, cultural background, and expressed preferences. The plan includes some realistic and achievable goals, steps, supports, and services. The plan appropriately addresses immediate safety concerns, but some safety planning is needed. The plan provides a somewhat clear path toward achieving permanency. The plan is updated at least quarterly and reflects changes in the child, parent and caregiver's circumstances.
3 **Limited** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	A somewhat limited reasoned, occasional planning process is used to address the outlined goals for the child, parent and caregiver. The plan does not include the assessment of needs and strengths, or the long-term view of the child and family.	The plan includes formal supports, but essential informal supports are not included. Some essential services are missing. Limited assessments were completed, but may not include the child, parent or caregiver's current needs, strengths, cultural background, or expressed preferences. The plan does not include realistic and achievable goals, steps, supports, and services. The plan does not appropriately address the documented safety concerns and has no identified safety plan when needed. Some risk of harm may be possible. The path to permanency is unclear. The plan is not updated quarterly and does not reflect changes in the child, parent and caregiver's circumstances.
2 **Poor** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	A poor and inadequately reasoned, occasional planning process is used to address the outlined goals for the child, parent and caregiver. The plan does not include the assessment of needs and strengths, or the long-term view of the child and family.	Essential formal and informal supports and services are missing. No assessments have been completed to address the child, parent or caregiver's current needs, strengths, cultural background, or expressed preferences. The plan does not include realistic or achievable goals, steps, supports, and services. The plan does not appropriately address documented safety concerns and has no identified safety plan when needed. Some risk of harm may be present. The path to permanency is unclear. The plan is generic and does not reflect changes in the child, parent and caregiver's circumstances.
1 **Adverse** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	An adverse or absent planning process is evident.	No clear planning process is operative at this time. Formal and informal supports have not been included in the planning process. Services identified do not meet the child, parent and caregiver's needs or current situation, and conflict with their cultural background and preferences. No assessment of safety was completed. Risk of harm is present and may be increasing or imminent.

Practice Review 6: Implementing Interventions

Focus Period Under Review: **Past 90 Days**

Applicability: All cases are applicable unless the following exists (N/A the applicable individual):

- Mother or father is no longer involved due to termination of parental rights or death.
- Caregiver is not scored if the child is placed in an independent living or residential setting.

Focus Measure:
Degree to which the developed plan is put into action and addresses the underlying need in conjunction with the child/family's strengths. Services are available and accessible. Referrals are made in a timely manner. Delivery of planned interventions are sufficient and effective to help the child and family make adequate progress toward attainting life outcomes and maintaining those outcomes beyond case closure. Actions are taken to address and reduce barriers.

Core Concepts:
Actions, supports, and services are being provided at a level of intensity and continuity necessary to meet priority needs, reduce risks, facilitate successful transitions, and achieve adequate daily functioning for the parent and child. Adjustments address any barriers to services for the child and family, which may include childcare, transportation, financial assistance, wait lists, scheduling conflicts, location/distance, culture or resistance to necessary services. Service options have been presented to the family and case participants. The family's preferences and input of case participants have been considered in the choice of services.

Practice Review 6: Implementing Interventions

Rating	Status	Supporting Facts
6 **Excellent** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	All planned strategies, supports, and services are being implemented in a timely and competent manner, consistent with the long-term view.	The service delivery is entirely sufficient to meet the underlying needs of the child, parent and caregiver. All barriers to service implementation have been addressed timely. The case participants have provided significant input into their choice of services.
5 **Good** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	Most planned strategies, supports, and services are being implemented in a timely and competent manner, consistent with the long-term view.	The intensity of service provision is generally sufficient to meet the underlying needs of the child, parent and caregiver. Most barriers to service implementation have been addressed timely. The case participants have provided input into their choice of services.
4 **Fair** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	Essential planned strategies, supports, and services are being implemented in a timely and competent manner, consistent with the long-term view.	The intensity of service provision is generally sufficient to meet some of the underlying needs of the child, parent and caregiver. Most barriers to service implementation have been addressed timely. The case participants have provided some input into their choice of services.
3 **Limited** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	Limited strategies, supports, and services are being implemented. Unaddressed barriers are presenting minor problems.	The intensity of service provision is not sufficient to meet the underlying needs of the child, parent and caregiver. Significant barriers have not been addressed, which have affected the child, parent or caregiver's timely participation in services. The case participants had limited input into their choice of services. The ability to achieve timely permanency may be impacted.
2 **Poor** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	Strategies, supports, and services are being poorly or inconsistently implemented. Unaddressed barriers are presenting significant problems.	Services that have been implemented do not meet the underlying needs of the child, parent and caregiver. Serious and worsening implementation problems exist. Significant barriers are ongoing and unaddressed. The case participant's input has not been sought regarding services. The ability to achieve timely permanency has been impacted.
1 **Adverse** ☐ **Child** ☐ **Mother** ☐ **Father** ☐ **Caregiver** ☐ **Other**	No strategies, supports, or services have been implemented. The lack of service implementation is severely impacting safety, well-being and permanency.	Services have not been implemented to meet the underlying needs of the child, parent and caregiver. Conflict between some case participants and/or the family may be present. No progress is being made toward permanency. Lack of service implementation presents risk to the case participant.

Practice Review 7: Tracking & Adjustment

Focus Period Under Review: **Past 90 Days**

Applicability: All cases are applicable.

Focus Measure:
Degree to which the child and family's interventions, service process, and progress being made are being routinely monitored and evaluated by the case participants. The case participants are evaluating if services are being modified to respond to the changing needs and circumstances of the child and family. Case participants are communicating to identify and resolve any service delivery problems, overcome known barriers, and replace interventions that are not working. Case participants track whether the attainment of practical goals and well-being outcomes for the child and family have led to system independence and probable, safe case closure.

Core Concepts:
Tracking and adjustment is an ongoing examination process by the case participants that should be used to track service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner. The working case plan should be modified when objectives 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. Case participants (including the child and family) should apply the knowledge gained through ongoing assessments, monitoring, and periodic evaluations to adapt strategies, supports, and services. This learning process is necessary to find what does and does not work for the child and family. Adjustments in services and interventions are being made, as necessary.

Practice Review 7: Tracking & Adjustment

Rating	Status	Supporting Facts
6 Excellent	All services being provided to the child and family are fully responsive; all necessary adjustments are being made timely.	Successful modifications to the case plan are based on what services/interventions are working and not working for the child and family. Continuous monitoring, tracking, and communication of the child and family's status and service results by the case participants is occurring.
5 Good	Most services being provided to the child and family are responsive; necessary adjustments are being made timely.	Almost all necessary adjustments to the case plan are being made based on what services/interventions are working and not working for the child and family. Frequent monitoring, tracking, and communication of the child and family's status and service results by the case participants is occurring.
4 Fair	Some services being provided to the child and family are fairly responsive; some necessary adjustments are being made.	Some necessary adjustments are being made to the case plan based on what services/interventions are working and not working for the child and family. Periodic monitoring, tracking, and communication of child and family's status and service results by the case participants is occurring.
3 Limited	The services provided to the child and family are limited in responsiveness; not all necessary adjustments are being made.	Limited adjustments are being made to the case plan based on what services/interventions are working and not working for the child and family. There is limited monitoring and communication of the child and family's status and service results occurring with the case participants.
2 Poor	The services provided to the child and family are unresponsive. Adjustments are not being made, although necessary.	Few, if any adjustments are being made to the case plan. The case participants are not aware of what services/interventions are working or not working for the family. There is poor monitoring and communication of the child and family's status and service results by the case participants. The case participants are often unable to function effectively in planning, providing, monitoring, or adapting services.
1 Adverse	The services provided to the family are adverse, unresponsive, limited, undependable, or conflicting. No adjustments are being made; a change in services are needed.	No adjustments to the case plan are being made. Current services/interventions to the child and family have become unresponsive or adverse. Among case participants, there is extremely limited communication or monitoring of the child and family's status and service results.

Section 4

Overall Rating Patterns

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QSR Overall Scoring

Overall Status Rating

The Overall Status Rating will be based on the pattern revealed in the rating values determined for the applicable status indicators. 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 falls 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.

The reviewer uses the rating patterns and ranges noted on the completed QSR Roll-Up Sheet for the child and family to determine the rating category that best describes the overall status situation observed at the time of review. Once the pattern is identified, 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.

NOTE: The Overall Status rating CANNOT be higher than the lowest SAFETY ratings.

Interpretative patterns for the six Overall Status levels are as follows:

• **Level 6 - Optimal Overall Status.** At level six, the child is SAFE. Working from the completed worksheet or roll-up sheet, the preponderance of applicable indicator ratings in the status domain are rated six. All status ratings for the child and family are in the four-six range.

• **Level 5 - Good Overall Status.** At level five, the child is SAFE. The preponderance of indicator ratings in the status domain are rated in the five range. No status indicator is rated lower than a three.

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

Note: For a situation in which status indicator ratings are equally divided between three and four across the applicable set, the reviewer should give weight to the indicators that had the most impact on case practice. That is, if the majority of these indicators are rated a four or higher, then the overall rating should be four. Conversely, if the majority of these indicators are rated three or lower, then the overall rating should be three.

• **Level 3 - Marginally Inadequate Overall Status.** At level three, the child 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 three range. Some indicators may be rated in the two range. [It is possible for the child to be rated as SAFE and yet the overall status to be rated at level three.]

• **Level 2 - Poor Overall Status.** At level two, the child 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 two range. Some indicators may be rated in the one range. [It is possible for the child to be rated as SAFE and yet overall status to be rated at level two.]

• **Level 1 - Adverse Overall Status.** At level one, the child's 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 one-two range. [It is possible, though unlikely, for the child to be rated as SAFE and yet overall status to be rated at level one.]

QSR Overall Scoring

Overall Practice Rating

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

Selecting the Overall Practice Rating category is based on the collective 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. Once the preponderance of ratings and the lowest rated indicators 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 six, the preponderance of applicable indicator ratings in the practice domain are rated six. All practice ratings for the child and the family are in the four-six range. No indicator is rated less than a four.

• **Level 5 - Good Overall Practice.** At level five, the preponderance of applicable indicator ratings in the practice domain are rated in the five range with some higher. No practice indicator is rated lower than a three.

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

Note: For a situation in which practice indicator ratings are equally divided between three and four across the applicable set, the reviewer should give weight to the indicators that had the most impact on case practice. That is, if the majority of these indicators are rated a four or higher, then the overall rating should be four. Conversely, if the majority of these indicators are rated three or lower, then the overall rating should be three.

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

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

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

Compelling Reasons for Identifying an Alternative Overall Status or Practice Rating

The patterns of collective ratings is suggested to guide a QSR reviewer to selecting overall status and practice ratings and 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 to the scoring panel.

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

Six-Month Progress Trajectory (Past Six Months)

The purpose of providing interventions for a child 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 child 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 child and family are meeting, exceeding, or falling short of expectations of those involved. Reviewers gather evidence from current service plans, court reports, and interviews with the child, 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 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.

Some questions to consider are the following:

- How has child 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 child 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 child and family over the past six months?

The following descriptions and ultimate category sections are used by the reviewers to describe the overall life progress trajectory over the past six months:

- Level of status progress is excellent in most key area and exceeds most or all expectations-(An excellent pattern of strong positive change and life improvements in all or nearly all key life areas that exceed expectations).
- Level of status progress is good in most key areas and at least meets or exceeds many expectations- (A substantially positive and consistent pattern of life improvement in most or many key life areas that generally meet expectations).
- Level of status progress is fair in some key areas, but meets some and falls short in other 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).
- Level of status progress is marginal, limited or inconsistent or falls somewhat below expectations (A somewhat limited, inconsistent, variable, or mixed set of changes with some being positive, but falling below expectations).
- Level of status progress is little to non-existent in key areas and falls short of expectations. (A pattern of little, if any, positive change or life improvement in any key life areas and is fallen far short of expectations).
- Level of status progression is worsening in key life area and is contrary to expectations. (A pattern of decline, regression, or significant worsening in some key life areas, moving in a direction opposite of expectations).

Six-Month Forecast (NEXT Six Months)

The next six-month forecast is based on what is known about this case and predicting what is likely to occur in the near-term future. The reviewer must consider that the service system's practice performance continues doing business as usual when making the six-month prediction.

When making a six-month forecast, the reviewer projects the child and family's overall status pattern six months forward from the date of the review estimating whether they 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 child's current case status, family circumstances, present practice levels, and local conditions at the service site. Forming a six-month forecast is based on predicable future events and 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.

The following descriptions and ultimate category sections are used by the reviewers to describe the overall life progress trajectory over the next six months:

- Level of child and family status is predicted to maintain at a currently high level of case practice.
- Level of child and family status is predicted to improve to a higher level than the current overall case status.
- Level of child and family status is predicted to continue at the same level of case status (status quo).
- Level of child and family status is predicted to decline to a lower level than the current overall case status.
- Level of child and family status is predicted to remain at a currently low case status.

Section 5

Presentation & Reporting Outlines

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2. Guide for Worker Debriefing 65
3. Written Case Summary Outline 68

Quality Service Review

Outline to be used for Quality Assurance Panel and Oral Presentation Outline

1.) Summary of Case Findings

A.) Child's age/gender
B.) Summary of entry into Foster Care
C.) Current permanency goal
D.) Current placement
E.) Number of Siblings and their placement
F.) Case Participants
G.) Services and Resources
H.) Significant case strengths

2.) Child and Family Indicators (Highlight only the indicators that had the most impact on current status for the child and/or family)

A.) Safety (Safety, Living Arrangement)
B.) Well-being (Stability, Physical Health, Emotional Functioning, Education, Prep for Adulthood)
C.) Permanency (Permanency, Voice and Choice, Family Functioning and Resourcefulness, Family Connections)
D.) Overall Status Score

3.) Practice Performance Indicators (Highlight only the indicators that had the most impact on current status for the child and/or family)

A.) Engagement
B.) Teaming
C.) Assessment and Understanding, Long-term view
D.) Case Planning, Implementing Interventions
E.) Tracking and Adjustment
F.) Overall Score

4.) Six Month Trajectory and Forecast

5.) Suggested Next Steps

6.) What does this child's story teach about practice?

7.) Questions

Quality Service Review (QSR) - Guide for Worker Debriefing

Purpose

The worker debrief is intended to assure that the reviewer's perception of the case is fact-based and accurate; as well as an opportunity to explore actions that might improve case outcomes. The worker debrief is an opportunity to share findings of the Quality Service Review (QSR) with team members who are closest to the case and to apply new insight and information that could positively impact the case. The worker debrief is the best opportunity to hold a conversation on what the next steps will be to overcome any existing obstacles within the case.

Beginning the Conversation

- Always start with an introduction. Make sure to point out the purpose of the debrief is to make sure the reviewers understand the current status and facts of the case; and to assist with developing useful next steps to address any opportunities identified to positively impact the outcome of the case.
- Remember that the process of having someone review your work can produce edginess and anxiety. Reviewers should fully engage the worker and supervisor as a colleague rather than a compliance monitor. The reviewer should remain strength based during the worker debrief and allow the worker and supervisor to connect during the discussion, to remain in practice with the MiTeam Case Practice Model. Remember although we remain strength based, we must also discuss any indicators assessed as opportunities for improvement.
- Ask both the worker and supervisor for feedback throughout the discussion to ensure engagement and understanding of the feedback being provided. Using case examples to assist with explaining indicators are some examples.
- Provide a quick summary of the case facts that were found. Because you have the opportunity to talk to many individuals, it is not uncommon to learn things about the case that the worker does not know. Make sure to ask the worker for feedback to ensure the facts of the case are accurate.
- Review the strengths that the review team observed in the case and briefly state why these are functional in the case. Feel free to include some key indicators in this discussion.

Discussing Practice Challenges

- The most sensitive part of the debrief process is offering feedback about any observed practice challenge. It may help to let the facts of the case communicate issues of concern, rather than stating them as your observation or personal assessment. For example, Rather than simply stating, "The school is unaware of the child's psychotropic medications and doesn't understand their effects on the child", you might say, "The teacher wonders if the child was on medication and how that was affecting his behaviors."
- When discussing challenges or opportunities, remember to use a few key indicators in the discussion and tie the other indicators in as needed. Any indicator scoring as an opportunity should be addressed. Although you do not provide the actual scores, the reviewer may refer to the three scoring zones or opportunities for improvement or strengths. The worker debrief is also a "teachable" moment for the worker and supervisor to understand the QSR process. It is helpful if the reviewer takes the time to explain the indicators and use examples from case findings.
- Engage the worker and supervisor in the discussion. This is their case and will be their case after you leave. If they disagree with the findings, allow them time to clarify and provide dialogue.
- Remember to ***use non-judgmental phrases*** such as "I am confused about…" or "Could I be misunderstanding this"?

Quality Service Review (QSR) - Guide for Worker Debriefing

Discussing Next Steps

The review team should be able to assist the worker and supervisor in developing feasible next steps in the case. ***Do not make recommendations*** to the worker and supervisor; but rather ask questions about possible next steps or services that are available. Engage in a conversation with the worker and supervisor allowing them to take the lead.

- A suggested leadoff question about the next steps in the case might be "Knowing what we know about the strengths and opportunities in this case, how might we sustain progress or overcome obstacles? What are some realistic next steps we can work towards?"
- If necessary, the reviewer should recap an opportunity for improvement and try to lead the worker into a next step. For instance, the reviewer can mention, "One reason teaming fell into the refinement zone was because only two people participated. What is a reasonable next step that can be taken to improve the teaming process?"
- In the end, if it would be helpful to assist the worker and supervisor with exploring some options, it should not be a recommendation. We should not dictate case practice as a reviewer, so be sure the worker understands that you are only exploring options that might be helpful. Use phrases like, "have you tried" or "have you thought about" and "do you think this could be useful?"

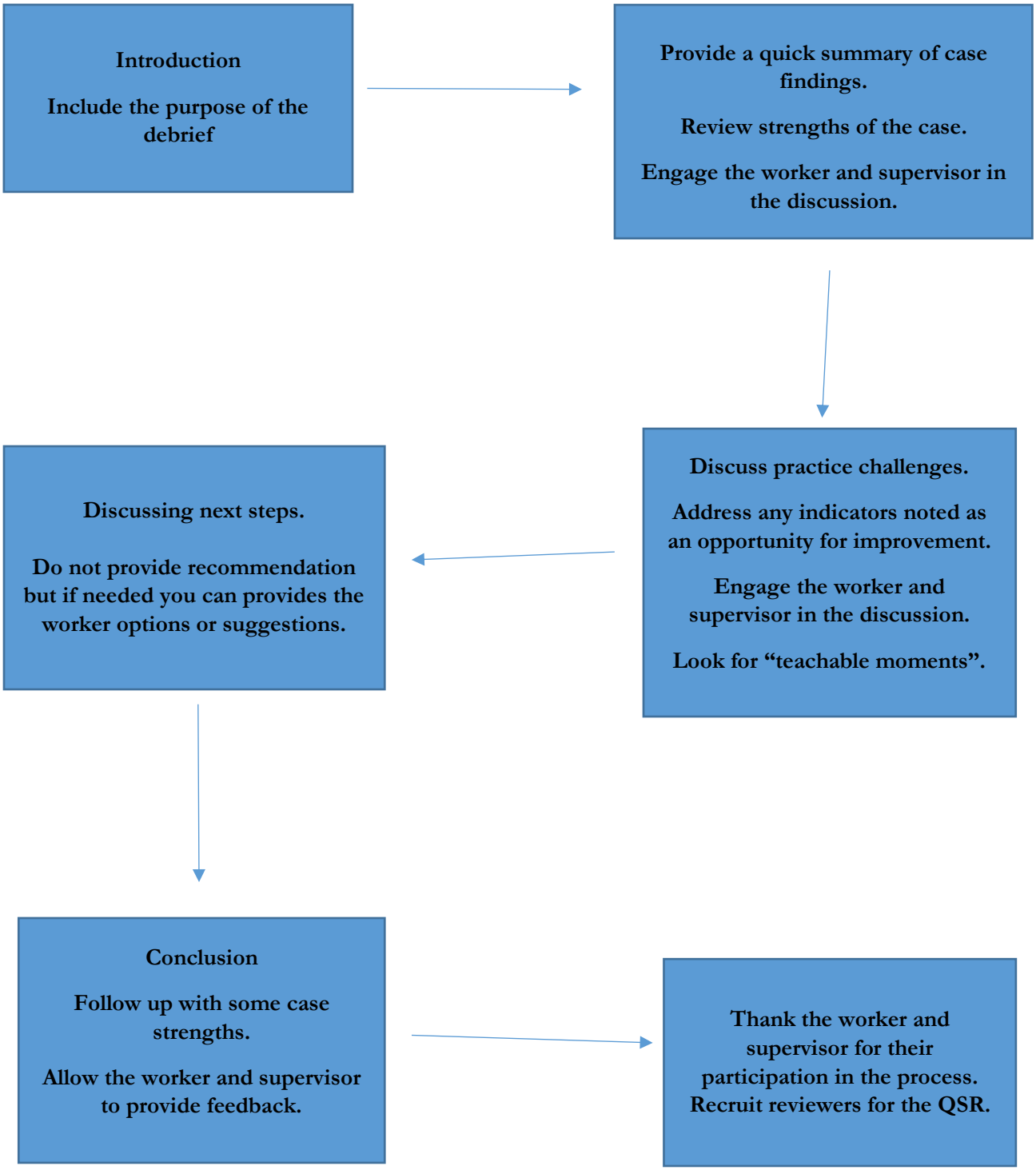
Conclusion

Before you conclude, please allow the worker and/or supervisor to ask questions and provide feedback on the entire review process. This allows the review team to remove the pressure off the worker and supervisor and further engages them as a "team" member, rather than in the hot seat. You could ask questions like, "Having heard all this, have we gotten things, right?" or "are their pieces we may have missed or misunderstood?"

Remember to conclude by providing the worker and supervisor with a few additional strengths as it relates to the worker's efforts or skills.

In closing, ask the worker and supervisor if they feel the process felt like a conversation was fair and helpful. Does the worker or supervisor have any suggestions they feel would strengthen the process? Let the supervisor know that DCQI is always looking for QSR reviewers and refer them to the QSR lead for an application. Please do not forget to thank them for their time.

Worker Debrief Chart



Appendix

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2. Child & Family Status Probe Questions 72
3. Practice Performance Probe Questions 85

Reference Guide: Gender Identity and Sexual Orientation

This guide is meant to help reviewers assess, consider and be informed about a child/youth's individuality as it relates to, their gender identity, expression and sexual orientation. For some children and youth this can be an important aspect of their life which sometimes has implications on the child/youth's status, and it may also affect case practice. The following terms and definitions are provided to assist reviewers in understanding and appropriately referring to the population being discussed whether it be a child/youth or adult.

Definitions: **LGBTQIA+** [1]

LGBTQIA is a more inclusive term than LGBT for people with non-mainstream sexual orientation or gender identity [2]

L- Lesbian is a term used to refer to homosexual females.

G- Gay is a term used to refer to homosexuality, a homosexual person, or a homosexual male.

B- Bisexual is term used to refer to when a person is attracted to two sexes/genders.

T- Trans is an umbrella term for transgender and transsexual people.

Q- Queer/Questioning. Queer is an umbrella term for all of those who are not heterosexual and/or cisgender. Questioning is when a person is not sure of their sexual orientation and /or gender, and are trying to find their true identity.

I- Intersex is when a person has an indeterminate mix of primary and secondary sex characteristics.

A- Asexuality is when a person experiences no (or little, if referring to demi-sexuality or grey-asexuality) sexual attraction to people.

+ - The "+" symbol simply stands for all of the other sexualities, sexes, and genders that are not included in these few letters.

1 Definition found at https://lgbtqiainfo.weebly.com/acronym-letters-explained.html

2 Quoted from http://www.urbandictionary.com/define.php?term=LGBTQIA

Gender Identity and Sexual Orientation

Questions to consider when reviewing a case involving a child experiencing these characteristics:

Cultural Identity is assessed throughout <u>each</u> indicator	• How does the child/youth identify themselves: including gender, sexual orientation, race, religion, disability? • Are there any LGBTQIA community organizations in which the child/youth is involved? Is the child/youth connected to a positive support system?
Safety – exposure to threats and behavioral risk	• Are there any safety concerns related to this child/youth's identity expression and sexual orientation? • What actions have the caseworker and other adults taken to ensure the child/youth's safety in the community if needed particularly as it relates to the youth's sexual orientation and gender identity? • Is the child/youth feeling bullied, isolated, intimidated, threatened by or unsafe with persons in the community? • Are there any community resources that the child could participate in? • What actions are the caseworker and other adults taking to support the child/youth's well-being in the community, particularly as it relates to the youth's sexual orientation and gender identity?
Stability, Permanency, Living Arrangement, Planning Interventions	• Do the caregivers know about and understand the child/youth's sexual orientation and gender identity? • What is the level of acceptance of the child/youth's gender identity and sexual orientation in their current living arrangement? If they are not aware, would the caregivers be supportive of the child/youth's sexual orientation and gender identity when made aware? If not, would the caregiver be open to receiving support to be more accepting and affirming of the child? • Does the child feel supported in their identity by caring adults? Who are those caring adults? In what ways are they supportive of the child? • For the caregivers/birth parents/other important adults with whom permanency is being explored, what activities do they participate in with the child that supports the child/youth's identity?
Learning & Development	• Does the child/youth have or need support in advocating for their needs at school? • Are there any school resources that the child could participate in?
Engagement, Teaming, Assessment and Understanding	• How is the child/youth's gender and sexual orientation understood by team members? • Does the caseworker engage the child in conversation about their identity? Are they sensitive and responsive to the child/youth's sexual orientation, gender identity or developmental needs? • How does the caseworker engage the child/youth's team in understanding the child/youth's identity? • Does the child/youth's sexual orientation and gender identity create a barrier of engagement between the child/youth, parent, and the worker/team/caregiver?
Supports and Services	• How do supports and services meet the needs related to sexual orientation and gender identity of the child/youth? • Are there appropriate services in the community to meet the child/youth/family's need?

Note: When reviewers meet a child/youth who does not want their gender identity or sexual orientation shared with the caseworker, foster parent, family, etc., explore with the child/youth:

- *Who else have you talked to about your gender identity or sexual orientation?*
- *Who can you talk to about this?*
- *Would it be okay for me to talk to your worker? What about the supervisor?*

Status Review 1: Safety from Exposure to Threats

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

---

1. Has the child experienced abuse, neglect, intimidation, or bullying in the home or other daily settings in the past 30 days?
2. Does the parent/caregiver present a pattern of abuse or neglect of the child in the past 30 days?
3. Is the child fearful, intimidated, unduly restricted/isolated, or at high risk of harm in any of their 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. Are physical living conditions hazardous or threatening to the safety or well-being of the child?
5. Are the parent/caregiver's methods of discipline appropriate for this child?
6. Does the child receive appropriate care and supervision from parents/caregivers and other adults, relative to age and special needs?
7. Is the child'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?
8. Has this child been a victim of human trafficking?
9. Is there a safety plan to keep others safe from the child?

Status Review 2: Safety from Behavioral Risk to Self or Others

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

---

1. Does the child present a pattern of self-endangering behaviors or behaviors that endanger others?
2. Is the child making decisions and/or choosing to participate in activities that would cause harm to themselves or others?
3. Does the child regularly associate with peers known for engaging in illegal, addictive, or other high-risk activities?
4. Is there a history of the child engaging in harmful, illegal, or very risky/dangerous activities?
5. Has the child's behavior improved since receiving support services?
6. Is there a safety plan to keep others safe from the child?
7. Is the child presently placed in a specialized treatment or detention setting? Has seclusion or restraint been used to prevent harm to self or others? If so, how frequently and for what reasons?

Status Review 3: Stability

Fact Pattern -- Apply the Probe Questions, Assemble the Facts, and Consider the Pattern Found Over the **Past 12 months** and **Next 6 months**

---

1. Does the child have a stable living arrangement? How many placement changes has the child had in the past year?
2. Does the child have stability in his/her school setting, or has he/she experienced one of more disruption during the past 12 months?
3. Is the child living in a stable home-whether a temporary living arrangement or permanent home-that is expected to maintain until the focus child achieves permanency?
4. What steps are being taken to prevent future disruptions to achieve stable living and learning settings for this child?
5. For older youth, are the financial aid resources being assessed/utilized to support stability? Has there been a disruption in financial aid that has caused a disruption/temporary pause in the youth's education?

- **Examples of Planned Moves**
  - Moved to less restrictive placement
  - Moved from foster home to return home
  - Move from foster home to relative home
  - Move to unite focus child with siblings
  - Move from foster home to adoptive home

- **Examples of Unplanned Moves**
  - Foster parent requested a move
  - Foster parent moved out of state
  - Unsuccessful Trial Home Visit
  - Placement disrupts
  - Foster parents license is revoked/closed

Status Review 4: Permanency

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

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1. Has the child experienced an out-of-home placement for reasons of child protection?
2. 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?
3. What is the child's life situation relative to the three permanency outcomes of achieving a good quality placement? 1) A demonstration of placement success; 2) Evidence of a positive, secure, and durable relationship with a planned permanent caregiver; 3) Timely achievement of legal permanency?
4. Has the child'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?
5. To what extent have life challenges and changes in placement been settled over the past six months?
6. If placement is an unsettled concern at the time of review, what efforts are being undertaken to settle home and school placement stability issues?
7. What is the quality of fit between the child's needs and the caregiver's abilities to meet these needs?
8. What degree of stability has been achieved in the past six months?
9. If security of positive and enduring relationships is unsettled at the time of review, what efforts are being undertaken to build and sustain security?
10. What degree of security and sustainability of relationships has been achieved over the past six months?
11. Is the security of current relationships likely to sustain over the next six months?

Status Review 5: Living Arrangement

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

---

1. Is the child living in his or her family home? If not, is the child's current living arrangement facilitate their connections to their culture, community, faith, extended family, and social relationships?
2. Is the home an appropriate environment for the child?
3. Are the parents or caregivers able to meet the child's daily needs for care and nurturing?
4. If the child is living in a residential care setting, consider the following:
    - Does the child feel safe and well cared for in this setting?
    - Is this the least restrictive placement?
    - Is the child placed with children within their age group?
    - Does the placement provide for family and community connections?

5. Do the child, parents, caregiver, service providers, and caseworker believe that this is the best place for the child to be living?

Status Review 6: Physical Health

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

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1. Has the child achieved favorable health status, given any physical health diagnoses this child may have?
2. What is the child's general physical health situation?
3. Is the child's present situation indicative of good health status?
4. Is the child's daily functioning adversely affected by any health issues?
5. Does the child have any diagnoses of chronic health problems (e.g., asthma, diabetes, seizures, obesity)?
6. 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?
7. Is the child maintaining their attainable health status?
8. Does the child have a primary care physician/medical home?
9. Are health assessments and developmental screenings conducted according to schedule?
10. Are the child's immunizations complete and up to date?
11. Does the child have any recurrent health problems, such as infections, sexually transmitted diseases, colds, or injuries?
12. Does the child have recurrent health complaints, and if so, are they addressed (including dental, eyesight, hearing, etc.)?
13. Does the child appear to be underweight or overweight, and if so, has this been investigated?
14. Are the child's basic physical needs being met adequately on a daily basis? (Food, adequate nutrition, sleep, and daily exercise at a level necessary to balance the child's height and weight within a healthy range)?
15. Is the child maintaining daily care, such as hygiene, dental care, grooming, and clean clothing?
16. Is there special knowledge known about the child's ethnicity and is it used in meeting any special dietary, skin care, and hair care needs of the child?
17. Are non-traditional or alternative healing methods and forms of treatment being used, when available and appropriate, out of respect to family culture and preference?
18. If the child is ongoing medication for physical health maintenance, is the medication properly managed for his or her benefit?
19. If an adult is responsible for monitoring the use of the medication for the child, then are they ensuring that it is taken properly, watching for signs of effectiveness and side effects, providing feedback to the physician, and making changes as warranted.
20. Do all heath maintenance medications taken by the child appear to be safe and effective?
21. Has the child, at the level that they are capable, been taught about their condition, understand how to self-manage the condition, understands the purpose and impact of the medication, and is able to self-administer their medication with supervision.

Status Review 7: Emotional Functioning

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

---

1. Have interviews found that the child is exhibiting the following behaviors or has experienced the following traumatic events?

   Behaviors

   - Does the child struggle to re-regulate emotions after being upset?
   - Do they have difficulties with attachments and bonding with others?
   - Do they have difficulties with setting and enforcing age-appropriate self-protective boundaries in relationships or respecting the boundaries of others?
   - Do they have a continued pattern of distorted thinking?
   - Do they exhibit self-destructive behaviors or serious emotional symptoms requiring clinical interventions and supports?
   - Do they frequently violate rules or social norms?
   - Do they demonstrate issues related to negative self-esteem or self-image?

   Experiences

   - Has the child experienced a recent loss of a major relationship in their life and they are moving through the stages of grieving and life adjustment?
   - Have they experienced multiple moves and placements while in the foster care system?
   - Have they experienced one or more failed adoptions?
   - Do they have any unresolved permanency issues that may be affecting their emotional functioning?
   - Have they been isolated from their cultural identity or language?

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

3. Has the child been diagnosed with a mental or developmental disorder? Do they have a history of psychiatric hospitalization or have they been prescribed psychotropic medication in the last 30 days? Is there a history of suicidal ideation, gesture, or attempt or self-mutilation (e.g., cutting)?

4. If the child attends daycare, does the provider have any concerns about the child's social, emotional, or behavioral development?

5. Is the child at age-appropriate grade placement in school? Have they been suspended or expelled from school within the last 30 days? Are they receiving acceptable grades in school?

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

Status Review 8a: Early Learning & Development

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

---

1. Has the child reached appropriate developmental milestones consistent with age and ability?

2. Is the child developing behaviors (e.g., sharing, playing) appropriate to their age, keeping in mind the child's abilities, cultural background, and life experiences?

3. If the child has a documented developmental delay, does the child have a current Individual Family Support Plan (IFSP) or an Individual Education Plan (IEP)? Are the services listed on the IFSP/IEP being provided at an intensity/frequency necessary to support the development of essential skills?

4. If a need for early intervention services has been identified in the assessment, is the child receiving these services (enrolled in an early intervention program such as Head Start, Early On or preschool, or receiving services from individual therapists or qualified professionals) to support their development?

5. If the child requires special support, are these supports provided (such as sign language training, communication board, wheelchair) to support the child's development? (Sometimes foster parents are qualified to provide special supports and services.)

Status Review 8b: Academic Status

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

---

1. Is the child attending school on a regular basis? If not, why not?
   - Health (child is out sick frequently, or has chronic health issues)
   - Truancy (child skips class or does not come to school)
   - Disciplinary action (child has been suspended or expelled)
   - Dropped out of school

2. Is the child performing academic work at or above grade level? If not, what are the problems? What is being done about it? Is the child making satisfactory progress?

3. Is the child receiving special education classes or other services to improve academic performance (e.g., tutoring, mentoring, extended school year, IEP, etc.)?

4. Has the child had stability in his school setting? Have academic progress or services been affected by changes in the school setting?

Status Review 9: Independent Living Skills

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

---

1. If the youth is in MDHHS custody and is 16 or older, do they have an independent living plan?

2. Is the youth progressing in setting career goals, seeking, and using employment opportunities, and progressing toward self-sufficiency?

3. Is the youth finding acceptable ways to meet fundamental living needs (e.g., income, housing, transportation, health care, food, childcare, TANF)?

4. Is the youth forming and relying on sustainable support networks that are independent of public agencies providing supervision and support?

5. Is the youth setting and achieving functional goals and achievable life plans for living independently upon attainment of adulthood?

6. Are SSI, Medicaid, housing, and community treatment services via the adult service system in place or will be in place before case closure?

7. What functional life skills is the youth presently gaining and using?

8. Is the pattern of skills development sufficient to ensure that the youth will have and use necessary functional life skills by the time he or she exits MDHHS services?

9. Is the pattern of productive activities sufficient to ensure that the youth will have productive employment capabilities upon exit from MDHHS services?

10. Does the youth have appropriate outside supports?

11. Is the pattern of personal life management consistent with reaching independent living by the time of MDHHS exit?

12. Will this youth require adult services to meet developmental, parenting, or recovery needs upon existing MDHHS services? If so, are all steps being taken now to ensure that needed adult services will be provided immediately when they exit child welfare services?

Status Review 10: Voice & Choice

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

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1. To what degree do the child 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 child 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 child'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 child and by family as they move through the service process.

6. If there are circumstances that substantially and repeatedly impede the child '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?

Status Review 11: Family Functioning and Resourcefulness

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

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1. Can the family that the child 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 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?
   - 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. 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 resources, supports, and social networks?

4. Are the resources and supports positive in nature, supportive of recovery, ongoing, and sustainable without ongoing intervention from the child welfare system?

Status Review 12: Family Connections

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

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1. Who are considered significant and appropriate family members? Are family visits occurring now?
   - 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, and 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.
6. If so, are appropriate and adequate family connections being maintained?
7. What is the effect of these connections (or the lack thereof) on the focus child and family?
5. 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?
6. 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?
8. What do family members say about visitation and contact?

Practice Review 1: Engagement

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

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1. What outreach and engagement strategies are case participants members using to build a collaborative relationship with the child and family and any close informal supporters?
2. Have the case participants offered special accommodations to the family as necessary to encourage and support engagement, participation, and partnership?
3. Do family members report being treated with dignity and respect?
4. Do family members report their culture is understood and included in case planning decisions? **(**Each child and family have their own identities, values, beliefs, and world views that make up their culture. Culture should not be restricted to race, religion, language, etc.)
5. Does the family have a collaborative relationship with those providing services?
6. How are the child and family involved in the ongoing assessment of their needs, services, and progress?

Practice Review 2: Teaming

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

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1. Is the child and family, along with professionals and other team members, planning and guiding services?
2. Do the child and parent believe that the team members are the "right people" for them? Are the child and family satisfied with the functioning of the team? Can they request a team meeting at any time? Are there any obvious omissions from the team?
3. Does the team have a common understanding of the needs of the child and family? Do the goals set by the team reflect the values and aspirations of the child and family?
4. 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 child and family situation and provides timely, appropriate services in response to emergent needs or problems?
5. Are team decisions integrated across all service agencies involved with the child and family? Do team actions and decisions follow a pattern of consistent and effective problem solving?
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. 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?
8. Do all involved parties have a common understanding of the plan and related requirements? Is there a consensus among members on outcomes and requirements for case closure? Do all team members have and use the same information?
9. 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?
10. Does the team have a mechanism for identifying emerging problems and initiating appropriate responses and adjustments in the planning and implementation processes?
11. Overall, to what degree does teamwork conducted for this child and family reflect necessary understanding and consistent use of youth-guided, family-centered, strengths-based, solution-focused planning, which is consistent with principles of good and effective practice?

Practice Review 3: Assessment and Understanding

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

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1. How well does the team understand the child and family's situation?
2. What will it take to reach independence and successful life change for the child and family?
3. What is working or not working now or in the recent past?
4. What court orders, if any, must be accounted for in the assessment and intervention planning processes?
5. How well are child and family stressors recognized and organized into a useful formulation for clinical planning?
    - Earlier life traumas, losses, disruptions
    - Learning problems affecting school performance
    - Subsistence challenges of the family
    - Risks of harm, abuse, or neglect
    - Developmental delays or disabilities
    - Court-ordered requirements/constraints
    - Co-occurring disabling conditions
    - Physical and/or behavioral health concerns
    - Recent tragedy, loss, victimization
    - Problems of attachment and bonding
    - Recent life transitions and adjustments to new conditions
    - Extraordinary caregiver burdens

6. Are assessments appropriate, given language and culture?
7. What important life outcomes are the child and family seeking from services?
8. What is the prognosis for change over the next six months?

Practice Review 4: Long-Term View

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

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1. For the focus child/youth and/or parent requiring treatment for psychiatric or addiction problems:
    - Are outcomes for achievement of stability, improved functioning, symptom management, recovery, and relapse prevention clearly specified and understood by all involved?
2. For the child and family 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 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 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. For concurrent planning, if appropriate:
    - Is concurrent planning 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. For the focus child 14 years or older:
    - Are developmental goals, planned identification and use of strengths, and educational trajectory consistent with achieving optimal self-sufficiency and independence given the capacities of the child?
    - Is there a guiding view for planning services and providing supports that provides for the focus child's transition to independent living, new housing, and adequate income as appropriate to the child's capacities?
    - Does it set goals aimed at the focus child's success after making the transitions and life adjustments that will be necessary upon reaching the age of majority?
    - 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 child'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: Case Planning

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

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1. Does the case plan address the reason or circumstances of why the focus child came into care? If not, what is missing?
2. Does the case plan address the needs of the focus child? Mother? Father? Caregiver? If not, what is missing?
3. Does the case plan address the safety of the focus child? If needed, is a detailed safety plan developed?
4. Does the case plan include detailed steps to achieving permanency? If not, what is missing?
5. Does the case plan include the family's strengths and capabilities? Is the plan written to be individualized and reflect the preferences, culture (i.e. gender identity, race, religion, language, sexual orientation, etc.) and situation of the family? Does the plan include a detailed description of what each identified case participant's expectations are?
6. Is the plan realistic? Does the case plan include a combination of strategies, interventions and services that meets the focus child and family's needs?
7. Has the case plan been modified due to progress or change in the family's or focus child's circumstance? If so, how was the case plan modified and was the modification(s) appropriate?
8. Does the family or focus child understand what is expected of them? Does the case plan make sense?
9. Are all case participants in agreement with the plan? If no, what is missing?

Practice Review 6: Implementing Interventions

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

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1. Are appropriate services being provided?
2. Are those services addressing the reason for removal and the issue from preventing the child from achieving permanency? Is there a pattern of change?
3. How well are the resources/services matched to the underlying needs of the child and family?
4. Is the identified service available in the county?
5. Has the child or family been denied or refused services, or placed on a waiting list? Why?
6. Was the referral for service made timely?
7. Was the family or child involved in the choice of service?
8. Were childcare, transportation, finances or scheduling conflicts barriers to the child or family participating in services?
9. Was the child and family's culture considered when choosing services?
10. If the child and family were resistant to necessary services, what alternatives were offered?

Practice Review 7: Tracking and Adjustment

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

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1. How often is the status of the child and family monitored/reviewed?
    - How and by whom is this being done?
2. How well are the child 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 case participants?
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 case participants 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?