Community Services Review
For a Child and Family

For Examination of
Children's Mental Health Services

Version 4.0

Developed for the Dixon Court Monitor and
The District of Columbia Department of Mental Health

by
Human Systems and Outcomes, Inc.

March 2004

Child's Name	Child's Location	Reviewer	Case Number

The Community Services Review for Children

This protocol is designed for use in a case-based Quality Service Review (QSR) process developed by Human Systems and Outcomes, Inc. (HSO). It is used for: (1) appraising the current status of persons identified with special needs (e.g., children with serious emotional disorders) in key life areas and (2) determining the adequacy of performance of key system of care practices for these same persons. The protocol examines short-term results for children with special needs and their caregivers and the contribution made by local service providers and the system of care in producing those results. Case review findings will be used by the **Dixon Court Monitor** in stimulating and supporting efforts to improve services for children and youth who are residents of the District of Columbia.

These working papers, collectively referred to as the *Community Services 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 protocol is not a traditional measurement instrument designed with psychometric properties and should not be taken to be so. Localized versions of quality service review protocols are prepared for and licensed to child-serving agencies for their use. The QSR is based on a body of work by Ray Foster, PhD and Ivor Groves, PhD of HSO.

Proper use of the *Community Services Review Protocol* and other QSR 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 an HSO representative at:

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General Information

Child's Name, Last Name First	Date of Birth	Age	Gender	Race/Ethnicity
	___/ ___/ ___		☐ Boy ☐ Girl	

Child's Home and Parent/Primary Caregiver

Child's Present Home Address and Phone Number	Child's Usual Home Address, if different from Present
Address: Phone:	Address: Phone:

Child's Parent or Present Primary Caregiver	Child's Usual Caregiver, if different from Present
Relationship to child:	Relationship to child:

Child's School and Teacher

Child's Present School	Child's Usual School, if different from Present
Name: Address: Phone:	Name: Address: Phone:

Child's Present Classroom or Home Room Teacher	Child's Usual Classroom or Home Room Teacher
Person's Title:	Person's Title:

Child's Current Placement Situations

Type of Present Home Placement: check only one		Type of Present Day Placement: check only one	
☐ Family home	☐ Relative/kinship home	☐ General education	☐ Vocational ed./work
☐ Foster home	☐ Group home	☐ Special ed. - full inclusion	☐ Homebound/tutoring
☐ Independent living	☐ Detention center	☐ Special ed. - self-contained	☐ Day treatment program
☐ Resid. treatment center	☐ Hospital/institution	☐ Alternative education	☐ Hospital/institution
☐ Other: _____		☐ Other: _____	

General Information

Program Participation and Anticipated Transitions

Program Involvement: check all that apply

Educational Programs	Other Agency Involvement
☐ Regular Education	☐ Child Protective Services
☐ Early Intervention (IDEA, C)	☐ Foster Care Services
☐ Special Education (IDEA, B)	☐ Mental Health Services
☐ Sect. 504 (special accom.)	☐ Juvenile Justice Services
☐ Title 1	☐ Developmental Disabilities
☐ ESL/Limited English Prof.	☐ Public Health Nursing
☐ Primary School Prevention	☐ Voc. Rehabilitation
☐ Drop-Out Prevention	☐ Corrections/Probation
☐ Counseling	☐ Public Assistance (TANF)
☐ Remediation/Tutoring	☐ Refugee Assistance
☐ Teen Parent Program	☐ HUD, Section 8 Housing
☐ Other: _____	☐ Other: _____

Transitions being Addressed: check all that apply

☐ Acute to residential treatment	☐ CIU/CSU to acute
☐ Next grade level - new school	☐ Point and Level-Up
☐ Full-time to part-time sp. ed.	☐ Point and Level-Down
☐ Return from suspension	☐ Part-time to full inclusion
☐ To/from: day treatment	☐ Return from expulsion

☐ Return from extended physical illness/hospitalization

☐ Return to school from homebound services

☐ Return from a detention center or a juv. justice program

☐ Transfer due to change in foster home arrangements

☐ School-to-work transitional supports and services

☐ Transition to post-secondary education

☐ Transition to independent living and/or adult services

☐ Other: _____

Diagnosed Conditions and Special Needs

Diagnosed Conditions Requiring Services or Treatment

Learning Related:	Behavior Related:	Health Related:	Sensory/Communication:
☐ Mental retardation	☐ Substance abuse	☐ Asthma	☐ Hearing impairment
☐ Specific learning disability	☐ Behavioral disorder	☐ Seizure disorder	☐ Vision impairment
☐ Neurological impairment	☐ Autism spectrum disord.	☐ Diabetes - insulin depend.	☐ Communication disorder
☐ Physical disability: _____		☐ Chronic illness: _____	

Treating Behavioral Health Diagnoses and Medications

DSM-IV Axis I Diagnoses Used for Treatment	Psychotropic and Anti-Seizure Medications
Code #: ____ - Name: _____	Medication: _____ Purpose: _____
Code #: ____ - Name: _____	Medication: _____ Purpose: _____
Code #: ____ - Name: _____	Medication: _____ Purpose: _____

Child's Educational and Treatment Situation

Status Indicators of Interest	Status at Admission or 6 mos. ago	Current Status/Recent Changes
1. School attendance pattern.		
2. Classroom/participation in instruction.		
3. Completion of lessons and assignments.		
4. Grades in core academic subjects.		
5. Reading level compared to grade level.		Present grade placement:_____ Present reading level: _____
6. Credit toward graduation.		
7. Vocational/employment preparation.		
8. Discipline problems.		
9. Participation in extracurricular activities.		
10. Progress made on service plan objectives for this child: behavioral interventions, treatment, accommodations, IEP strategies and services, etc.		

Emergency Procedures Applied to This Child

Type of Emergency Procedure	Occurrences since Admission	Occurrences in Past 30 Days
1. Exclusionary time out/confined to room	☐ Total count, all occurrences: #_____	☐ Total occurrences, past 30 days: #_____
2. Seclusion/locked seclusion room	☐ Total count, all occurrences: #_____	☐ Total occurrences, past 30 days: #_____
3. Take-down procedure	☐ Total count, all occurrences: #_____	☐ Total occurrences, past 30 days: #_____
4. Physical restraint (e.g., holds, 4-point)	☐ Total count, all occurrences: #_____	☐ Total occurrences, past 30 days: #_____
5. Mobile crisis team intervention	☐ Total count, all occurences: # _____	☐ Total occurrences, past 30 days: #_____
6. Emergency medications	☐ Total count, all occurrences: #_____	☐ Total occurrences, past 30 days: #_____
7. Medical restraints	☐ Total count, all occurrences: #_____	☐ Total occurrences, past 30 days: #_____
8. 911 emergency call for EMS	☐ Total count, all occurrences: #_____	☐ Total occurrences, past 30 days: #_____
9. 911 emergency call for police	☐ Total count, all occurrences: #_____	☐ Total occurrences, past 30 days: #_____
10.Other: _____	☐ Total count, all occurences: # _____	☐ Total occurrences, past 30 days: #_____

Residential Behavioral Health Services Received by Child

Key Service Activities	Noteworthy Details
Admission Explain why and by whom this child was admitted. Where was the child admitted from? Was the child court ordered? How many prior admissions has this child had for acute or residential treatment services?	
Service Planning Explain how present supports and services were planned in terms of what information was relied upon, who participated, how supports and services were determined to be necessary, and how conditions for discharge and transitions were planned.	
Service Implementation Explain how implementation of behavioral health services is going in terms of what services are provided, where and by whom, and with what frequency and intensity. If other related services are provided, indicate how those services are coordinated.	
Service Results/Progress Made Indicate how and by whom results of services are determined. Describe present results related to the reasons for which the child was admitted for services. Indicate progress made toward the reduction of symptoms and functional progress made toward daily living skills, literacy, and transition to school or work and home, as appropriate to age and situation.	
Tracking and Adaptation Explain how and when the tracking of child status, implementation of services, review of results, and modification of strategies and services based on results are performed for this student. How are parents involved in these processes? Are services provided timely and effective?	
Care Coordination/Transition Explain how care coordination is arranging transition to school or work, home, and community living following discharge.	

Child Issues for Children in Residential Settings

Child Status and Behavioral Health Service Situation	Flag and Note Relevant Findings
Matters for Review and Consideration	√
1. Child has been at this facility for more than 90 days.	☐
2. Child previously has been placed in a hospital or residential treatment facility.	☐
3. Child qualifies for special accommodations or education under Sec. 504 or IDEA.	☐
4. Child lacks an updated IEP or modified plan at the facility that is being implemented.	☐
5. Child is "stuck" at the facility due to a court order or administrative problem.	☐
6. Child does not respond well to the Point and Level System used by the facility.	☐
7. Child has experienced abuse, neglect, or domestic violence at home.	☐
8. Child has no permanent living arrangement to go/return to after discharge.	☐
9. Child has a chronic condition (e.g., mental retardation) or illness (e.g., diabetes).	☐
10. Child needs vocational training, work experience, independent living services.	☐
11. Child abuses alcohol or substances and needs substance abuse treatment.	☐
12. Child has friends in gangs or is involved with juvenile justice.	☐
Child Behaviors that Interfere with Learning & Schooling	√
1. Serious academic/learning problems associated with a diagnosed disability.	☐
2. Cannot sit still or remain on task.	☐
3. Has disruptive classroom behaviors or is uncooperative or defiant.	☐
4. Displays aggressive behavior, outbursts, or tantrums.	☐
5. Engages in truancy, tardiness, or running away from school or home.	☐
6. Presents socially offensive behaviors that interfere with social participation.	☐
7. Withdraws from or becomes inattentive to routine daily activities (school and home).	☐
8. Presents unusual, repetitious, stereotypical, or bizarre behavior patterns.	☐

Circumstances that may require Monitoring, Supports, or Services

Possible Circumstances of Concern	Note Circumstances as reported by Informants or Records
Child's Life Situation	√
1. Abuse victim with post-traumatic stress.	☐
2. Experiences domestic violence in home.	☐
3. Has no permanent home.	☐
4. Has a chronic illness requiring care.	☐
5. Has a developmental delay/disability.	☐
6. Lives in a single parent home.	☐
7. Lacks adequate adult supervision.	☐
8. Lacks adequate nutrition.	☐
9. Lacks access to health or dental care.	☐
10. Is sexually active.	☐
11. Is pregnant or a teen parent.	☐
12. Speaks English as a second language.	☐
Behavioral Concerns	
1. Hurtful to self/abuses substances.	☐
2. Hurtful to others or animals.	☐
3. Destroys property.	☐
4. Disruptive behaviors.	☐
5. Unusual or repetitive habits.	☐
6. Socially offensive behaviors.	☐
7. Withdrawal or inattentive behaviors.	☐
8. Uncooperative behaviors.	☐

Family Strengths, Capacities, and Assets to Build Upon

For Child's Family/Caregiver	Check and Note Circumstances as reported by Informants or Found in Records
Caregivers/Parents	√
1. Caregivers/parents have a long-term relationship.	☐
2. Caregivers recognize need to set limits.	☐
3. Caregivers use appropriate discipline.	☐
4. Caregivers have nurturing interactions and relationships with children.	☐
5. Caregivers express interest in getting help, where needed.	☐
6. Caregivers acknowledge any parenting problems related to maltreatment.	☐
7. Caregivers have a vision of something better for the family.	☐
8. Caregivers share child care responsibility.	☐
9. Caregivers/parents demonstrate constructive family problem solving.	☐
Family Members	
10. Family members are physically healthy.	☐
11. Extended family is near and supportive.	☐
12. Faith community supports family.	☐
13. Family has many friends and neighbors.	☐
14. Family has advocates.	☐
15. Family members are mentally healthy.	☐
16. Children have an unconditionally caring adult who sees them daily or often.	☐
Family Living Situation	
17. Family home is in good repair.	☐
18. Home is adequate in size for family.	☐
19. Family has adequate transportation.	☐
20. Adults completed high school/GED.	☐
21. One or more adults employed.	☐
22. Family has income above poverty level.	☐
23. Family has private health insurance.	☐

Community Service Planning and Delivery Processes

Key Service Activities	Noteworthy Details
Identification of Special Needs Explain how this child was identified for services. • Who recognized the need and requested assistance? • How much time passed from the request to the receipt of services? • What systems are involved?	
Support/Service Planning Explain how present supports and services were planned in terms of what information was relied upon, who participated, how supports and services were determined to be necessary, and how resources were identified for implementing the plans.	
Service Implementation Explain how implementation of supports and services is going in terms of what services are provided, where and by whom, and with what frequency and intensity. If other related services are provided, indicate how those services are coordinated.	
Service Results/Progress Made Indicate how and by whom results of services are determined. Describe present results related to the reasons for which the child is provided services. Indicate progress made toward the reduction of risks and progress made toward literacy, graduation, and transition to work, as appropriate to age and situation.	
Tracking and Adaptation Explain how and when the tracking of present status, implementation of services, review of results, and modification of strategies and services based on results are performed for this child. How are parents involved in these processes? Are services provided timely and effective?	

Formal Services for the Child and Family

	Type of Service	Child/Youth		Family/Caregiver	
		Needed/Received	Needed/Not Recvd	Needed/Received	Needed/Not Recvd
1.	Early intervention services (0-5)	☐	☐	☐	☐
2.	Diagnosis and assessment	☐	☐	☐	☐
3.	Service planning	☐	☐	☐	☐
4.	Consultation	☐	☐	☐	☐
5.	Special education instruction	☐	☐	☐	☐
6.	Homebound services	☐	☐	☐	☐
7.	Alternative education services	☐	☐	☐	☐
8.	Transition services	☐	☐	☐	☐
9.	Life skills training	☐	☐	☐	☐
10.	Independent living training	☐	☐	☐	☐
11.	Vocational training/placement	☐	☐	☐	☐
12.	Academic counseling	☐	☐	☐	☐
13.	Therapeutic counseling: child	☐	☐	☐	☐
14.	Therapeutic counseling: parent	☐	☐	☐	☐
15.	Therapeutic counseling: family	☐	☐	☐	☐
16.	Day treatment program (MH)	☐	☐	☐	☐
17.	Residential treatment program	☐	☐	☐	☐
18.	Crisis stabilization services	☐	☐	☐	☐
19.	Inpatient hospitalization	☐	☐	☐	☐
20.	Medication management services	☐	☐	☐	☐
21.	Parent training and support	☐	☐	☐	☐
22.	Day care/child care	☐	☐	☐	☐
23.	Transportation	☐	☐	☐	☐
24.	Respite care services	☐	☐	☐	☐
25.	Family preservation	☐	☐	☐	☐
26.	In-home supports	☐	☐	☐	☐
27.	Emergency shelter services	☐	☐	☐	☐
28.	CPS/court supervision	☐	☐	☐	☐
29.	High risk intervention	☐	☐	☐	☐
30.	Case management	☐	☐	☐	☐
31.	Therapeutic home/foster care	☐	☐	☐	☐
32.	Intensive (wraparound) support services	☐	☐	☐	☐
33.	Mentor/one-to-one services	☐	☐	☐	☐
34.	Advocacy services	☐	☐	☐	☐
35.	Other: _____	☐	☐	☐	☐
36.	Other: _____	☐	☐	☐	☐

Child Assessment and Level of Care Planning Considerations

Matters of Concern	Refer to the CALOCUS Worksheet Completed for this Child
1. Risk of harm: • Indication of suicidal or homicidal thoughts or impulses • Indication of physically or sexually aggressive impulses or actions • Developmentally appropriate ability to maintain physical safety • Level of risk for victimization, abuse, or neglect • Binge or excessive use of alcohol or drugs • Engagement in other high risk behaviors • Binging/purging, bulimia/anorexia	
2. Functional status/level of impairment: • Consistency of age-appropriate developmental daily living activities • Consistency of age-appropriate academic performance • Consistency of age-appropriate social and interpersonal functioning • Consistency of recent gains in functioning	
3. Co-occurring conditions (comorbidity): • Indications of physical illness or disability • Indications of developmental disability • Indications of substance use or abuse • Indications of psychiatric conditions other than the presenting problem • Indications of recent transient, stress-related psychiatric symptoms	
4. Environmental stressors: • Traumatic or enduring disturbing circumstances (e.g., violence, sex abuse) • Recent life transitions or losses of consequence • Transient but significant illness or injury • Expectations of performance at home or school that create discomfort • Disruption of family/social milieu • Danger or threat in home or neighborhood, including domestic violence • Incarceration, foster home placement or re-placement, or extreme poverty • Racial persecution, immigration, social isolation, language barrier	
5. Environmental support factors for return to home: • Family and ordinary community resource adequacy for child's needs • Family/caregiver's willingness and capacity to parent child • Special needs met through involvement in various systems of care • Community resources sufficient to meet child's developmental/social needs	
6. Child resiliency and responsiveness to treatment: • Ability to deal with stressors and use helpful resources • Motivation to participate in and seek benefit from treatment • Previous treatment history and responsiveness to particular treatments • Persistence of symptoms • Speed of functional improvements • Ability to maintain treatment progress • Ability to manage recovery • Developmental pressures and life changes creating sustained turmoil • Pattern of regression	
7. Acceptance and engagement in the treatment process: • Ability to form a trusting and respectful relationship with service providers • Child's awareness and understanding of goals and treatment plan • Acceptance of age-appropriate responsibilities, actions, and consequences • Cooperates in treatment planning and treatment activities • Parental/caregiver support and participation in treatment activities	

Co-Occurring Conditions
(check all that apply):

- ☐ Autism Spectrum Disorder
- ☐ Behavioral Disorder (of a serious nature or degree)
- ☐ Chronic Health Impairment
- ☐ Deaf/Blindness
- ☐ Degenerative Disease
- ☐ Mental Illness
- ☐ Mental Retardation
- ☐ Neurological Impairment/ Seizure Disorder
- ☐ Orthopedic Impairment
- ☐ Sensory Impairment
- ☐ Specific Learning Disability
- ☐ Substance Abuse/Addiction
- ☐ Other: _____
- ☐ NONE

CALOCUS Level of Care:

Level	Recommendation
☐ 0	Basic services (prevention)
☐ 1	Recovery maintenance and health management
☐ 2	Outpatient services
☐ 3	Intensive outpatient services
☐ 4	Intensive integrated services without psychiatric monitoring
☐ 5	Non-secure, 24-hour services with psychiatric monitoring
☐ 6	Secure, 24-hour services with psychiatric management

Reviewer's Assessment of the Child's General Level of Functioning

*Rate the child's most impaired level of general functioning in the **LAST 3 MONTHS** and highest level in the **LAST 30 DAYS** by selecting the lowest level that describes his/her functioning on a hypothetical continuum of health-illness. Rate actual functioning regardless of treatment or prognosis. The examples of behavior provided are only illustrative and are not required for a particular level of functioning. This scale applies to children age five years and older. Rely on interview results obtained from the caregiver; teacher; service coordinator; service provider; and child, if age ten and older, in rating these two levels. The levels reported below represent the **REVIEWER'S ASSESSMENT**, based on interviews, records, and direct observation, when possible. The reviewer should report level of functioning reported at **HOME** , at **SCHOOL,** and **PRESENT LEVEL ACROSS SETTINGS**.*

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

Most Impaired Level - Past 3 Months		**Highest Level - Past 30 Days**		**Present Level - Today**
At Home	At School	At Home	At School	Across All Settings
Level: _____	Level: _____	Level: _____	Level: _____	Overall Level: _____

Case Manager/Care Coordinator Information

- How long have you been employed with DC Children's Mental Health? _____
- How long have you been in your current position? _____
- How long have you been assigned to this case? _____
- How many caseworkers have been assigned to this case before you (if any)? _____
- How many open cases do you currently have? _____
- In your perspective, are there any barriers or limitations that prevent you from providing good casework in this case?

Explain:

Notes

Inquiry Interests and Scope of Review

For Conducting a Community Service Review for a Child & Family Receiving Children's MH Services

Areas of Inquiry Interest

- How well are this child and caregiver doing now
- Quality of services as seen through their lives and status
- Service system integrity, continuity, and capacity
- Consistency of decisions and actions with good practice
- Results and benefits achieved for this child and family

Review Objectives

- Determine the current status of the child and caregiver
- Appraise adequacy of services/practices being provided
- Examine transitions and progress made over time
- Compare practices and results with exit criteria
- Build local capacity for quality management/improvement

Child Status Reviews

Community Living

Health & Well-being

Development of Life Skills

*(*Child Safety is the "trump" status area)*

Progress Reviews

Association between child/family status and service system capacity as seen in practice performance

Performance Reviews

Planning Treatment & Support

Providing Treatment & Support

Managing Treatment & Support

(Overall performance shows current service system capacities in an actual case)

Status Review 1: Safety of the Child

SAFETY: • Is the child safe from injury caused by him/herself or others in his/her daily living, learning, and recreational environments? • Are others safe from the child? • Is the child free of abuse, neglect, and sexual exploitation in his/her place of residence?

Child safety is central to child well-being. The child should be free from known and manageable risks of harm in his/her daily environments. Safety from harm extends to freedom from unreasonable intimidations and fears that may be induced by other children, care staff, treatment professionals, or other employees. A child who is unsafe from actual injury or who lives in constant fear of assault, exploitation, humiliation, isolation, or deprivation is at risk of death, disability, mental illness, co-dependent behavior patterns, learning problems, low self-esteem, and perpetrating similar harm on others. Safety and good health provide the foundation for normal child development, especially for children with emotional or behavioral health problems.

Safety applies to settings in the child's natural community as well as to any special care or treatment setting in which the child may be served on a temporary basis. Children in special care or treatment settings must be free from abuse, neglect, and sexual exploitation. Safety, as used here, refers to adequate management of known risks to the youth's physical safety and to the safety of others in the child's daily settings. **Safety is relative to known risks**, not an absolute protection from all possible risks to life or physical well-being. All adult caregivers and professional interveners in the child's life bear a responsibility for maintaining safety for the child and for others who interact with the child. Protection of a child with self-injurious behaviors and protection of others from a child with assaultive behavior may require special safety precautions.

Determine from Informants, Plans, and School Records

Has the treatment team completed a risk assessment to determine safety risks due to:

- ☐ **1. Domestic violence?**
- ☐ **2. Physical abuse?**
- ☐ **3. Substance abuse?**
- ☐ **4. Sexual abuse?**
- ☐ **5. Emotional abuse?**
- ☐ **6. Mental illness?**
- ☐ **7. Self-endangerment by the child/youth?**
- ☐ **8. Neglect of any physically dependent person in the home?**

If current safety risks require immediate intervention, identify steps taken.

1. Has the child been a victim of abuse, neglect, or exploitation in the home or community?
2. Does the child come from a family that has a history of domestic violence?
3. Does the child have a history of emotional/behavioral problems that have resulted in injury to self or others?
4. Is the child now presenting self-injury or aggression toward others?
5. Has the child exhibited sexually offending behavior?
6. Does the child have a pattern of frequent injuries requiring medical treatment?
7. Does the child have a developmental or physical disability?
8. Does the child require a high level of adult supervision? Does he/she get it?
9. Are there indications of intimidation or unreasonable fear in the child's life?
10. Does the child have or need an individualized behavior management plan?

Facts Used in Rating Status

Status Review 1: Safety of the Child

Determine from Informants, Plans, and School Records	Facts Used in Rating Status
11. Has the child required special intervention due to behavior problems/rule violations?	
12. Does the child engage in high-risk activities or have a history of physical conflict with others?	
13. Has there been an allegation of abuse, neglect, or exploitation in the past 12 months? Was a referral made to the police or CPS?	
14. Are caregivers aware of risks to the child? Are known risks being managed effectively for the child?	
15. Is the child at risk? Are others at risk due to the child's behavior?	

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child	Rating Level
◆ Situation indicates **optimal safety** for all persons in all the child's daily settings. The child has a safe living situation with reliable and competent caregivers, is safe at school, is free from intimidation, and presents no safety risks to self or others. **- OR -** The child is safe from known and manageable risks of harm and is free of unreasonable intimidation or fears at home and school.	**6** Child Others
◆ Situation indicates **good safety** for the child in his/her daily settings and for others near the child. The child is generally safe in the facility with adequate caregivers, is usually safe at school, is free from intimidation, and presents no or minimal safety risk to self or others. **- OR -** The child is reasonably safe from known and manageable risks of harm and is free of unreasonable intimidation or fears at home and school.	**5** Child Others
◆ Situation indicates **fair safety** from imminent risk of physical harm for the child in his/her living and learning settings and for others who interact with the child. The child has a minimally safe living arrangement with present caregivers, is usually safe at school, has limited exposure to intimidation, and presents no or minimal safety risk to self or others. **- OR -** The child is minimally safe from known and manageable risks of harm and is minimally exposed to intimidation or fears at home or school.	**4** Child Others
◆ Situation indicates **an unacceptable safety issue present in one setting** that poses an elevated risk of physical harm for the child in his/her living and learning settings and for others who interact with the child. The child's living arrangement may require protective supervision or services. **- OR -** The child may mildly injure self or others infrequently. **- OR -** Persons at home or school may pose a safety problem for the child.	**3** Child Others
◆ Situation indicates **substantial and continuing safety problems** that pose elevated risks of physical harm for the child in his/her living and learning settings and for others who interact with the child. The child's living arrangements may require protective supervision or specialized services. **- OR -** The child may injure self or others occasionally. **- OR -** Persons at home or school may pose a serious safety problem for the child.	**2** Child Others
◆ Situation indicates **adverse and worsening safety problems** that pose high risks of physical harm for the child in his/her daily settings and for others. The child may require protective supervision or intensive services to prevent injury to self or others. **- OR -** The child may seriously injure self or others. **- OR -** Persons in the child's current daily settings may have abused, neglected, or exploited the child.	**1** Child Others

Scoring Rule: *Insert the lower of the two ratings ("child" and "others") in calculating the Overall Status Rating on page 40.*

Status Review 2: Stability

STABILITY: • Are the child's daily learning, living, and work arrangements stable and free from risk of disruption? • If not, are known risks being substantially reduced by services provided to achieve stability and reduce the probability of disruption?

Stability in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and optimal social development. The stability of a child's life will influence his/her ability to solve problems, negotiate change, assume responsibilities, judge and take appropriate risks, form healthy relationships, work as a member of a group, and develop a "conscience." Many life skills, character traits, and habits grow out of enduring relationships the child has with key adults in his/her life. The caregiver or adult mentor (relative, neighbor, coach) who takes time with the child works through problems of childhood and adolescence with the child and models the values and life skills essential for normal development. Building nurturing relationships depends on consistency of contact. For this reason, stability and permanence in the child's living arrangement and social support network is a foundation for child development. [STABILITY = CONTINUITY • INSTABILITY = DISRUPTION = UNPLANNED MOVEMENT OF A CHILD]

A child removed from his/her family home should be living in a safe, appropriate, and permanent home within 12 months of removal with only one interim placement. If, for reasons of child protection, psychiatric treatment, or juvenile justice services, this child/youth is in a temporary setting or unstable situation, then prompt and active measures should be taken to restore the child to a stable situation.

Determine from Informants, Plans, and School Records	Facts Used in Rating Status
1. Is the child living in a permanent home?	
2. Does the child have a history of instability of living arrangements?	
3. Are probable causes for disruption of school, home, or work placement present?	
4. Has the child had a change in educational and work placement in the past year resulting from a removal from his/her home for safety reasons?	
5. Has the child had a change in educational and work placement in the past year resulting from behavioral problems or psychiatric symptoms?	
6. Has the child required out-of-home treatment for psychiatric problems?	
7. Has this child been arrested or spent time in youth detention?	
8. Has this child ever run away from home or school?	
9. Is this youth at high risk of teenage pregnancy?	
10. Does this youth abuse substances?	
11. Does the child have a chronic health condition requiring frequent or extended hospitalization?	

Status Review 2: Stability

Determine from Informants, Plans, and School Records	Facts Used in Rating Status
12. How many out-of-home placements has this child had in the course of his/her lifetime? For what reasons?	
13. What steps are being taken, if necessary, to prevent future disruptions and/or to achieve stable living, learning, and working situations and settings for this child?	
14. If continued instability is present, is it caused by unresolved permanency issues related to the child's birth family? If so, what is the the permanency plan?	

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- The child has **optimal stability** in home and school settings and enjoys positive and enduring relationships with parents/primary caregivers, key adult supporters, and peers in those settings. There is no history of instability. Only age-appropriate changes are expected in school settings. No known risk factors are now present. — **6** ☐
- The child has **substantial stability** in home and school settings with no disruptive changes in either during the past two years. The child has established positive relationships with parents/primary caregivers, key adult supporters, and peers in those settings. Only age-appropriate changes are expected within the next two years. — **5** ☐
- The child has **minimally acceptable stability** in home and school settings with one disruption in settings within the past two years. The child has established positive relationships with parents/primary caregivers, key adult supporters, and peers in those settings. Adoption or age-appropriate school changes may be expected in the next year. Future disruption (unplanned moves) appears unlikely (probability < 50%) within the next year. — **4** ☐
- The child has **inadequate stability** in home and/or school settings with two or more disruptions within the past two years. Disruptions may have resulted in changes of parents/primary caregivers, key adult supporters, and peers in those settings. Further disruptions may occur within the next year (probability > 50%). Causes of disruption are known, but services may not be working effectively to resolve the issues causing disruptions. — **3** ☐
- The child has **substantial and continuing problems of stability** in home and/or school settings with two or more changes in either or both settings within the past year. Multiple, dynamic factors are in play, creating a "fluid pattern of uncertain conditions" in the child's life leading to ongoing instability. Intervention efforts to stabilize the situation may be limited or undermined by current system of care difficulties. — **2** ☐
- The child has **serious problems and worsening problems of stability** in home and/or school settings with three or more changes in either or both settings within the past year. The child's situation seems to be "spiraling out of control." The child may be in temporary containment and control situations (e.g., detention or crisis stabilization) or runaway. There is no foreseeable next placement with levels of supports and services expressed by service staff or providers. — **1** ☐

Status Review 3: Home and School Placement

HOME AND SCHOOL PLACEMENT: Is the child in the most appropriate residential and school placement, consistent with the child's needs, age, ability, and peer group and consistent with the child's language and culture?

The natural or "home community" for a child usually is the one into which he/she is born. Home community involves one's birth family, culture, village or neighborhood, closest school, and peer group. A child's home community is the context for his/her family support network and school support network. The home community is the source of one's identity, culture, sense of belonging, and connections with those things that give meaning and purpose to life. **A child's home community is the least restrictive, most appropriate, inclusive setting in any routine location in which the child may live, learn, work, and play.** A child should be supported and maintained in his/her home community. If a child's life is temporarily disrupted due to resolvable safety problems in the family home or by needs that require specialized treatment for a specific and limited time in another location, the child should be restored with necessary supports as quickly as possible to his/her natural community. If a child's home and family situation does not permit the child to return home after removal for safety reasons, then that child should be provided a safe, appropriate, and permanent home as quickly as possible so that natural social supports can be developed for that child in a new home, neighborhood, school, and community. Within the school context, a child with special needs should be educated to the greatest extent possible in an inclusive setting.

Child/Family Status Probes for Review Use

1. Is the child in the <u>least restrictive and most appropriate living arrangement</u> consistent with the child's needs, age, ability, culture, religion, and peer group? If the child is in out-of-home care, is the placement in compliance with the guidelines according to the Multi-Ethnic Placement Act (MEPA)?

   In determining appropriateness of placement, consider whether:
   - The child lives with the birth family.
   - The child is placed with his/her siblings, if appropriate.
   - The child is in a kinship care arrangement with relatives, if appropriate.
   - The child is an alternative living arrangement near the bio-home.
   - The child is in the least restrictive setting for his/her needs.
   - The placement provides appropriate level of supervision and support.
   - The placement is appropriate for the child's developmental stage.
   - The child is placed with children of the same age/peer group.
   - The placement is appropriate for the child's special needs.
   - The child is placed with people of the same culture and language.
   - The child has opportunities for socialization with community peers.
   - The substitute caregivers participate and cooperate in discharge plans.
   - The relationship between bio/foster/adoptive family is collaborative.

2. Is the child in the most appropriate <u>educational placement</u> consistent with the child's needs, age, ability, culture, and peer group? Consider whether:
   - The child is in the least restrictive academic setting for his/her needs.
   - The placement provides the appropriate level of supervision and support.
   - The placement is appropriate for the child's developmental stage.
   - The child is placed with children of the same age/peer group.
   - The placement is appropriate for the child's special needs.

3. Does the counselor/caseworker/therapist recognize whether current placements are appropriate?

Facts Used in Rating Status

Status Review 3: Home and School Placement

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child	Rating Level*
◆ The child is living in the **least restrictive, most appropriate placement** necessary to meet all of the child's basic and special needs. The **placement is optimal** for the child's age, ability, peer group, culture, language, and religious practice. The placement is an excellent and fully appropriate match for the child.	**6** ☐ Residence ☐ School
◆ The child is living in the **least restrictive, most appropriate placement** necessary to meet all of the **child's substantial needs**. The placement is **substantially consistent** with the child's age, ability, peer group, culture, language, and religious practice. The placement is a good match for the child.	**5** ☐ Residence ☐ School
◆ The child is living in the **least restrictive, most appropriate placement** necessary to meet the most important needs of the child. The placement is **minimally consistent** with the child's age, ability, peer group, culture, language, and religious practice. The placement is a fair match for the child.	**4** ☐ Residence ☐ School
◆ The child is **not living in the least restrictive, most appropriate placement** necessary to meet his/her needs. The placement is partially inconsistent with the child's age, ability, peer group, culture, language, and/or religious practice. Either the **level of care is slightly lower than necessary** to meet needs or the **degree of restriction is slightly higher than necessary** for this child. The placement is a somewhat inconsistent match.	**3** ☐ Residence ☐ School
◆ The child is living in a **substantially inadequate placement** for his/her needs, age, ability, peer group, culture, language, and/or religious practice. He/she is living in **a substantially more restrictive placement or less supportive placement** than is necessary to meet his/her needs. The placement is a poor match.	**2** ☐ Residence ☐ School
◆ The child is living in an **inappropriate placement** for his/her needs, age, ability, peer group, culture, language, and/or religious practice. The child is living in a **much more restrictive than necessary placement or in a level of care that is insufficient to meet critical needs.** The placement is not only adverse but is contributing to a worsening situation for the child.	**1** ☐ Residence ☐ School
◆ **Not Applicable** to this child, regarding school placement only.	**NA** ☐ School

Scoring Rule: *Use the rating for the "residence" when calculating the Overall Status Rating on page 40. However, please address the school rating in the case write-up, if applicable.*

Status Review 4a: Parent Support of the Child

PARENT SUPPORT OF THE CHILD: • Are the parents or foster caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? • If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the needs?

FOR A CHILD LIVING WITH A BIRTH PARENT, RELATIVE, OR FOSTER PARENT

The child's birth parents or current custodial parents are considered to be the primary caregivers for the child. The primary caregivers responsible for the child should have the **capacities, availability, and willingness** to meet the child's basic care and development needs reliably on a daily basis. This expectation also applies to a child who may have extraordinary physical, emotional, and/or behavioral needs and life problems to be met at home. Such a child may increase demands on the time, attention, skills, financial resources, and patience required of caregivers for the child's supervision, physical care, training, and direction. Added caregiver training, in-home supports, respite care, and material assistance may be necessary to meet the needs of the child and extend the capacities of the caregiver. When the child's primary caregiver has functional limitations (physical or mental), added supports provided in the home by other family members or paid providers may be used to overcome those functional limitations or added caregiving demands and to meet the special needs of the child. Expectations of adequate caregiver functioning and support apply to children living in a bio-family home, relative home, kinship home, foster home, or adoptive home. Status Rating 4a does not apply to group or institutional settings (use 4b instead).

Child/Family Status Probes for Review Use

1. Can the present caregiver perform necessary parenting functions reliably on a consistent daily basis?
   - ☐ Yes ☐ No If Yes, check statements that apply. If No, explain.
   - ☐ Yes ☐ No Does the caregiver perform parenting functions willingly, adequately, consistently on a daily basis for this child and for other children at home?
   - ☐ Yes ☐ No Is the home free of hazards that might endanger the children?
   - ☐ Yes ☐ No Are all children in the home adequately supervised? Is the caregiver able to arrange for adequate child care?
   - ☐ Yes ☐ No Are the children attending school on a daily basis and doing their homework?
   - ☐ Yes ☐ No Are substitute caregivers attending parent-teacher conferences and special school events?
   - ☐ Yes ☐ No Does the caregiver use praise, affection, emotional support, and age-appropriate discipline?
   - ☐ Yes ☐ No Is the caregiver accessing and using necessary community resources?
   - ☐ Yes ☐ No Does the caregiver follow the service plan, attend required meetings, and transport the child to his/her appointments?
   - ☐ Yes ☐ No Does the caregiver/staff meet this child's parenting needs and/or special needs?

2. Is there anything that might impair the caregiver's functioning?
   - ☐ Yes ☐ No If Yes, indicate and explain the reasons.
   - ☐ Yes ☐ No There are exceptional demands in the home (such as small children, high child/caregiver ratio, frail elderly, ill persons in the home, single parent family, social isolation).
   - ☐ Yes ☐ No The caregiver has problems of substance abuse.
   - ☐ Yes ☐ No The caregiver has a physical or mental disability.
   - ☐ Yes ☐ No The caregiver has a history of domestic violence.

Facts Used in Rating Status

Child currently lives with:

- ☐ *Birth parent*
- ☐ *Extended/kinship family*
- ☐ *Foster family*
- ☐ *Adoptive home*

Status Review 4a: Parent Support of the Child

Child/Family Status Probes for Review Use	Facts Used in Rating Status
3. If the caregiver's functioning is not adequate, are added supports being provided to meet the child's needs? ☐ Yes ☐ No If Yes, what kind of supports have been provided?	
4. If the child is in therapeutic foster care, do the foster parents receive adequate assistance to address the child's needs?	

Description and Rating of the Child/Caregiver's Current Status

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

- The child receives **optimal caregiving** in his/her current home and benefits from competent, consistent, and caring parenting. Where necessary, any extraordinary demands placed on the caregiver are balanced with training, practical assistance, support, and relief to meet the needs of the child and maintain the stability of the home. Such supports are both functional and of optimal intensity to assist the caregiver with extraordinary demands. If caregiver supports and services are necessary, they are fully effective in meeting the need. — **6** ☐

- The child receives **good caregiving** in his/her current home and has generally competent and caring parenting. Where necessary, most of the extraordinary demands placed on the caregiver are supported with training, practical assistance, and relief to meet the needs of the child and maintain the stability of the home. Such supports are functional and of sufficient intensity to assist the caregiver with extraordinary demands. If caregiver supports and services are necessary, they are substantially adequate and consistent in meeting the need. — **5** ☐

- The child receives **fair caregiving** in his/her current home and has minimally competent and caring parenting. Where necessary, any extraordinary demands placed on the caregiver or functional limitations of the caregiver are aided with training, practical assistance, in-home supports, and possibly protective supervision to meet the needs of the child and maintain the stability of the home. Assistance to the caregiver is minimally adequate for meeting extraordinary demands. There is minor concern regarding the stability of the placement. If caregiver supports and services are necessary, they are minimally adequate and consistent in meeting the need. — **4** ☐

- The child is experiencing **minor problems of caregiving adequacy** in his/her current home involving caregiving availability, attitude, consistency, or capacity. Where necessary, any extraordinary demands placed on the caregiver are not being adequately supported with the necessary training, practical assistance, and relief to meet the needs of the child and maintain the stability of the home. Caregiver supports are inconsistent or of not enough intensity to meet extraordinary demands. Additional caregiver supports may not be available, dependable, or effective. There may be some concern about the stability of the placement. Some important needs may be infrequently unmet. — **3** ☐

- The child has **substantial and continuing problems of caregiving adequacy** in his/her current home involving caregiving availability, attitude, consistency, or capacity. Although necessary, extraordinary demands placed on the caregiver are not adequately supported with training, practical assistance, and relief to meet the needs of the child and maintain the stability of the home. Necessary supports are lacking in scope or intensity to meet the needs of the caregiver and/or child. There is growing concern regarding stability with placement disruption seen as possible. Consequences of the unmet needs to the child may be of substantial concern. — **2** ☐

- The child has **serious and worsening problems of caregiving adequacy** in his/her current home involving caregiving availability, attitude, consistency, or capacity. Although necessary, the caregiver is not receiving any useful or effective support, despite extraordinary demands placed on the caregiver. There is serious concern regarding stability and placement disruption is likely. Consequences of the unmet needs to the child may be of great immediate concern. — **1** ☐

Status Review 4b: Group Caregiver Support of the Child

GROUP CAREGIVER SUPPORT OF THE CHILD: Are the child's primary caregivers in the group home or facility supporting the education and development of the child adequately on a consistent daily basis?

FOR A CHILD LIVING IN A GROUP HOME OR RESIDENTIAL FACILITY

The child's group home should have one or more primary caregivers who are willing, available, and able to parent the child daily by:

- Assisting with the child's education by ensuring daily school attendance, assisting with homework and special projects.
- Encouraging and supporting the child's participation in extracurricular activities.
- Attending parent-teacher conferences, planning special services, and attending special school events.
- Meeting the child's basic needs for food, shelter, clothing, hygiene, and health care.
- Following through at the group home on special educational or therapeutic interventions for a special needs child.
- Meeting the child's basic emotional needs through praise, affection, emotional support, and age-appropriate discipline.
- Knowing the child's friends, pattern of activities, and whereabouts and providing oversight in reducing risk situations.
- Providing adequate supervision, feedback about behavior, corrective instruction, and logical consequences for misbehavior.
- Providing guidance and moral reasoning as the child moves through life stages and works through typical life problems.

These are routine primary caregiver activities that meet a child's needs for health, safety, love, attention, caring, development, socialization, and education. They also provide a basis for developing conscience, character, and good habits essential for personal responsibility. Primary caregiver activities should be done on an age-appropriate basis for the child in a group home. The primary focus of this exam is on caregiver-provided supports necessary for the child to be ready to learn, participate in school activities, and benefit from educational opportunities.

Child/Family Status Probes for Review Use

1. Who is the primary caregiver in the group home for this child (afternoon, evening, and weekend shifts)?
2. Are the child's basic and special needs met on a consistent daily basis?
3. Does the child come to school ready to learn and to participate?
4. Is the child attending school on a daily basis?
5. Does the child complete homework and special project assignments?
6. Is the child encouraged and supported in participating in extracurricular activities provided through the school or community organizations?
7. Do the child's caregivers attend teacher conferences, IEP meetings, and other activities related to the needs and progress of the child?
8. Do the primary caregivers spend time with the child on a regular basis in support of school and education-related activities?
9. Are the child's emotional needs met through praise, affection, emotional support, and age-appropriate discipline?
10. Do the caregivers know their children's friends, activity patterns, and whereabouts and provide oversight necessary to reduce risks of harm to the children?
11. Do the caregivers provide adequate supervision, feedback about behavior, corrective instruction, and logical consequences for misbehavior, including the child's school behavior and academic performance?
12. As the child develops through adolescence and his/her teenage years, are caregivers able to assist him/her with making critical life decisions regarding education, vocation, sexuality, religion, morality, or the use of substances?

Facts Used in Rating Status

Status Review 4b: Group Caregiver Support of the Child

Child/Family Status Probes for Review Use	Facts Used in Rating Status
13. Do the caregivers provide positive rewards, feedback about behavior, and corrective instruction and use logical consequences for correcting misbehavior?	
14. Are supports and services being provided to assist caregivers in the group home? If so, do these seem to be adequate in meeting the needs of the child and caregivers? Do caregivers have access to sufficient and ongoing training?	

Description and Rating of Child/Caregiver's Current Status

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

- **Optimal Caregiving.** The child always comes to school prepared and ready to learn, participates fully in the life of the school including extracurricular activities, and is benefiting from his/her educational opportunities as shown through excellent academic achievement. The child's basic and special needs are consistently met. Caregivers provide affection, discipline, logical consequences, and moral upbringing. Caregivers participate fully in teacher conferences, planning services, and special events. The child is assisted with homework, tutoring as needed, special assignments, and participation in extracurricular activities. — **6** ☐

- **Dependable Caregiving.** The child usually comes to school prepared and ready to learn, participates occasionally in the life of the school including extracurricular activities, and is benefiting from his/her educational opportunities as shown through satisfactory academic achievement. The child's basic and special needs are generally met. Caregivers usually provide affection, discipline, logical consequences, and moral upbringing. Caregivers usually participate in teacher conferences and planning meetings. The child is usually assisted with homework and participation in extracurricular activities. — **5** ☐

- **Minimally Adequate Caregiving.** The child comes to school minimally prepared and ready to learn, participates in a few extracurricular activities, and is benefiting from his/her educational opportunities as shown through fair academic achievement. The child's basic and special needs are minimally met. Caregivers provide affection and discipline. Caregivers occasionally participate in teacher conferences and planning meetings. The child is minimally assisted with homework and extracurricular activities. — **4** ☐

- **Some Problems in Caregiving.** The child occasionally comes to school prepared and ready to learn, may participate in extracurricular activities, and is benefiting little from his/her educational opportunities as shown through poor academic achievement. The child's basic and special needs are inconsistently met. Caregivers provide inconsistent affection and/or inadequate or inappropriate discipline. Caregivers seldom participate in teacher conferences and planning meetings. The child is inconsistently or inadequately assisted with homework or extracurricular activities. Follow-through with special interventions is limited. Minor support problems are present. — **3** ☐

- **Moderate and Continuing Problems in Caregiving.** The child rarely comes to school prepared and ready to learn. Any benefit from his/her educational opportunities is questionable, as shown through poor academic achievement. The caregiver may be unable to meet the caregiving demands within the home for some period of time. Basic care of children, supervision, and assistance lapse for extended periods of time. The child is likely to be doing poorly in school, sick, absent, truant, suspended, or expelled. Discipline may be absent, inappropriate, or excessive. Moderate support problems and their consequences are present. — **2** ☐

- **Serious and Worsening Problems in Caregiving.** The child does not come to school prepared and ready to learn and is not benefiting from his/her educational opportunities, as shown by failing academic performance. The caregiver may be frequently absent or unable to perform parenting responsibilities within the home for extended periods of time. There is serious concern regarding basic care, supervision, and assistance for the children. The child is most likely doing poorly in school, sick, absent, truant, suspended, or expelled. Discipline is absent, inappropriate, or excessive. Serious support problems and their consequences are present. — **1** ☐

Status Review 5: Satisfaction with Services/Results

SATISFACTION WITH SERVICES/RESULTS: To what extent are the child/youth and primary caregiver satisfied with the supports, services, and service results they presently are experiencing?

(For children age five and older and non-institutional caregivers) Satisfaction includes the views of the caregiver(s) and the child who is the focus of the review. If the child lives with his/her parents, relative, foster parent, or group home parent, then that person's views are solicited. If the child is being served temporarily in a residential treatment setting or hospital and will be returning home, then the views of the caregiver to whom the child will be returned is solicited. If the child is in a residential treatment setting and the future caregiver is unknown, then the caregiver part of the question should be noted as not applicable. Caregiver satisfaction is concerned with the degree to which the child and caregiver receiving services believe that those services are appropriate for their needs; respectful of their views and privacy; convenient to receive; tolerable (if imposed by court order); pleasing (if voluntarily chosen); and, ultimately, beneficial in effect. Satisfaction extends to:

- **Participation** in decisions and plans made for the benefit of the child and his/her caregiver.
- Feelings of **respect** for their views and preferences in the planning and delivery of services.
- Belief that a **good mix and match** of supports and services is offered that well fits their situation.
- Appreciation for the **quality/dependability** of assistance and support provided.
- Feelings that circumstances are better now than before or are **getting better** because of the supports and services.

Children and caregivers should be generally satisfied with services, taking into account that services may not always be voluntary.

Determine from Informants, Plans, and School Records	Facts Used in Rating Status
1. Does the child now reside with his/her parent or a permanent caregiver?	
2. Is the child living at home under protective services supervision?	
3. Is the child involved with delinquency services?	
4. Are any of the current services required by a court plan?	
5. Does the child agree with the purpose and type of services received?	
6. Does the child (age ten and older) believe that services reflect his/her views?	
7. Does the caregiver agree with the purpose and type of services received?	
8. Does the caregiver believe that services reflect his/her views?	
9. Do services received really match the needs in this case?	
10. Are services provided at convenient times and places?	
11. Does the child believe that he/she is benefiting from these services?	
12. Does the caregiver believe that the child is benefiting from these services?	
13. Does the caregiver believe that he/she is benefiting from these services?	

Status Review 5: Satisfaction with Services/Results

Determine from Informants, Plans, and School Records	Facts Used in Rating Status
14. If the child lives in a foster or group home, does the caregiver feel adequately supported in serving this child?	
15. If the child presently resides in a residential treatment setting, are the receiving caregivers back home satisfied with the nature, quality, and results of the residential services provider?	

Description and Rating of the Child's Current Status

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

- The respondent reports **optimal satisfaction** with current supports and services. The quality, fit, dependability, and results being achieved presently exceed a high level of consumer expectation. The respondent "couldn't be more pleased" with the service situation and his/her recent experiences and interactions with service personnel.

  6 Child | Caregiver

- The respondent reports **substantial satisfaction** with current supports and services. The quality, fit, dependability, and results being achieved generally meet a moderate level of consumer expectation. The respondent is "generally satisfied" with the service situation and his/her recent experiences and interactions with service personnel. Any complaints and disappointments are minimal.

  5 Child | Caregiver

- The respondent reports **minimal satisfaction** with current supports and services. The quality, fit, dependability, and results being achieved minimally meet a low-to-moderate level of consumer expectation. The respondent is "more satisfied than disappointed" with the service situation and his/her recent experiences and interactions with service personnel. Any complaints and disappointments are occasional and/or minor.

  4 Child | Caregiver

- The respondent reports **mild dissatisfaction** with current supports and services. The quality, fit, dependability, and results being achieved do not minimally meet a low-to-moderate level of consumer expectation. The respondent is "a little more disappointed than pleased" with the service situation and his/her recent experiences and interactions with service personnel. Any complaints and disappointments are recent and substantive.

  3 Child | Caregiver

- The respondent reports **moderate and continuing dissatisfaction** with current supports and services. The quality, fit, dependability, and results being achieved do not meet a low-to-moderate level of consumer expectation. The respondent is "consistently disappointed" with the service situation and his/her recent experiences and interactions with service personnel. Any complaints and disappointments are substantial and continuing over time.

  2 Child | Caregiver

- The respondent reports **substantial and growing dissatisfaction** with current supports and services. The quality, fit, dependability, and results being achieved fail to meet any reasonable level of consumer expectation. The respondent is "greatly and increasingly disappointed" with the service situation and his/her recent experiences and interactions with service personnel. Complaints and disappointments may be longstanding, significant, and may be increasing in their scope and intensity.

  1 Child | Caregiver

- **This examination does not apply** to this person.

  NA Child | Caregiver

Scoring Rule: *If child is age ten or older, consider both caregiver and child ratings and use the lower of the two for the Overall Status Rating on page 40.*

Status Review 6: Health/Physical Well-being

HEALTH/PHYSICAL WELL-BEING: • Is the child in good health? • Are the child's basic physical needs being met? • Does the child have health care services, as needed?

Children should achieve and maintain good health status, consistent with their general physical condition. Healthy development of children requires that **basic physical needs** for proper nutrition, clothing, shelter, and hygiene are met on a daily basis. Proper **medical and dental care** (preventive, acute, chronic) are necessary for maintaining good health. Preventive health care should include immunizations, dental hygiene, and screening for possible physical or developmental problems. Physical well-being encompasses both the child's physical health status and access to timely health services.

Children who have chronic health conditions requiring special care or treatment should have a level of attention commensurate with that required to maintain and improve health status. Special care requirements may include nursing, physical therapy, adaptive equipment, therapeutic devices, and treatments (e.g., medications, suctioning). Delivery of these services may be necessary in the child's daily settings, including the school and home.

The **central concern** here is that the child's physical needs are met and that special care requirements are provided as necessary to achieve optimal health status. Adult caregivers and professional interveners in the youth's life bear a responsibility for ensuring that basic physical needs are being met and that health risks, chronic health conditions, and acute illnesses are adequately addressed in a timely manner.

Determine from Informants, Plans, and School Records	Facts Used in Rating Status
1. Are the child's needs for food, shelter, clothing, and health care met?	
2. Is the child a victim of neglect?	
3. Is the child's caregiver physically or mentally limited in capacity?	
4. Does the child have a developmental or physical disability?	
5. Does the child appear to have adequate nutrition and physical care?	
6. Is the child underweight or overweight?	
7. Does the child have frequent colds, infections, or injuries?	
8. Does the child have a history of major recurrent health problems?	
9. Does the child have regular medical check-ups and screenings?	
10. Does the child have regular dental care?	
11. Are all of the child's immunizations up to date?	
12. Does the child have prompt access to acute care when needed?	
13. Does the child have continuous access to care and treatment of chronic conditions, if needed?	
14. If the child requires special care or treatment for a health condition, are the required services and equipment provided in the home and school, as needed by the child?	

Status Review 6: Health/Physical Well-being

Determine from Informants, Plans, and School Records	Facts Used in Rating Status
15. If the child takes medications for chronic health problems, seizures, or behavior control: Does the child self-medicate? Are medications monitored for safety and effectiveness at least quarterly by the prescribing physician?	
16. Does the child reside in a treatment facility or special care home?	
17. Does the child have a health condition requiring monitoring?	

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- The child enjoys **optimal health status.** All of the child's physical needs for food, shelter, and clothing are reliably met on a daily basis. Routine preventive medical (e.g., immunizations, check-ups, and developmental screening) and dental care are provided on a timely basis. Any acute or chronic health care needs are met on a timely and adequate basis, including necessary follow-ups and required treatments. The child's height and weight are within normal ranges. The child has no recurrent colds, infections, or injuries. **6** ☐

- The child is in **substantially good health.** The child's physical needs are generally met on a daily basis. The child's status is good. Routine health and dental care are generally provided but not always on schedule. Acute or chronic health care is generally adequate, but follow-ups or required treatments may be missed or delayed occasionally. Height and weight are within normal ranges. The child may have occasional colds, infections, or non-suspicious minor injuries that respond quickly to treatment. **5** ☐

- The child has **minimally acceptable health status.** The child's physical needs are minimally met on a daily basis. The child's health status is good. Routine health and dental care are minimally provided but not always on schedule. Some immunizations may not have occurred. Acute or chronic health care is generally adequate, but follow-ups or required treatments may be missed or delayed but are not life threatening. Height and weight are within normal ranges. The child may have frequent colds, infections, or non-suspicious minor injuries that respond adequately to treatment. **4** ☐

- The child has **physical or health care needs that are not adequately met.** The child's physical needs for food, shelter, hygiene, or clothing may not be consistently met. The child's nutritional or physical status is problematic. Routine health and dental care may not be adequately provided. Immunizations may not have occurred. Acute or chronic health care may be inadequate and/or follow-ups or required treatments may be missed or delayed but are not immediately life threatening. The child may be underweight or overweight. The child may have frequent colds, infections, or suspicious minor injuries. **3** ☐

- The child has **substantial and continuing physical or health care needs that are unmet.** The child's physical or health care needs are chronically or consistently unmet resulting in ongoing hygiene, nutrition, or health problems that cause the child to suffer from poor health status that is affecting the child's development and/or ability to perform in school. Further neglect could lead to physical deterioration or disability. **2** ☐

- The child has **serious and worsening physical or health care problems.** The child's physical or health care needs are unmet, resulting in ongoing and worsening health problems. These problems are causing the child to suffer from poor and declining health status that is adversely affecting the child's development and/or ability to perform in school. Further neglect could lead to serious physical deterioration, disability, or death. **1** ☐

Status Review 7: Functional Status

FUNCTIONAL STATUS: • To what degree is the child symptom free of anxiety, mood, thought, or behavioral disorders that interfere with his/her capacity to participate in and benefit from his/her education? • What is the child's current level of functioning in the child's daily settings and activities?

Emotional well-being is essential for adequate functioning in a child's daily life settings, including school and home. To do well in school and in life, a child should:

- Present an affect pattern appropriate to time, place, person, and situation.
- Have a sense of belonging and affiliation with others rather than being isolated or alienated.
- Socialize with others in various group situations as appropriate to age and ability.
- Be capable of participating in major life activities and decisions that affect him/her, including educational activities.
- Be free of or reducing major clinical symptoms of emotional/behavioral/thought disorders that interfere with daily activities.

For a child with mental health needs who requires special care, treatment, supervision, or support in order to make progress toward stable and adequate functioning at school and home, the child should be receiving necessary services and demonstrating progress toward adequate functioning in normal settings. Some children may require improved communication, social, and problem-solving skills to be successful. Other children may require special behavioral interventions or wraparound supports. Timely and adequate provisions of supports and services should enable the child to benefit from his/her education.

Determine from Informants, Plans, and Service Records	Facts Used in Rating Status
1. Is the child presently presenting emotional or behavioral problems at school, at home, or in the community?	
2. Does the child receive mental health services at school or elsewhere? If so, are symptoms being reduced and is the child's level of functioning improving?	
3. Does the child have a serious behavior disorder? If so, are maladaptive or high risk behaviors being reduced and replaced with functional behaviors?	
4. Does the child present an affect pattern appropriate to time, place, person, and situation? If not, how are mood and/or anxiety problems being addressed?	
5. Is the child receiving adequate instruction, guidance, support, and supervision at school, consistent with his/her needs for success in school?	
6. Is the child making progress toward normal functioning and full inclusion?	
7. Is this child participating and benefiting from his/her educational opportunities?	
8. If this child receives special education services, is he/she making adequate academic progress that will lead to school completion and employment?	
9. Does the child receive needed social and emotional supports at school?	
10. Does the child have a key adult supporter (of the same sex as the child) at school? If so, is the relationship positive and enduring across school years?	
11. Does this child enjoy school and feel connected with others at school?	

Status Review 7: Functional Status

Determine from Informants, Plans, and Service Records	Facts Used in Rating Status
12. Are known emotional/behavioral risks being managed effectively for the child at school, at home, and in the community?	

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- The child shows an **optimal level of emotional/behavioral functioning.** The child is emotionally and behaviorally stable and functioning very well (i.e., Level 10 in general functioning today across settings, see page 13). The child may enjoy many positive and enduring supports from teachers, key adult supporters, and friends. **6** ☐

- The child shows **substantially good emotional/behavioral functioning.** The child is emotionally and behaviorally stable and functioning well (i.e., Level 8-9 in general functioning today across settings, see page 13). The child may enjoy several positive and enduring supports from teachers, key adult supporters, and friends. **5** ☐

- The child shows **fair emotional/behavioral functioning.** The child has some emotional and behavioral issues (i.e., Levels 6-7 in general functioning today across settings, see page 13). The child may enjoy some positive and enduring supports from teachers, key adult supporters, and friends. The child may have occasional minor problems. **4** ☐

- The child shows **marginal emotional/behavioral functioning.** The child has some emotional and behavioral issues affecting daily activities (i.e., Levels 5 in general functioning today across settings, see page 13). The child may enjoy few, if any, positive and enduring supports from teachers, key adult supporters, and friends. **3** ☐

- The child has **substantial and continuing problems of emotional/behavioral functioning.** The child has serious emotional and/or behavioral problems that impair functioning in daily settings (i.e., Levels 3-4 in general functioning today across settings, see page 13).The child may be socially isolated due to withdrawal or behavior that limits social interactions. **2** ☐

- The child has **adverse and worsening problems of emotional/behavioral functioning.** The child has serious and persistent emotional and/or behavioral problems that limit functioning and may cause restriction in school or community settings (i.e., Levels 1-2 in general functioning today across settings, see page 13). The child's risk to self or others is high. **1** ☐

Status Review 8: Academic Status

ACADEMIC STATUS: Is the child [according to age and ability]: (1) regularly attending school; (2) in a grade level consistent with age; (3) actively engaged in instructional activities; (4) reading at grade level; and (5) meeting requirements for promotion, course completion or graduation, and transition to employment or post-secondary education?

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

- Enrolled in an educational or vocational program , consistent with age and ability.
- Attending school regularly and at a frequency necessary to benefit from instruction and meet requirements for promotion, course completion, and, ultimately, graduation.
- Receiving instruction in a grade level consistent with the child's age [or ability, if the child is cognitively impaired].
- Reading at grade level, except when the child's instructional expectations and placement are altered via an IEP to an alternative curriculum. When an IEP is directing the child's education via placement in an alternative curriculum, specialized instruction, and related services, the child should be performing at the level anticipated in the IEP.
- Actively and consistently participating in the instructional processes and activities necessary to acquire expected skills and competencies.
- Meeting requirements for grade level promotion, completing courses and graduation requirements, and, where indicated in an IEP, fulfilling transition processes and requirements for making a smooth transition to work, post-secondary education, independent living, and/or adult services.

This status review focuses on the child's current academic status relative to access, participation, and fulfillment of basic educational requirements. Academic progress of the child is addressed in Progress Review 3: School/Work Progress [i.e., change and gain over time], not in this status review. For children under age 5, focus on early learning and care, attainment of developmental milestones, and acquisition of school readiness skills and experiences. If the child is under age 5 and receiving early intervention services, rely on the provisions and requirements of the Individual Family Service Plan (IFSP) in conducting this review.

Determine from Informants, Plans, and Records	Facts Used in Rating Status
1. Is this child enrolled in an educational program consistent with age and ability? If not, why not?	
2. Is the child placed in an educational program at a level consistent with age and ability? Does the child's grade level match the child's age? If not, why not?	
3. Is the child assigned to the general education curriculum? If not, is the child receiving special education and related services in an alternative curriculum directed via an Individual Educational Plan (IEP)?	
4. Is the child actively and consistently engaged in the instructional processes and related activities necessary for acquisition of expected skills, competencies, and performances associated with curricular goals and objectives?	
5. Is the child reading on grade level or at a level anticipated in an IEP?	
6. Is the child meeting curriculum requirements necessary for promotion, course completion, graduation, and IEP-directed transition? If not, why not?	

Status Review 8: Academic Status

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- **Optimal Academic Status.** The child is enrolled in a highly appropriate educational or vocational program, consistent with age and ability. The child has an excellent rate of school attendance (≥95% attendance over the past 20 school days with no unexcused absences). The child's optimal level of participation and engagement in educational processes and activities is enabling the child reach and exceed all educational expectations and requirements set within the child's assigned curriculum and, where appropriate, the child's IEP. The child may be reading at or well above grade level or the level anticipated in an IEP. The child may be meeting or exceeding all requirements for promotion, course completing, graduation, and/or transition. **6** ☐

- **Good Academic Status.** The child is enrolled in a generally appropriate educational or vocational program, consistent with age and ability. The child has an substantial rate of school attendance (≥90 <95%) attendance over the past 20 school days with no unexcused absences). The child's good level of participation and engagement in educational processes and activities is enabling the child reach most educational expectations and requirements set within the child's assigned curriculum and, where appropriate, the child's IEP. The child may be reading at grade level or the level anticipated in an IEP. The child may be meeting most requirements for promotion, course completing, graduation, and/or transition. **5** ☐

- **Fair Academic Status.** The child is enrolled in a minimally appropriate educational or vocational program, consistent with age and ability. The child has an fair rate of school attendance (≥85 <90%) attendance over the past 20 school days with no unexcused absences). The child's fair level of participation and engagement in educational processes and activities is enabling the child reach at least minimally acceptable educational expectations and requirements set within the child's assigned curriculum and, where appropriate, the child's IEP. The child may be reading near grade level or the level anticipated in an IEP. The child may be minimally meeting core requirements for promotion, course completing, graduation, and/or transition. **4** ☐

- **Marginal Academic Status.** The child may be enrolled in a marginally appropriate educational or vocational program or somewhat inconsistent with age and ability. The child may have an inconsistent rate of school attendance (≥75 <85%) attendance over the past 20 school days have may have tardy notes or unexcused absences). The child's limited level of participation and engagement in educational processes and activities may be hindering the child from reaching at least minimally acceptable educational expectations and requirements set within the child's assigned curriculum and, where appropriate, the child's IEP. The child may be reading a year below grade level or somewhat below the level anticipated in an IEP. The child may not be meeting some core requirements for promotion, course completing, graduation, and/or transition. **3** ☐

- **Poor Academic Status.** The child may be enrolled in a poor or inappropriate educational or vocational program, or inconsistent with age and ability. The child may have a poor rate of school attendance (<75%) attendance over the past 20 school days and may have been truant). The child's poor level of participation and engagement in educational processes and activities may be preventing the child from reaching acceptable educational expectations and requirements set within the child's assigned curriculum and, where appropriate, the child's IEP. The child may be reading two years below grade level or well below the level anticipated in an IEP. The child may not be meeting many core requirements for promotion, course completing, graduation, and/or transition. **2** ☐

- **Adverse Academic Status.** The child may be chronically truant, suspended or expelled from school. The child may be three or more years behind in key academic areas; may be losing existing skills and/or regressing in functional life areas; and/or, may be confined in detention without appropriate instruction, or hospitalized. The child may be illiterate and/or have no work skills or experiences necessary for employment. **1** ☐

Status Review 9a: Responsible Behavior (age 8 and older)

RESPONSIBLE BEHAVIOR: • Does the child behave in socially responsible ways at school, at home, and/or in other daily settings (as appropriate to age and developmental level)? • Is the child/youth actively avoiding harmful activities that could lead to addiction, injury, or harm?

Children and youth should acquire and use developmentally appropriate behaviors and life skills that demonstrate increasing personal responsibility for themselves and for the consequences of their actions within their social networks and daily activities. They should maintain a lifestyle free of alcohol and other drug use. Any use of these substances poses potential harm to the child's physical and emotional well-being. If using substances, children and youth should be making reasonable progress toward: recognizing problems with substance use (e.g., addiction, over-dose), increasing motivation to "take charge" of reducing their own substance use, lowering the risks associated with substance use, and decreasing the use of substances. Likewise, they should seek out and engage in age-appropriate, socially-acceptable activities at home, at school, and in the community. Such activities include normal neighborhood play friends, community recreation, and other organized activities (e.g., sports, arts, clubs, school socials, youth programs). Appropriate social activities engage them in "fun events" and promote avoidance of self-injurious and socially harmful activities that cause harm or hardship to self or others. The focus here is on socially appropriate behavior, engagement in socially appropriate activities (e.g., organized sports) and, where appropriate, the active avoidance of harmful activities (e.g., substance abuse). Age and functional limitations in ability should be taken into account.

Determine from Informants, Plans, and School Records

1. As appropriate to age and ability, how well and consistently does this child:

   - ☐ Follow rules of good conduct at school, at home, and in other settings?
   - ☐ Get wants and needs met in socially acceptable ways?
   - ☐ Communicate thoughts, feelings, and desires in acceptable ways?
   - ☐ Develop and maintain relationships with family and friends?
   - ☐ Participate effectively and appropriately in groups?
   - ☐ Demonstrate good judgment about behaviors that cause harm?
   - ☐ Solve everyday problems and make good decisions?
   - ☐ Avoiding substance use and choosing a drug free lifestyle?
   - ☐ Make safe personal decisions about sexual activities?
   - ☐ Use leisure time in constructive, socially appropriate ways?
   - ☐ Perform responsibilities required in daily settings?
   - ☐ Show caregiving skills and attitudes for self and others?

2. What are the child's normal social and recreational activities? What are the child's opportunities for engagement in age-appropriate social activities that are "fun" for the child and properly supervised by adults?

3. Is this child of an age and life situation that involvement in harmful activities is a concern in this case? If not, this review may not apply.

4. Is the child able to maintain a substance-free lifestyle? Is the child at high risk of abusing substances? If using substances, what is the type and level of substance use? Is substance use causing functional impairment?

5. Does this child/youth have an arrest record or current involvement with the court system due to illegal activities? Is this child under court supervision for delinquency? Does this child/youth have friends in gangs or is a gang member?

6. Does this child/youth engage in high risk behaviors? If so, what behaviors and what is being done now to reduce risks and change behavior patterns?

Facts Used in Rating Status

Status Review 9a: Responsible Behavior (age 8 and older)

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- The child is showing **optimal responsible behavior** in all areas. The child's daily interactions, habits, and attitudes are fully and consistently responsible in daily settings, as appropriate to age. The child may have a diagnosed developmental, behavioral, or emotional disability and may be demonstrating optimal development of social skills and attitudes, work habits, relationships, and personal responsibilities consistent with expectations. The child may be well and consistently engaged in socially appropriate activities. No harmful behaviors are present nor considered likely in the near term. **6** ☐

- The child is showing **substantial responsible behavior** in most areas, consistent with age. The child's daily interactions, habits, and attitudes are generally responsible in daily settings, as appropriate to age. The child may have a diagnosed developmental, behavioral, or emotional disability and may be demonstrating good social skills and attitudes, work habits, relationships, and personal responsibilities generally consistent with expectations. The child may be substantially engaged in socially appropriate activities. Any previous behaviors that were harmful in the past are not occurring. **5** ☐

- The child is showing **fair responsible behavior**. The child's daily interactions, habits, and attitudes are at least minimally responsible in daily settings, as appropriate to age. The child may have a diagnosed developmental, behavioral, or emotional disability and may be demonstrating fair social skills and attitudes, work habits, relationships, and personal responsibilities somewhat consistent with expectations. The child may be at least minimally engaged in socially appropriate activities. Any previous behaviors that were harmful in the past are being fairly reduced in frequency and seriousness. **4** ☐

- The child is showing **marginal responsible behavior**. The child's daily interactions, habits, and attitudes are marginal or inconsistent in daily settings, as appropriate to age. The child may have a diagnosed developmental, behavioral, or emotional disability and may be demonstrating limited social skills and attitudes, work habits, relationships, and personal responsibilities somewhat inconsistent with expectations. The child may not be engaged in socially appropriate activities. Any previous behaviors that were harmful in the past may be occurring at a low level without serious consequences a the present time. **3** ☐

- The child is presenting **substantial problems in responsible behavior and is not progressing**. The child/youth may act in ways that interfere with relationships; disrupt group activities; increase risks of harm to self or others; break rules; and may result in isolation, inadequate self-care, poor grades, or disciplinary actions. The parents/caregiver or teacher has growing concerns about the child's behavior patterns and the harmful consequences of these behaviors for the child/youth and/or others. **2** ☐

- The child is presenting **serious and worsening problems with responsible behavior**. The child/youth may be showing a pattern of worsening behaviors of increasing risk to self or others and/or may be suspended or expelled from school, confined in detention, or hospitalized. The child may be at high risk of school dropout, teen pregnancy, addiction, dependency, or incarceration. Key people in the child's life have major concerns about the child's behavior and the ability of the service system to address the child's needs and problems. **1** ☐

Status Review 9b: Responsible Behavior (under age 8)

RESPONSIBLE BEHAVIOR: • Does the child engage in age-appropriate social interaction, self-regulation, i.e., calm him/herself when upset, wait a short time for something he/she wants? • Does the child follow simple directions, generally behave similarly to other children the same age in different settings such as at home, in a grocery store, in a library? • Does the child generally accept and facilitate daily routines such as eating, dressing, getting into the car (as appropriate to age and developmental delay)? • If not, is the child's pattern of interaction and behavior currently improving?

Children should acquire and use developmentally appropriate behaviors and life skills that demonstrate increasing independence and attention to the consequences of their actions. This examination requires a broad view of a child's development of independence, empathy, conscience, caring, and social competence. Relationships with other children will be rudimentary, such as using their names by 24 months and naming objects (e.g., book, chair) and food (e.g., juice, cookie). Functional variations in ability (e.g.,cognitive and communication) should be recognized.

Determine from Informants, Plans, and School Records

1. As appropriate to age, ability, and cultural expectations, how well and consistently does the child:
   - ☐ Participate in routines and follow rules in daily settings such as mealtimes, child care, at the beach or grocery store?
   - ☐ Try to get wants and needs met in socially acceptable ways before escalating to less acceptable ways?
   - ☐ Communicate emotions in relatively acceptable ways (e.g., saying "I hate you!" instead of attacking a primary caregiver, when frustrated)?
   - ☐ Develop and maintain relationships with familiar adults and children?
   - ☐ Participate effectively in groups at least to the extent of allowing the group to function and fulfill its role (e.g., extended family can celebrate a birthday without persistent disruption, preschool children and teachers can have peaceful circle time and settle down for naps)?
   - ☐ Avoid purposely hurting him/herself, and avoid hurting others except for infrequent, isolated episodes of biting, hard hitting, etc.?
   - ☐ Solve problems, e.g., by enlisting peer or adult help?
   - ☐ Understand and respond to limits, e.g., the word "No!"? (Note: The response is likely to include watchful testing of the limits.)
   - ☐ Begin to conform to standards of modesty, e.g., nudity or toileting?
   - ☐ Play constructively with toys or other objects, including imitative play?
   - ☐ Perform age-appropriate, ability-appropriate, and culturally appropriate tasks in daily settings (e.g., helps with table setting, picks up toys with help)?
   - ☐ Show development of self-care skills such as dressing, toileting, etc.?
   - ☐ Show development of caring for others (e.g., notices upset peers)?
2. To what extent are these aspects of personal responsibility demonstrated at home, in preschool/child care settings, and in community settings?
3. Has this child's ability to self-regulate, engage in appropriate social interaction with familiar adults, and generally behave like other children the same age in different settings improved over the past year? Has the child grown in his/her ability to accept and facilitate daily routines?
4. If enrolled in EI services, has the child engaged in behaviors that could significantly injure him/herself, or other people? (Do not count infrequent isolated incidents of biting, hitting hard, pulling hair, etc., for children under 30 months.) Has this child been expelled from a preschool or child care setting?

Facts Used in Rating Status

Status Review 9b: Responsible Behavior (under age 8)

Determine from Informants, Plans, and School Records	Facts Used in Rating Status
5. To what extent do this child's daily habits and attitudes demonstrate the development of empathy, conscience, caring and social competence?	

NOTE: *A child enrolled in EI (early intervention services) would have an IFSP (individual family support plan) if in the birth-to-three-year age group. A child aged 3-4 years with a developmental delay or disability may have an IEP, if receiving pre-k services.*

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- The child is showing **optimal development of appropriate behavior** in all areas. The child's daily interactions, habits, and attitudes show age-appropriate ability to self-regulate, interact with familiar adults and children, and generally behave appropriately at home and in the community. **- OR -** The child has a diagnosed developmental, behavioral, or emotional disability and is demonstrating optimal development of social skills and attitudes, relationships, and independence consistent with expectations and his/her IFSP. The child's caregivers are having no trouble managing or responding helpfully to the child's behavior. — **6** ☐

- The child is showing **substantial development of appropriate behavior** in most areas, consistent with age. **- OR -** The child has a diagnosed disability and is demonstrating substantial development of appropriate behavior consistent with age-appropriate expectations and his/her IFSP. The child's caregivers are having little trouble managing or responding helpfully to the child's behavior. — **5** ☐

- The child is showing **minimally acceptable development of appropriate behavior** in key areas. **- OR -** The child has a diagnosed disability and is demonstrating minimally acceptable achievement of development of appropriate behavior consistent with his/her IFSP. May present occasional problems somewhat more challenging than expected in a child of this age. The child's caregivers are having some trouble controlling or responding helpfully to the child's behavior. — **4** ☐

- The child is showing unacceptable **development in important areas of appropriate behavior**. May have an undiagnosed disability. **- OR -** The child has a diagnosed disability and is not demonstrating acceptable achievement of appropriate behavior consistent with his/her IFSP. May present daily problems somewhat more challenging than expected. The child's caregivers are sometimes unable to control or respond helpfully to the child's behavior. — **3** ☐

- The child is presenting **substantial problems in development of appropriate behavior**. The child may act in ways that interfere with important relationships, disrupt group activities, increase risks of harm to self or others, show a general inability to participate in routines, and may result in rejection by important caregivers or exclusion from group settings. Caregivers are often unable to control or respond helpfully to the child's behavior. — **2** ☐

- The child is presenting **serious and worsening problems with appropriate behavior**, interactions with familiar adults/children are deteriorating, and/or he/she may be expelled from group settings or rejected by primary caregivers. The child's caregivers are often unable to control or respond helpfully to the child's behavior. — **1** ☐

Status Review 10: Lawful Behavior

LAWFUL BEHAVIOR: • Does the child/youth behave in legally responsible ways at school, at home, and/or in daily community settings (as appropriate to age and developmental level)? • If involved with the juvenile justice system, is the child/youth complying with the court plan, avoiding reoffending, and developing appropriate friendships and activity patterns?

Children and youth should acquire and use good citizenship behaviors and life skills that demonstrate civility in social interactions and respect for community norms, property, privacy, and public safety. The focus here is on lawful community behavior, engagement in socially appropriate activities (e.g., school activities, organized sports, community service projects) and, where appropriate, the active avoidance of illegal activities (e.g., crime). If the child or youth has become involved with the juvenile justice system, a strong focus should be placed on preventing repeat offenses. A child or youth is considered to be at high risk of reoffending when three or more of the following **risk factors** are present: (1) academic failure, including truancy, suspension, or expulsion; (2) lack of family stability, including poor parental control, lack of parenting skills, or a family member in the criminal justice system; (3) mental health or substance abuse problems; and (4) pre-delinquency behaviors, including running away, gang affiliation, disruptive behavior, or stealing. Prevention of reoffending requires the use of intensive services, tutoring, mentoring, supervision, and treatment that build appropriate social skills and promote acceptable patterns of behavior while actively avoiding reoffending. Age and functional limitations in ability should be taken into account in making this review. This review may be deemed to be not applicable for children under five years of age.

Determine from Informants, Plans, and School Records

1. As appropriate to age and ability, how well and consistently does this child demonstrate:
   - ☐ Civility in social interactions?
   - ☐ Respect for community norms and laws?
   - ☐ Respect for the property of others?
   - ☐ Respect for the privacy of others?
   - ☐ Respect for public safety?

2. What are the child's normal social and recreational activities? What are the child's opportunities for engagement in age-appropriate social activities that are "fun" for the child and properly supervised by adults?

3. Does this child/youth have an arrest record or current involvement with the court system due to illegal activities? Is this child under court supervision for delinquency? Does this child/youth have friends in gangs or is a gang member?

4. If this child or youth has prior involvement with the juvenile justice system, is the child or youth following the court plan and actively avoiding reoffending?

5. Which risk factors for reoffending does this child or youth present?
   - ☐ Academic failure and related school problems?
   - ☐ Lack of family stability?
   - ☐ Mental health or substance abuse problems?
   - ☐ Pre-delinquent behavior patterns?

6. What services are being provided to mitigate these risks? Are these efforts presently working?

7. What positive influences and behavior supports are present and active in this child's life?

Facts Used in Rating Status

Status Review 10: Lawful Behavior

Description and Rating of the Child's Current Status

Description of the Status Situation Observed for the Child — Rating Level

- **Optimal Status.** The child is showing an **excellent lawful pattern of behavior** in all areas, consistent with age and ability. The child's daily interactions, habits, and attitudes fully and consistently demonstrate civility in social interactions and respect for community norms, property, privacy, and public safety. The child may have some prior involvement with the juvenile justice system but is showing a strong and ongoing pattern of appropriate life choices, affiliations, and activities. The child is fully and consistently compliant with all provisions of any court plan requiring restitution, community service, treatment, or community control. All risk factors for reoffending may be optimally mitigated by effective interventions and positive supports. **6** ☐

- **Good Status.** The child is showing a **substantially good lawful pattern of behavior** in most areas, consistent with age and ability. The child's daily interactions, habits, and attitudes generally demonstrate civility in social interactions and respect for community norms, property, privacy, and public safety. The child may have some prior involvement with the juvenile justice system but is showing a positive and consistent pattern of appropriate life choices, affiliations, and activities. The child is generally compliant with all provisions of any court plan requiring restitution, community service, treatment, or community control. Many risk factors for reoffending may be substantially mitigated by effective interventions and positive supports. **5** ☐

- **Fair Status.** The child is showing a **minimally adequate to fair lawful pattern of behavior**. The child's daily interactions, habits, and attitudes at least minimally demonstrate civility in social interactions and respect for community norms, property, privacy, and public safety most of the time. The child may have some prior involvement with the juvenile justice system but is beginning to show a somewhat positive and consistent pattern of appropriate life choices, affiliations, and activities. The child is minimally compliant with provisions of any court plan requiring restitution, community service, treatment, or community control. Some risk factors for reoffending may be somewhat mitigated by interventions and supports. **4** ☐

- **Marginal Status.** The child is showing **minor problems in lawful behavior**. The child's daily interactions, habits, and attitudes sometimes demonstrate civility in social interactions and respect for community norms, property, privacy, and public safety. The child may have some prior involvement with the juvenile justice system and is showing a limited or inconsistent pattern of appropriate life choices, affiliations, and activities. The child may be sometimes non-compliant with provisions of any court plan requiring restitution, community service, treatment, or community control. Few risk factors for reoffending are being mitigated by interventions and supports. **3** ☐

- **Poor Status.** The child is presenting **substantial problems in lawful behavior and is not progressing**. The child's daily interactions, habits, and attitudes show substantial, ongoing problems with civility in social interactions and respect for community norms, property, privacy, and public safety. The child may have prior involvement with the juvenile justice system and may be showing a troubling pattern of inappropriate life choices, affiliations, and activities. The child may be non-compliant with provisions of any court plan requiring restitution, community service, treatment, or community control. Many risk factors for reoffending are present and the child or youth may be engaged in minor illegal activities. **2** ☐

- **Adverse Status.** The child is presenting **serious and worsening problems with lawful behavior**. The child's daily interactions, habits, and attitudes show serious and worsening problems with civility in social interactions and respect for community norms, property, privacy, and public safety. The child may have prior involvement with the juvenile justice system and may be showing a criminal pattern of dangerous life choices, affiliations, and activities. The child may be defiant or non-compliant with provisions of any court plan requiring restitution, community service, treatment, or community control. The child or youth may be actively engaging in major illegal activities or may be placed in a secure facility. **1** ☐

- **Not Applicable**. The child is under age five or has life circumstances (e.g., being seriously developmentally disabled) that limits choices, understanding of consequences, or ability to engage in illegal activities. **NA** ☐

Status Review 11: Overall Child/Family Status

OVERALL CHILD/FAMILY STATUS SCORING PROCEDURE

There are 10 reviews to be conducted in the area of Child/Family Status. Each review produces a finding reported on a 6-point rating scale with scale values of 1-3 being in the unacceptable range and values 4-6 being in the acceptable range. An "overall rating" of Child/Family Status is based on the findings determined for the Child/Family Status reviews, using the following scoring procedure to produce an "overall rating value" on a 1-6 scale. **Safety is a "trump" review meaning that Overall Child/Family Status is ACCEPTABLE only when SAFETY is rated in the 4-6 range**. This procedure is performed after rating results are produced for all 10 items: (1) Begin by transferring the rating value for each review item from the protocol to the calculation table below; (2) Next, multiply the rating value for each item by the weighting value in the table to produce a weighted score for each item; (3) Then, sum the weighted values of all review scores to produce a total score; (4) Note whether the **SAFETY** review was rated as "acceptable," having a rating score in the 4-6 range; (5) Follow the instructions that appear below the calculation table to assign the OVERALL CHILD/FAMILY STATUS RATING for this child. If a review item is not applicable, follow the procedures on page 41.

Rating	Weight	Score	Status Reviews
			Community Living
_____	x **3**	_____	**1. SAFETY of the child (trump item)**
_____	x 2	_____	2. Stability
_____	x **3**	_____	**3. Home and school placement**
_____	x 2	_____	4. Caregiver support of the child
_____	x 1	_____	5. Satisfaction with services/results (if NA use page 41)
			Health and Well-being
_____	x 1	_____	6. Health/physical well-being
_____	x **3**	_____	**7. Functional status**
			Developing Life Skills
_____	x **3**	_____	**8. Academic status**
_____	x 2	_____	9. Responsible behavior
_____	x 1	_____	10. Lawful behavior (if NA use page 41)

TOTAL SCORE: _____

SUM of the Weights of all Not Applicable (NA) Review Items = _____

Note:
Use the rating scale ranges below when all review items are deemed applicable to this case. If one or more review items are deemed not applicable, use the modified scoring ranges presented on page 41, as directed.

Rating of the Overall Status of the Child/Family if all Indicators are Applicable	Action Zone
◆ **Optimal Child Status**. Assign an overall status rating of "6" when the TOTAL SCORE is in the 110-126 range AND when SAFETY is rated in the 4-6 range. If SAFETY is less than 4, then the OVERALL RATING equals the SAFETY of the child rating. ◆ **Good Child Status**. Assign an overall status rating of "5" when the TOTAL SCORE is in the 92-109 range AND when SAFETY is rated in the 4-6 range. If SAFETY is less than 4, then the OVERALL RATING equals the SAFETY of the child rating.	6 ☐ Maintenance 5 ☐
◆ **Fair Child Status**. Assign an overall status rating of "4" when the TOTAL SCORE is in the 75-91 range AND when SAFETY is rated in the 4-6 range. If SAFETY is less than 4, then the OVERALL RATING equals the SAFETY of the child rating. ◆ **Marginal Child Status**. Assign an overall status rating of "3" when the TOTAL SCORE is in the 57-74 range. If SAFETY is less than 3, then the OVERALL RATING equals the SAFETY of the child rating.	4 ☐ Refinement 3 ☐
◆ **Poor Child Status.** Assign an overall status rating of "2" when the TOTAL SCORE is in the 40-56 range. If SAFETY of the child is rated "1," then lower the OVERALL RATING to "1." ◆ **Adverse Child Status.** Assign an OVERALL STATUS RATING of "1" when the TOTAL SCORE is in the 21-39 range, regardless of the SAFETY of the child rating.	2 ☐ Improvement 1 ☐

[Alternative] Status Review 11: Overall Child/Family Status

ALTERNATIVE OVERALL CHILD/FAMILY STATUS REVIEW SCORING PROCEDURE

WHEN EITHER Status Review 5—Satisfaction with services/results, OR Status Review 10—Lawful behavior, OR if both of Status Reviews 5 and 10 are deemed "not applicable" in a case, use this alternative scoring procedure.

First, complete the rating and weighting table on page 40 using a ZERO (0) value for each review deemed not applicable to produce a TOTAL SCORE for Overall Child/Family Status Review. Add the weights for each NA item to obtain a Total Sum of the NA item weights. Once a total score and sum of NA weights are produced, the reviewer should select and use the appropriate alternative scoring procedure provided in the table below. Identify the scoring situation present in this case and then locate the scoring range interval that matches the TOTAL SCORE in this case. Then, mark the rating value and zone corresponding to the scoring interval. Use the alternate rating value for the Overall Child/Family Status Review Rating on the "roll-up" sheet.

SCORING SITUATION DETERMINED IN THIS CASE

Weight of NA item = 1	Weight of NA items = 2	Overall Rating
☐ 104-120 range	☐ 99-114 range	6 ☐
		Maintenance
☐ 88-103 range	☐ 83-98 range	5 ☐
☐ 71-87 range	☐ 67-82 range	4 ☐
		Refinement
☐ 54-70 range	☐ 52-66 range	3 ☐
☐ 38-53 range	☐ 36-51 range	2 ☐
		Improvement
☐ 20-37 range	☐ 19-35 range	1 ☐

Progress Review 1: Symptom Reduction

SYMPTOM REDUCTION: To what extent are the psychiatric symptoms, which resulted in DSM-IV-R diagnoses and treatment, being reduced?

A child receiving treatment for emotional/behavior disorders has one or more diagnoses based on psychiatric symptoms and other conditions described in the DSM-IV-R (i.e., *Diagnostic and Statistical Manual—Revised, Fourth Edition*). As a result of treatment intervention and support, targeted symptoms of disorders are expected to diminish as functioning is restored. The DSM-IV-R provides a multiaxial assessment approach:

- Axis I: Clinical disorders and other conditions that may be focus of clinical attention
- Axis II: Personality disorders and mental retardation
- Axis III: General medical conditions
- Axis IV: Psychosocial and environmental problems
- Axis V: Global assessment of functioning

Targeted symptoms and conditions provide the basis of psychiatric treatment. Diagnoses are based on signs and symptoms of a disorder. Effective treatment response is accompanied by reduction in symptoms and, hopefully, restoration of the child to normal functioning. Children receiving appropriate treatment are expected to show reduction in symptoms over the course of treatment. The purpose of this review is to determine the child's progress in the reduction of symptoms associated with the disorder or condition being treated. The reviewer should use the scale provided below to report the degree of progress in symptom reduction reported by informants and records in this case.

Description and Rating of the Child's Progress

Description of the Progress Observed for the Child	Rating Level
◆ **Optimal Progress.** The child is making excellent progress in reducing targeted symptoms at a level well above expectation. **- OR -** The disorder is now in partial-to-full remission and there are no longer any symptoms or signs of disorder. Functioning has been restored to previous levels.	**6** ☐
◆ **Good Progress.** The child is making good progress in reducing targeted symptoms at a level somewhat above expectation. **- OR -** The disorder is now at a mild level with few, if any, symptoms in excess of those required to make a diagnosis. Symptoms result in no more than minor functional impairments in social, school, or work settings.	**5** ☐
◆ **Fair Progress.** The child is making fair progress in reducing targeted symptoms at a level somewhat near expectation. **- OR -** The disorder is now at a mild-to-moderate level with some symptoms or functional impairments still present in social, school, or work settings.	**4** ☐
◆ **Marginal Progress.** The child is making limited or inconsistent progress in reducing targeted symptoms at a level somewhat below expectation. **- OR -** The disorder is now at a moderate level with substantial symptoms or functional impairments present in social, school, or work settings.	**3** ☐
◆ **No Progress.** The child is making little or no consistent progress in reducing targeted symptoms. **- OR -** The disorder is now at a moderate-to-severe level with many symptoms and marked functional impairments present in social, school, or work settings. Risks of restriction, isolation, regression, or injury may be present and increasing.	**2** ☐
◆ **Decline.** The child's symptoms are increasing and intensifying. Serious symptoms and increasing functional limitations may be present across settings. Risks of increased restriction, isolation, regression, or injury are high.	**1** ☐

Progress Review 2: Behavioral Improvement (Resiliency)

BEHAVIORAL IMPROVEMENT (RESILIENCY): • To what extent is the child/youth making adequate behavioral progress, consistent with the student's age and ability, in presenting appropriate daily behavior patterns in school and home activities? • To what degree is the child/youth demonstrating increased resiliency in meeting daily life challenges?

Children with emotional/behavioral disorders may encounter more difficulties learning and using appropriate behaviors in daily settings and activities than non-disabled children. Building appropriate functional behavior patterns and reducing behaviors that may cause problems in school and social settings may be addressed through positive behavioral supports, a behavior intervention plan developed uniquely for the child, use of medications and counseling, or a combination of these modalities. Where appropriate, an individualized behavior intervention plan should be included within the child's IEP and IRP. The child either should be presenting appropriate behavior patterns in daily settings and activities or should be demonstrating substantial progress toward acceptable behavior patterns. Students with emotional disturbance may require specialized or intensive supports and services for a period of time to function at school. The child should be learning how to understand and meet daily life challenges encountered in the home, school, and community as a part of growing up. The reviewer should rate the behavioral progress of the child in acquiring and using social and functional skills in the normal settings of childhood and adolescence, according to the child's age and ability.

Description and Rating of the Child's Progress

Description of the Progress Observed for the Child — Rating Level

- **Optimal Progress.** The child is demonstrating functional behavior patterns in daily settings **above expectation**, based on the child's daily functioning in home and school settings and activities, parent and teacher reports, disciplinary actions, and evidence of optimal behavioral progress toward goal achievement in any behavior intervention plan or IEP/IRP goals related to school behavior. **6** ☐

- **Good Progress.** The child is demonstrating functional behavior patterns in daily patterns **at expectation**, based on the child's daily functioning in home and school settings and activities, parent and teacher reports, disciplinary actions, and evidence of good behavioral progress toward goal achievement in any behavior intervention plan or IEP/IRP goals related to school behavior. **5** ☐

- **Fair Progress.** The student is demonstrating functional behavior patterns in daily settings **near expectation**, based on the child's daily functioning in home and school settings and activities, parent and teacher reports, disciplinary actions, and evidence of minimal behavioral progress toward goal achievement in any behavior intervention plan or IEP/IRP goals related to school behavior. **4** ☐

- **Borderline Progress.** The child is demonstrating functional behavior patterns in daily settings **below expectation**, based on the child's daily functioning in home and school settings and activities, parent and teacher reports, disciplinary actions, and evidence of marginal behavioral progress toward goal achievement in any behavior intervention plan or IEP/IRP goals related to school behavior. **3** ☐

- **Poor Progress.** The child is performing **well below expectation** in functional daily behavior patterns, based on the child's daily functioning in home and school settings and activities, parent and teacher reports, disciplinary actions, and evidence of poor behavioral progress toward goal achievement in any behavior intervention plan or IEP/IRP goals related to school behavior. **2** ☐

- **Regression.** The child is **regressing** in functional daily behavior patterns, based on the child's daily functioning in home and school settings and activities, parent and teacher reports, disciplinary actions, and evidence of no behavioral progress toward goal achievement or regression in any behavior intervention plan or IEP/IRP goals related to school behavior. **1** ☐

- **Not Applicable.** This child is in a restrictive setting where behavior cannot be appropriately assessed with respect to normally expected behavioral progress and resiliency. **NA** ☐

Progress Review 3: School/Work Progress

SCHOOL/WORK PROGRESS: To what extent is the child/youth presently making adequate progress, consistent with the child's age and ability, in his/her assigned academic or vocational curriculum or work situation?

The child is expected to be making progress in school or employment. Each child/youth is expected to be actively engaged in developmental, educational, and/or vocational processes that are enabling the child/youth to build skills and functional capabilities at a rate and level consistent with age and abilities. Each child/student has an assigned curriculum (e.g., general education, with or without necessary accommodations and/or modifications, or an alternative curriculum with related assessments and instruction, special education alternative curriculum, vocational curriculum, GED program curriculum, or post-secondary courses). If the child/youth has completed or dropped out of school and is working, then progress in satisfying expectations of the employer and making career advancement is the focus of rating progress in this review. If the child/youth is not in school and not working, then this review does not apply.

Description and Rating of the Child's Progress

Description of the Progress Observed for the Child — Rating Level

- **Optimal Progress.** The child/youth is making excellent rates and levels of progress in all or nearly all areas [as measured from an earlier performance baseline and/or from standardized academic assessments in the child's curriculum]. This high level of progress is supported by teacher reports, routine assessments of progress, grades, grade level promotions, and course completion. **- OR -** He/she is making excellent progress in satisfying expectations of an employer necessary for maintaining employment and making career advancement. **6** ☐

- **Good Progress.** The child/youth is making good and consistent rates and levels of progress in most areas [as measured from an earlier performance baseline and/or from standardized academic assessments in the child's curriculum]. This favorable level of progress is supported by teacher reports, routine assessments of progress, grades, grade level promotions, and course completion. **- OR -** He/she is making good and substantial progress in satisfying expectations of an employer necessary for maintaining employment and making career advancement. **5** ☐

- **Fair Progress.** The child/youth is making minimally adequate to fair rates and levels of progress in key areas [as measured from an earlier performance baseline and/or from standardized academic assessment in the child's curriculum]. This basic level of progress is supported by teacher reports, routine assessments of progress, grades, grade level promotions, and course completion. **- OR -** He/she is making minimally adequate to fair progress in satisfying expectations of an employer. **4** ☐

- **Borderline Progress.** The child/youth is making limited or inconsistent rates and levels of progress in some key areas [as measured from an earlier performance baseline and/or from standardized academic assessment in the child's curriculum]. This marginal level of progress is supported by teacher reports, routine assessments of progress, grades, grade level promotions, and course completion. **- OR -** He/she is making limited or inconsistent progress in satisfying expectations of an employer. **3** ☐

- **No Progress.** The child/youth is making little or no progress in many important areas [as measured from an earlier performance baseline and/or from standardized academic assessment in the child's curriculum]. **- OR -** He/she is not making progress in satisfying expectations of an employer necessary for maintaining employment and making career advancement. **2** ☐

- **Regression.** The child/youth is regressing in some key areas [as measured from an earlier performance baseline and/or from standardized academic assessment in the child's curriculum]. **- OR -** He/she is having significant problems in satisfying expectations of an employer necessary for maintaining employment. **1** ☐

- **Not Applicable.** This child is in a restrictive or highly specialized treatment setting where school/work progress cannot be appropriately assessed. **NA** ☐

Progress Review 4: Risk Reduction

RISK REDUCTION: To what extent is adequate progress, consistent with the child/youth's life circumstances and functional abilities, being made in reduction of specific risks identified for this child/youth?

Due to a combination of life circumstances and/or functional limitations, some students with disabilities may be **at greater risk of harm or poor outcomes** than their non-disabled age peers. If the child is at elevated risk of harm (e.g., health/safety problem at school, such as life threatening asthma attacks or self-injury) or at elevated risk of an undesirable outcome (e.g., school drop-out, expulsion, pregnancy, addiction, self-injury, or arrest), then such risks and their reduction should be addressed in the IRP/IEP. Academic failure may also be considered a risk. Identification of risks for a child should include: case history, risk factors, recent circumstances, and current patterns. Due diligence in practice requires that clinicians, educators, and other service providers spot and respond to serious risks. Recognized risks (e.g., school drop-out) should be reduced and potentially harmful events (e.g., self-injurious behavior) be prevented or managed over time through interventions and supports provided for the child. Not all children present such risks. In a case where **diligent review is made and no risks are identified**, this exam is deemed not applicable.

Description and Rating of the Child's Current Progress

Description of the Progress Observed for the Child	Rating Level
◆ **Optimal Risk Reduction.** Excellent identification of and response to detected risks are present at this time for this child. Known risks are fully managed and the likelihood of harm or poor downstream outcomes is minimized.	6 ☐
◆ **Good Risk Reduction.** Good and consistent identification of risks is evident in this case. Commensurate responses (e.g., planned emergency response to a health condition) to detected risks are present at this time for this child. Known risks are well managed and the likelihood of harm or poor downstream outcomes is low.	5 ☐
◆ **Fair Risk Reduction.** Minimally adequate to fair identification of risks is evident in this case. Responses (e.g., planned emergency response to a health condition) to detected risks appear to be minimally adequate at this time for this child. Known risks are minimally managed and the likelihood of harm or poor downstream outcomes is reduced.	4 ☐
◆ **Marginal Risk Reduction.** Identification of risks may be spotty, shallow, or inconsistent leading to a confusing picture. Responses to identified or suspected risks may be off target or not well coordinated. Risks are managed in a limited or inconsistent manner and the likelihood of harm or poor downstream outcomes is present at a somewhat lowered level of probability.	3 ☐
◆ **Poor Risk Reduction.** Identification of risk is poor, e.g., incomplete, conflictual, or questionable. Responses to identified or suspected risks may be delayed, misdirected, ineffective, or not coordinated. Risks are misunderstood or undetected, thus, the likelihood of harm or poor downstream outcomes may be present at a moderate-to-high level of probability.	2 ☐
◆ **Adverse Risk Reduction.** Identification of risk is unacceptable or may be missing. Responses to identified or suspected risks may be missing, contrary to good practice, ineffective, or not performed when needed. Risks for the child may be high and increasing.	1 ☐
◆ **Not Applicable.** No evidence of risk is revealed after appropriate review of the child and circumstances. This review exam is deemed not applicable to this child at this time.	NA ☐

Progress Review 5: Transition Progress

TRANSITION PROGRESS: To what extent is the child/youth presently making adequate progress, consistent with an appropriate timeline, toward achievement of transition goals in the IRP, IEP, and/or other long-term transition goals?

Transitions are a part of life. For a child with disabilities, transitions are always important and often difficult processes. This is because special arrangements, accommodations, supports, or services may be necessary to accomplish a smooth and successful transition from one setting, program level, service provider, and set of relationships to another. Many different transitions may be a part of a child's school career: from early intervention (0-3) to pre-k; from pre-k to kindergarten; from elementary to middle school; from middle school to high school; and from school to work or post-secondary education, independent living, and, where necessary, to adult services. Some children may experience transition from self-contained to full inclusion into general education. Others may experience transitions to and from hospitalization, residential treatment, or detention. Such transitions require diligent identification and planning, and where indicated by history or anticipated difficulties, special transition goals and plans as part of the child's IRP/IEP are required. Progress is assessed in the context of the child's support requirements and the timely provision of necessary supports and services in advance of the transition, during the transition, and for a grading period following the transition. In a case where diligent identification attempts are made but no transition-related needs are identified, this exam is deemed not applicable.

Description and Rating of the Child's Current Progress

Description of the Progress Observed for the Child	Rating Level
◆ **Optimal Progress.** The child is making **optimal progress** toward achievement of a smooth and successful transition according to an appropriate sequencing of related events (i.e., advance planning, making near-term arrangements, facilitating transition activities, following along in the new setting, and following up for a grading period, as appropriate to the transition situation).	**6** ☐
◆ **Good Progress.** The child is making **good progress** toward achievement of a smooth and successful transition according to an appropriate sequencing of related events and support activities. No significant problems have been encountered.	**5** ☐
◆ **Fair Progress.** The child is making **minimally adequate progress** toward achievement of a successful transition according to an appropriate sequencing of related events and support activities. A few minor difficulties are being encountered but are being or have been resolved.	**4** ☐
◆ **Marginal Progress.** The child is making **limited and inconsistent progress** toward successful achievement of transition goals according to an appropriate sequencing of related events and support activities. Delays or difficulties are being encountered that are limiting transition supports and progress.	**3** ☐
◆ **Poor Progress.** The child is making **poor and inadequate progress** toward achievement of a successful transition according to an appropriate sequencing of related events and support activities. Inadequate planning or breakdowns are present.	**2** ☐
◆ **Adverse Status.** The child should be in a structured and coordinated transition process but is not being supported and/or is encountering foreseeable and preventable difficulties. The child is **experiencing unnecessary hardship, adjustment difficulties, or loss of prospective opportunities** due to unacceptable transition planning and support.	**1** ☐
◆ **Not Applicable.** Identification efforts reveal no evidence of needs to be addressed via transition-related goals, supports, or services for this child at this time. This review exam is deemed **not applicable** to this child.	**NA** ☐

Progress Review 6: Progress Toward Meaningful Relationships

MEANINGFUL RELATIONSHIPS: • To what degree is this child/youth making progress in developing meaningful relationships with family members, non-disabled age peers, and adults [at home, school, and in the community]?

A child/youth with an IRP/IEP may experience difficulties in developing and maintaining meaningful relationships. For this reason, the IRP/IEP may target specific objectives, interventions, supports, and activities for developing positive and enduring relationships for the child/youth. To make progress in social integration and relationship development, the child/youth should have access to the same social and extracurricular activities as his/her non-disabled age peers attending the school. Such activities include school-sponsored and organized activities and events for recreational or enrichment purposes. A child with greater social challenges may require a mentor, life coach, "big brother," or more intensive or specialized support person for period of time. The focus of this review is on recent progress made by the child in forming and maintaining meaningful relationships in increasingly socially integrated settings and circumstances. This review applies to a child/youth for whom IRP/IEP objectives are aimed at developing positive and enduring relationships.

Description and Rating of the Child's Current Progress

Description of the Progress Observed for the Child — Rating Level

- **Optimal Progress.** The child/youth has made excellent recent progress in developing and maintaining positive relationships with various family members (or substitute caregivers), non-disabled age peers, and other adults in the child's daily settings and activities. For a child with a history of serious emotional/behavioral challenges, all of these relationships are being made and experienced in increasingly socially integrated settings and social activities. — **6** ☐

- **Good Progress.** The child/youth has made good and substantial recent progress in developing and maintaining positive relationships with various family members (or substitute caregivers), non-disabled age peers, and other adults in the child's daily settings and activities. For a child with a history of serious emotional/behavioral challenges, many of these relationships are being made and experienced in increasingly socially integrated settings and activities. — **5** ☐

- **Fair Progress.** The child/youth has made minimally adequate to fair recent progress in developing and maintaining positive relationships with some family members (or substitute caregivers), non-disabled age peers, and other adults in the child's daily settings and activities. For a child with a history of serious emotional/behavioral challenges, some of these relationships are being made and experienced in increasingly socially integrated settings and activities. — **4** ☐

- **Marginal Progress.** The child/youth has made limited or inconsistent progress in developing and maintaining positive relationships with few family members (or substitute caregivers), non-disabled age peers, and other adults in the child's daily settings and activities. For a child with a history of serious emotional/behavioral challenges, few of these relationships are experienced in increasingly socially integrated settings or activities. — **3** ☐

- **Poor or No Progress.** The child/youth has made little or no progress in developing and maintaining positive relationships with any family members (or substitute caregivers), non-disabled age peers, and other adults in the child's daily settings and activities. For a child with a history of serious emotional/behavioral challenges, none of these relationships is experienced in increasingly socially integrated settings or activities. — **2** ☐

- **Regression.** The child/youth has lost positive relationships with family members (or substitute caregivers), non-disabled age peers, and other adults in the child's daily settings and activities. — **1** ☐

- **Not Applicable.** The child/youth does not have an objective to develop and maintain meaningful relationships in the IRP/IEP; therefore, this review is deemed not applicable. **- OR -** The child may be recently and temporarily hospitalized, placed in residential treatment or detention, served through a home-bound arrangement, or assigned to an alternative educational setting for periods greater than ten days. — **NA** ☐

Progress Review 7: Overall Progress Pattern

PROGRESS PATTERN SCORING PROCEDURE

There are 6 reviews to be conducted in the area of Child Progress. Each review produces a finding reported on a 6-point rating scale. An "overall rating" of Student Progress is based on THE REVIEWER'S HOLISTIC IMPRESSION OF THE CHILD'S RECENT CHANGES ON APPLICABLE INDICATORS. (1) Begin by transferring the rating value for each progress review item from the protocol exam pages to the summation table below. (2) Disregard any indicators deemed not applicable in forming the holistic impression. (3) Give weight to those items judged to be most important at this time for this student. (4) Focusing on those applicable indicators having the greatest importance to the student at this time, determine an "overall rating" based on your general impression of the student's recent progress. (5) Mark the box indicating your overall rating on item #7 below. Report this rating value on the roll-up sheet prepared for this student.

Child's Progress Pattern

Status Review Indicator	Improve		Refine		Maint.		NA
CHANGE OVER TIME	1	2	3	4	5	6	
1. Symptom reduction	☐	☐	☐	☐	☐	☐	
2. Behavioral improvement (resiliency)	☐	☐	☐	☐	☐	☐	☐
3. School/work progress	☐	☐	☐	☐	☐	☐	☐
4. Risk reduction	☐	☐	☐	☐	☐	☐	☐
5. Transition progress	☐	☐	☐	☐	☐	☐	☐
6. Progress toward meaningful relationships	☐	☐	☐	☐	☐	☐	☐
7. OVERALL PROGRESS PATTERN	☐	☐	☐	☐	☐	☐	

Six-Month Prognosis

ESTIMATING THE TRAJECTORY OF THIS CHILD'S EXPECTED COURSE OF CHANGE

Determination of current child status and service system performance is based on the observed current patterns as they emerge from the recent past. This method provides a factual basis for determination of current child status and service system performance. Forming a six-month prognosis or forecast is based on predicable future events and informed predictions about the expected course of change over the next six months, grounded on known current status and system performance as well as knowledge of tendency patterns found in case history.

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

Based on what is known about this case and what is likely to occur in the near-term future, make an informed prediction of the prognosis in this case. Mark the appropriate alternative future statement in the space provided below. The facts that lead the reviewer to this view of case trajectory should be reflected in the reviewer's recommendations. Insert your determination in the appropriate space on the roll-up sheet.

Six-Month Prognosis

Based on the student's current status on key indicators, recent progress, the current level of service system performance, and events expected to occur over the next six months, is this child's status expected to improve, remain about the same, or decline or deteriorate in the next six months? (check only one)

☐ **Improve status**

☐ **Continue—status quo**

☐ **Decline/deteriorate**

Service Review 1: Child and Family Engagement

CHILD AND FAMILY ENGAGEMENT: **• Are family members (parents, grandparents, step-parents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? • Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? • Is the child actively participating in decisions made about his/her future? • If family members are resistant to participation, are reasonable efforts being made to engage them and to support their participation?**

Whose service plan and process is it—the service consumer's, the funders', or the providers' plan? The **child and family should have a sense of personal ownership** in the service plan and decision process. If not, the likelihood of its success is small. Service arrangements are made to benefit children and families by helping to create conditions under which the child can succeed in school and life. Service arrangements should build on the strengths of the child and family and should reflect their strengths, views, and preferences. If arrangements are not seen as helpful and dependable by the child and family, services offered are not likely to be beneficial. The socially-valued life dreams, ambitions, and peer group interests of an adolescent should be reflected in service plans and supported by providers.

The **central concern** of this exam is that the child and family be **active participants in shaping and directing service arrangements** that impact their lives. Emphasis is placed on direct and ongoing involvement in all phases of service: assessment, planning, selection of providers, monitoring, modifications, and evaluation. Allowance should be made when services are imposed by court order for the child or family rather than being voluntary. Child and family satisfaction may be a useful indicator of participation and ownership.

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
1. Do the child and family know their service providers by name and personal experience?	
2. Do the youth and parents know and agree with the service objectives?	
3. Are child and family strengths and preferences reflected in assessments; plans; and the mix, match, and fit of the services provided?	
4. Do the child and family demonstrate enthusiasm about their interactions with service providers?	
5. Are service providers comfortable working with these parents as their partners?	
6. Are parents comfortable working with these service providers as their partners?	
7. Do the child and family routinely participate in the monitoring/modification of service plans, arrangements, and providers?	
8. Do the child and family routinely participate in the evaluation of results?	
9. Has the family invited neighbors, mentors, and other supporters to participate in the service process?	
10. Is the service process child/family-centered and responsive to this family's particular cultural values?	

Service Review 1: Child and Family Engagement

Description and Rating of Service System Performance

Description of the System Performance Situation Observed for the Child and Family	Rating Level*
◆ **Optimal Child and Family Participation**. Key family members and/or the child's substitute caregiver(s) are full, effective, and ongoing participants in all aspects of assessment, planning services, making service arrangements, selecting providers, monitoring, and evaluating services and results. Special accommodations or supports are offered as needed to assist participation. If age ten or older and capable, the child assists in planning life goals, deciding on service arrangements, and shaping the service process to support and achieve life ambitions. **- OR -** Excellent case manager efforts (i.e., early, continued, varied, and appropriate actions) have been made and are continuing to be made to engage resistant or difficult to reach/engage family members and promote their participation.	**6** ☐ Family ☐ Case mgr
◆ **Good Child and Family Participation**. Key family members and/or the child's substitute caregiver(s) are regular participants in most aspects of assessment, planning services, making service arrangements, selecting providers, monitoring, and evaluating services and results. Meetings are scheduled at times convenient for the family and caregiver, when needed. If age ten or older and capable, the child participates in planning life goals, major activities, and service arrangements. Supports to facilitate participation are offered to the child and family. **- OR -** Good, substantial case manager efforts are being made to engage with resistant family members and to promote participation. Supports to facilitate participation are repeatedly being offered.	**5** ☐ Family ☐ Case mgr
◆ **Fair Child and Family Participation**. Key family members and/or the child's substitute caregiver(s) participate in offering assessment information, planning services, and providing feedback about service satisfaction. If age ten or older and capable, the child participates in planning service objectives and deciding between attractive and appropriate service options offered by funders and providers. Special accommodations to facilitate participation may be made on some occasions, if requested by the family or caregiver. **- OR -** Minimally adequate to fair case manager efforts are being made to engage with resistant family members and to promote participation. Special accommodations to facilitate participation may be offered or made on some occasions to encourage participation.	**4** ☐ Family ☐ Case mgr
◆ **Marginal Child and Family Participation**. Key family members and/or the child's substitute caregiver(s) are notified of service planning meetings. If age ten or older and capable, the child is allowed to attend service planning meetings and offer comments. Meetings may be held at the convenience of the funder or provider agencies. Participation may be limited to planning activities and annual evaluation activities. **- OR -** Inconsistent case manager efforts are being made to engage with resistant family members and to promote participation. Some accommodations to facilitate participation would be made, but only if requested by the family or caregiver.	**3** ☐ Family ☐ Case mgr
◆ **Inconsistent or Limited Child and Family Participation**. Key family members and/or the child's substitute caregiver(s) may be notified late about service planning meetings. If age ten or older and capable, the child may be allowed to attend service planning meetings. Meetings may be held at the convenience of the funder or provider agencies. Plans may be made before the meetings and parents are expected to accept what is offered. **- OR -** Occasional-to-rare case manager efforts have been made to engage with resistant members, but with little effect.	**2** ☐ Family ☐ Case mgr
◆ **No Child and Family Participation**. Service planning and decision-making activities may be conducted at times and places or in ways that prevent effective consumer participation. Decisions may be made without the knowledge or consent of the parents, the caregivers, or the youth. Services may be denied because of failure to show or comply. Appropriate and attractive alternative strategies, supports, and services are not offered. Important information may be withheld from parents or caregivers. Procedural or legal safeguards may be violated. **- OR -** After initial and possibly unsuccessful efforts by the case manager to engage the family, further efforts to engage resistant family members were either not attempted or soon abandoned.	**1** ☐ Family ☐ Case mgr

***Scoring Rule:** When reporting a rating for Overall Practice Performance (see page 82), use the "family" rating value when that rating is 4, 5, or 6. If the "family" rating is less than 4, then report the rating value assigned to the "case manager," whatever that rating may be.*

Service Review 2: Cultural Accommodations

CULTURAL ACCOMMODATIONS: • Are any significant cultural issues of the child and family being identified and addressed in practice? • Are the behavioral health services provided being made culturally appropriate via special accommodations in the family engagement, assessment, planning, and service delivery processes being used with this child and family?

Children's behavioral health service systems serve an increasing proportion of children and families from underserved minority populations. If such systems are to effectively serve these children and their families, the impact of culture and cultural difference must be recognized and accommodated. Cultural accommodations enable practitioners to serve individuals of diverse cultural backgrounds effectively. Such accommodations include valuing cultural diversity, understanding how it impacts on normal functioning and problems during the course of disease/disorder, and adapting service processes to meet the needs of culturally diverse children and their families. Properly applied in practice, cultural accommodations reduce the likelihood that matters of language, culture, custom, or belief will prevent or reduce the effectiveness of treatment efforts. The focus of this examination is placed on the child and family in which significant cultural issues are present in the case that must be understood and accommodated in order for desired treatment results to be achieved. This examination does not apply in a case in which matters of family language, culture, custom, or belief are not potential barriers or present impediments in the attainment of desired treatment results. Careful judgment of the reviewer is required in distinguishing the case in which this exam applies. The reviewer does not have to be of the same culture of the family, but does have to have necessary language skills or interpreter assistance when communicating with the family in making a determination.

Determine from Informants, Plans, and Records

1. Are child and family cultural identities and related needs identified?

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

3. Do the service providers respect family beliefs and customs?

4. Is the service provider of the same cultural background as this family or does the service provider have adequate knowledge of cultural issues relevant to service delivery for this child and family?

5. If the child or caregiver has a primary language that is other than English, are translator services provided?

6. Has the service team explored natural, cultural, or community supports appropriate for this child and family?

7. Specific cultural issues identified and addressed in this case are:

   ☐ None
   ☐ Racial:_____
   ☐ Ethnic:_____
   ☐ Religious:_____
   ☐ Other:_____

8. Are cultural differences impeding working relationships or service results with this child and family? What do they say?

9. If necessary, is the facility able to decide when the rights and preferences of an individual will be limited by the rights and preferences of other individuals in the setting?

Facts Used in Rating Performance

Domains of Cultural Competence are:

- *Values and attitudes that promote mutual respect.*
- *Communication styles that show sensitivity.*
- *Community/consumer participation in developing policies, practices, and interventions that build on cultural understandings.*
- *Physical environment including settings, materials, and resources that are culturally and linguistically responsive.*
- *Policies and procedures that incorporate cultural/linguistic principles and multi-cultural practices.*
- *Population-based clinical practice that avoids misapplication of scientific knowledge and stereotyping groups.*
- *Training and professional development in culturally competent practice.*

Service Review 2: Cultural Accommodations

Description and Rating of Practice Performance

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

- **Optimal Cultural Understandings and Accommodations.** The child and family's cultural identity is recognized, well understood, and services are tailored to meet related needs. Family cultural beliefs and customs are fully respected and well accommodated in service processes. All assessments are culturally appropriate and limitations or potential cultural biases are recognized. Service providers are fully knowledgeable about issues related to the child's identified culture and shape treatment planning and delivery appropriately. Other natural community helpers important to the child's culture are included in service planning and delivery. If needed, translation services are provided in a culturally appropriate manner. **6** ☐

- **Good Cultural Understandings and Accommodations.** The child and family's cultural identity is recognized and services generally address related needs. Family cultural beliefs and customs are generally respected and taken into consideration for planning services. Most assessments are culturally appropriate and limitations or potential cultural bias is recognized. Service providers attempt to gain knowledge about issues related to the child's identified culture and arrange for knowledgeable supervision for treatment planning and service delivery. Other natural community helpers important to the child's culture are acknowledged and information is obtained from them. If needed, translation services are available. **5** ☐

- **Fair Cultural Understandings and Accommodations.** The child's cultural identity is recognized and the provider acknowledges this in the assessment, treatment planning, and service delivery process. Family cultural beliefs and customs are usually acknowledged and services are planned in an effort to avoid violations. For example, the provider might acknowledge other natural community helpers important to the child's culture and works with the child and family to integrate those supports. If needed, translation services are available most of the time. **4** ☐

- **Marginal Cultural Understandings and Accommodations.** The child's cultural identity is recognized and the provider acknowledges that assessment, treatment planning, or services are <u>not</u> a good fit but is seeking to improve these processes for this child and family. There may be evidence of cultural accommodations by this behavioral health provider/agency in some cases, although it is limited or inconsistent for this child. Family cultural beliefs and customs are not viewed as relevant to the assessment, treatment planning, or service delivery process. If needed, translation services are only sporadically available. **3** ☐

- **Poor Cultural Understandings and Accommodations.** The child's cultural identity is not recognized in the service process. Inappropriate assessment, treatment planning, or service delivery processes ignore child or family cultural beliefs and customs. If needed, translation services may be limited or difficult to secure through the behavioral health system. Few, if any, provisions are made for cultural accommodations. **2** ☐

- **Adverse Cultural Understandings and Accommodations.** There is no evidence of cultural recognition or accommodation by behavioral health service providers in this case. The child and family's cultural identity may be treated with disrespect and their customs and beliefs may be ignored or treated as irrelevant. Inappropriate assessment, treatment planning, or service delivery processes ignore or violate child or family cultural beliefs and customs. If needed, translation services are not provided by the behavioral health system. **1** ☐

- **Not Applicable.** The child is not of minority racial or ethnic background. **- OR -** The child/family does not identify any cultural issues or needs relevant for service system performance. **- OR -** The child/family has not needed or attempted to obtain any behavioral health services in the past six months. **NA** ☐

Service Review 3: Service Team Formation

SERVICE TEAM FORMATION: • Do the persons who compose the service team of the child and family collectively possess the technical skills, knowledge of the family, authority, and access to the resources necessary to organize effective services for a child and family of this complexity and cultural background?

Parents, professionals, paid service providers, and other friends and supporters from the family, school, or neighborhood may comprise a service/support team for the child and family. Such team representation may be required to assure that a **necessary combination** of technical skills, cultural knowledge, and personal interests and contributions are formed and maintained for the child and family. Collectively, the team should have the technical and cultural competence, family knowledge, authority to act in behalf of funders and to commit resources, and ability to flexibly assemble supports and resources in response to specific needs. Members of the team should have the time available to fulfill commitments made to the child/family. **Team competence, authority, relationships with the family, and opportunities of members to perform as a team are essential**. The focus of this review is placed upon the formation and composition of the service team. In reviewing the formation of the service team, the reviewer should remember that there is **no fixed formula** for team composition. Rather, consideration is based on what persons are necessary to provide effective intervention, treatment, and support for this child and family. As a rule of thumb, a service team should include mandated interveners (e.g., special educator, child welfare worker, juvenile probation officer) and paid service providers (e.g., mental health therapist) involved in the life of the child and family. The performance and effectiveness of the service team is addressed in Service Review 4: Service Team Functioning, not in this review item.

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
1. Is the family satisfied with the composition of the service team?	
2. Is the child (age ten or older) satisfied with the composition of the team?	
3. Are persons with similar backgrounds to the family members of the team?	
4. Which members did the family invite to participate? Does the family believe that these are the "right people" for them?	
5. Do team members have the authority to commit resources for the child/family? Did these members help to develop the current IRP/IEP for this child?	
6. Are all service agencies involved with the child represented on the team?	
7. Does the team demonstrate effective ability to develop, implement, and monitor the child's IRP/IEP?	
8. Are parents partners along with professionals, funders, and others in planning and guiding services? Are the "right people" showing up for team meetings?	
9. Are all members of the team kept fully informed of the status of the child and the implementation of planned services?	
10. Is the membership of this team likely to remain stable over the next six months? If not, what impact are the expected changes likely to have?	

Service Review 3: Service Team Formation

Description and Rating of Practice Performance

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

- **Optimal Service Team Formation.** Members of the child's service team collectively demonstrate the technical skills, family knowledge, and authority necessary to effectively serve a child and family of this complexity and culture. The service team demonstrates willingness to supply necessary resources as well as a commitment of the time and effort required to produce effective services and positive results for this child and family. All of the "right people" are on the current team and always participate in decision making at key planning meetings. **6** ☐

- **Good Service Team Formation.** Members of the child's service team generally have the technical skills, family knowledge, authority and willingness to supply necessary resources, and adequate opportunity to produce effective services and positive results for this child and family. All members of the team have been together since the creation of the current IRP/IEP for this child and are expected to remain intact for at least another three months, if needed. Most of the "right people" are on the team and are participating in the key decisions being made about needs and services. **5** ☐

- **Fair Service Team Formation.** Members of the child's service team minimally have the technical skills, family knowledge, authority and willingness to supply necessary resources, and time committed to produce adequate services with promising results for this child and family. Key team members have been together since the creation of the current IRP/IEP and are expected to remain involved for at least another three months, if needed. Some of the "right people" are on the team and generally participate in making key decisions. **4** ☐

- **Marginal Service Team Formation.** Some, but not all, members of the child's service team minimally have the technical skills, family knowledge, authority and willingness to supply necessary resources, and adequate time availability to meet the needs of a child and family of this complexity and culture. Some team members have been together since the creation of the current IRP/IEP. Composition of the service team may be unstable or have incomplete membership at this time. Some of the "right people" are on the team but sometimes miss key decision-making meetings. **3** ☐

- **Poor Service Team Formation.** Collectively, members of the child's service team lack the technical skills, family knowledge, authority to supply necessary resources, and opportunity to meet the needs of a child and family of this complexity and culture. Few team members have been together since the creation of the current IRP/IEP. Composition of the service team has been unstable or had incomplete membership for a substantial period of recent service planning and implementation activities. Few of the "right people" are on the team but may seldom show up for meetings. **2** ☐

- **Absent Service Team.** The individuals involved with the child and family do not constitute a unified team, nor have these persons formed or convened a working team for conducting service assessment, planning, or implementation activities. These may not be the "right people" for this child/family team. **1** ☐

Service Review 4: Service Team Functioning

SERVICE TEAM FUNCTIONING: • Do members of the service team for this child and family collectively function as a unified team in planning services and evaluating results? • Do the actions of the service team reflect a coherent pattern of effective teamwork and collaborative problem solving that benefits the child and family in a manner consistent with the guiding system of care principles?

This review focuses on the **functional performance** of the service team in collaborative problem solving, providing effective services, and achieving positive results with the child and family. Team functioning and decision-making processes should be consistent with the guiding principles for the system of care. **Evidence of effective team functioning lies in its performance over time and in the results it achieves for the child and family.** The focus and fit of services, authenticity of relationships and commitments, unity of effort, dependability of service system performance, and connectedness of the child and family to critical resources all derive from the functioning of the service team. Present child status, family participation and satisfaction, and achievement of effective results are important indicators about the functionality of the service team and should be taken into account when making this review. Service team functioning is dependent, in part, on the composition and stability of the service team (see Service Review 3: Service Team Formation).

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
1. Is the family satisfied with the functioning of the team?	
2. Is the child (age ten or older) satisfied with the direction, actions, and results of the service team?	
3. Are persons with similar backgrounds to the family members functioning as advisors in shaping service team decisions?	
4. Do team members commit and ensure dependable delivery of services and resources for the child/family?	
5. Are service team decisions coherent in design with efforts unified across all service agencies involved with the child and family?	
6. Does the team demonstrate effective ability to develop, implement, and monitor the child's IRP/IEP? How well is the child benefiting from services?	
7. Do members of the team demonstrate an understanding of the system of care principles in the design of the service plan and uses of formal and informal resources for this child and family?	
8. Are parents equal partners with professionals, funders, and others in planning and guiding services?	
9. Are all members of the team kept fully informed of the status of the child and the implementation of planned services? Are diligent efforts being made?	
10. Does the team have and use flexible funding, informal resources, and generic services as appropriate to service plan goals, strategies, and activities?	
11. Do service team actions and decisions reveal a pattern of consistent and effective problem solving for this child and family? What are the present results?	
12. Are service team decisions leading to improved child and family functioning?	

Service Review 4: Service Team Functioning

Description and Rating of Practice Performance

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

- **Optimal Service Team Functioning.** Members of the service team function fully and effectively as a highly unified team in planning services, conducting diligent problem solving activities, and evaluating results for this child and family. Actions of the service team demonstrate an excellent, well-established pattern of highly effective teamwork and collaborative problem solving that is benefiting the child and family in a manner fully consistent with the guiding system of care principles. Family participation and satisfaction may be excellent. Overall child status may be in the good-to-optimal range. Child and family progress in key goal areas may be in the good-to-optimal range. **6** ☐

- **Good Service Team Functioning.** Members of the service team function well and productively as a generally unified team in planning services, solving problems, and evaluating results for this child and family. Actions of the service team demonstrate a good and consistent pattern of effective teamwork and collaborative problem solving that is benefiting the child and family in a manner generally consistent with the guiding system of care principles. Family participation and satisfaction may be good. Overall child status may be in the good range. Child and family progress in key goal areas may be in the fair-to-good range. **5** ☐

- **Fair Service Team Functioning.** Members of the service team function as a fair team in planning services and evaluating results for this child and family. Actions of the service team demonstrate a fairly adequate pattern of effective teamwork and collaborative problem solving that shows promise in benefiting the child and family. Actions are at least minimally consistent with the guiding system of care principles. Family participation and satisfaction may be fair or better. Overall child status may be in the fair-to-good range. Child and family progress in key goal areas may be in the fair-to-good range. **4** ☐

- **Marginal Service Team Functioning.** Members of the service team function as a limited or inconsistent team in planning services and evaluating results for this child and family. Actions of the service team reveal an inconsistent pattern of effective teamwork and collaborative problem solving that may experience problems in getting positive results for the child and family. Actions are sometimes inconsistent with the guiding system of care principles. Family participation and satisfaction may be marginal. Overall child status may be in the marginal-to-poor range. Child and family progress in key goal areas may be in the marginal-to-poor range. **3** ☐

- **Poor Service Team Functioning.** Members of the service team do not function as an effective team in planning services and evaluating results for this child and family. Actions of the service team reveal a weak pattern of ineffective teamwork and poor problem solving for the child and family. Actions are often inconsistent with the guiding system of care principles. Family participation and satisfaction may be marginal to poor. Overall child status may be in the marginal-to-poor range. Child and family progress in key goal areas may be in the marginal-to-poor range. **2** ☐

- **Absent or Adverse Service Team Functioning.** Either there is no functional service team for this child and family. **- OR -** The actions and decisions made by the team are inappropriate, adverse, and/or antithetical to the guiding system of care principles. **1** ☐

Service Review 5: Functional Assessment

FUNCTIONAL ASSESSMENT: • Are the child's current symptoms and diagnoses known by key interveners? • Is the relationship between treatment diagnoses and the child's bio/psycho/social functioning in daily activities understood? • Does the team have a working understanding of family strengths/needs and underlying issues that must change for the child to function in normal daily settings and for the family to support the child successfully at home?

As appropriate to the situation, a combination of clinical, functional, and informal assessment techniques should be used to determine the capabilities, needs, risks, underlying issues, and social ecology of the child and family. Once gathered, the information should be analyzed and synthesized (along with DSM-IV-R and CALOCUS diagnostic results) to form a comprehensive therapeutic impression or "big picture view" of the child. This view includes the child's behavioral symptoms and daily functioning within the environmental context and current social support networks. Assessment techniques, both formal and informal, should be appropriate for the child's age, ability, culture, language or system of communication, and social ecology. New assessments should be performed promptly when treatment plan goals are met, when emergent needs or problems arise, or when changes are necessary. New assessment findings should stimulate and direct modifications in strategies, services, and supports for the child and family. Recent monitoring and evaluation results should be used to update the big picture view of the child and family situation. **Members of the child's service team (including caregivers and other interveners), working together, should synthesize their assessment knowledge to form a common big picture view (or common clinical impression) that provides a shared working understanding of the child's situation and what must be done to get positive results.** This provides a common core of team intelligence for unifying efforts, planning joint strategies, sharing resources, finding what works, and achieving a good mix and match of supports and services for the child and family. Developing and maintaining a useful functional assessment and big picture view is a dynamic, ongoing process performed by the child's service team.

Determine from Informants, Plans, and Records

1. What DSM-IV-R diagnoses are used as the basis of treatment for this child? On what observations, assessments, or evaluations are they based? Are assessments appropriate for the child's age, culture, and communications? Are assessments conducted in natural settings and everyday activities?

2. Do assessments cover the child's functional status and level of impairment?

3. Are risks of harm assessed (e.g., suicidal/homicidal impulses; physically/sexually aggressive behavior; ability to maintain physical safety; risk of victimization, abuse, or neglect; high risk behaviors; self-injurious behaviors)?

4. Are co-occurring conditions or co-morbidities present (e.g., physical illness or disability; developmental disability; substance use or abuse; other psychiatric conditions; recent transient, stress-related, psychiatric symptoms)?

5. Are child and family stressors present (e.g., traumatic or enduring disturbing circumstances; recent life transitions; grief or losses of consequence; transient but serious illness or injury; expectations that create discomfort; danger or threat in daily settings; incarceration; foster home placement; extreme poverty; social isolation; language barrier)?

6. How are the child's symptoms linked to the child's daily functioning? Are family supports and school supports adequate for this child? Is the child resilient and responsive to treatment?

7. What is the service team's big picture, common working understanding of this child and family? If members share different views of the child and family, what would it take for them to form a common vision for intervention purposes?

Facts Used in Rating Performance

What are the CALOCUS scale findings for this child?

Service Review 5: Functional Assessment

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
8. How well does the team demonstrate an understanding of what things have to change in order to reduce symptoms and achieve adequate daily functioning?	

Description and Rating of Practice Performance

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

- **Optimal Functional Assessment**. The DSM-IV-R diagnoses used as a basis of treatment are well justified with history, symptom observations, assessments, and evaluations fully documented. Clearly delineated relationships exist between the treatment diagnosis, the child's bio/psycho/social functioning, and the child's daily social contexts that are comprehensively understood by the service team. The full scope of things that must be changed in order for the child's psychiatric symptoms to be reduced and for the child to function adequately in normal daily settings are fully defined and thoroughly understood by all members of the child's service team. **6** ☐

- **Good Functional Assessment.** The DSM-IV-R diagnoses used for treatment are generally supported with history, symptom observations, assessments, and evaluations. Demonstrated relationships exist between the treatment diagnosis, the child's bio/psycho/social functioning, and the child's daily social contexts and are generally understood by the service team. Most of the things that must be changed in order for the child's psychiatric symptoms to be reduced and for the child to function adequately in normal daily settings are generally defined and understood by all members of the child's service team. **5** ☐

- **Fair Functional Assessment.** The DSM-IV-R diagnoses used for treatment are minimally justified with documentation. Some reported relationships exist between the treatment diagnosis, the child's bio/psycho/social functioning, and the child's daily social contexts and are basically understood. Some key things that must be changed in order for symptoms to be reduced and the child to function adequately in daily settings are minimally or temporarily understood by the child's service team. Dynamic conditions may be present that could limit the usefulness of present understandings in the near future. **4** ☐

- **Marginal Functional Assessment.** The DSM-IV-R diagnoses used for treatment are limited or inconsistent. Relationships are assumed to exist between the treatment diagnosis, the child's bio/psycho/social functioning, and the child's daily social contexts by the service team. Some confusion exists about things that must be changed in order for symptoms to be reduced and for the child to function adequately in normal daily settings. Dynamic conditions may be present that limit the usefulness of present understandings. **3** ☐

- **Incomplete or Inconsistent Functional Assessment.** The DSM-IV-R diagnoses used for treatment are obsolete, erroneous, or inadequate. Limited associations between the treatment diagnosis, the child's bio/psycho/social functioning, and the child's daily social contexts have been made. Uncertainties exist about things that must be changed for symptoms to be reduced and the child to function adequately in normal daily settings. Dynamic conditions may be present that could require a fundamental reassessment of the child's situation. **2** ☐

- **Absent, Incorrect, or Adverse Functional Assessment.** Current DSM-IV-R diagnoses used for treatment are absent or incorrect. Some adverse associations between the treatment diagnosis, the child's bio/psycho/social functioning, and the child's daily social contexts may have been made. Glaring uncertainties and conflicting opinions exist about things that must be changed for symptoms to be reduced and the child to function adequately in normal daily settings. A new and complete functional assessment must be made and used now for this case to move forward. **1** ☐

Service Review 6: Long-Term Guiding View

LONG-TERM GUIDING VIEW: Is there a guiding view for service planning that includes strategic goals for this child that will lead to his/her functioning successfully in his/her home, school, and community including the child's next major developmental or expected placement transition?

Where is the service team headed with this child and family? Will this direction lead to this child being successful in daily settings after the next major developmental transition (e.g., from middle to high school or from school to work) or anticipated placement (e.g., the child's return from a residential treatment setting to his/her home and school) is made? Is there a sensible guiding view for services?

A long-term view is a **guiding strategic vision** used to set the purpose and path of intervention and support. It is used to focus a coherent service plan and process for the child and family. It may be expressed as **strategic goals to focus and unify service planning efforts**, especially when multiple interveners are involved. A long-term view anticipates and defines what the child must have, know, and be able to do in order to be successful following his/her next major developmental or placement transition. Smooth and effective transitions require such a strategic vision and its fulfillment through the service process. To be acceptable, a long-term view must "fit" the child/family situation and establish a strategic course to be followed in a service process that will lead to achievement of strategic goals. The long-term view should answer the questions of where is the case headed and why. For example, for a 14-year-old youth, the long-term view should answer the question: How, where, and with whom will this person be living, learning, working, and playing in the next three to five years? Meaningful answers to this question will provide a long-term view for the person.

Determine from Informants, Plans, and Records

1. Is there a long-term view (LTV) for this child and family? If Yes, is it explicitly written in the child's service plan? - OR - Is the LTV implicitly understood as well as clearly and consistently articulated by members of the child's team?

2. Does the LTV anticipate the next age-appropriate developmental transition for the child? If Yes, does it set strategic goals aimed at enabling the child's success after crossing the transition threshold?

3. If the child is age 14 years or older and is disabled, is there a LTV that guides his/her transition plan for getting from school to work, to independent/supported living, and to any necessary adult services? If Yes, is the LTV explicitly stated in the child's IEP?

4. Does the LTV cover functional areas: living, learning, working, playing?

5. Does the LTV reflect the ambitions and preferences of the child?

6. Does the LTV reflect strengths, capabilities, risks, barriers, and needs?

7. If the strategic goals in the LTV are met, is the child likely to succeed after crossing the next major developmental threshold or moving to the anticipated placement?

8. Has this child experienced transition problems when changing teachers, schools, programs, major daytime activities, levels of care, social circles, or service providers in the past two years? If Yes, may similar difficulties be expected during future transitions or changes?

Facts Used in Rating Performance

Service Review 6: Long-Term Guiding View

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
9. If transition problems can be expected in the future, are any likely difficulties anticipated and addressed in the strategic goals set for this child?	
10. Is the child's LTV updated as circumstances change? When important thresholds are crossed, is the next one anticipated in the LTV?	
11. Will the child's current LTV likely lead to greater independence, productivity, social integration, and community participation for this child?	

Description and Rating of Practice Performance

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

- **Optimal Long-Term View.** The child has an explicitly expressed LTV that is clearly and fully understood among service team members. The LTV anticipates the child's next major transition and articulates what the child must have, know, and be able to do to be successful when that threshold is crossed. The LTV fully reflects the strengths, ambitions, preferences, barriers, and needs of the child and family. The LTV builds upon past knowledge of the outcomes of any recent transitions and is modified as experience is gained and circumstances change. **6** ☐

- **Good Long-Term View.** The child has an understood LTV or a set of strategic goals that is accepted and shared among service team members. The LTV indicates the child's next major transition and defines what the child must have, know, and be able to do to be successful when that threshold is crossed. The LTV generally reflects the strengths, preferences, and needs of the child and family. The LTV builds upon past knowledge of previous transitions and is modified as circumstances change. **5** ☐

- **Fair Long-Term View.** The child has a written set of strategic goals that creates an implicit LTV that is accepted and used by service team members. The strategic goals address the child's next major transition and defines what the child must have, know, and be able to do to be successful when that threshold is crossed. The strategic goals reflect the preferences of the child and family. The guiding view formed by the IEP transitions goals is the basis for the transition plan made for a disabled child who is age 14 years or older. **4** ☐

- **Marginal Long-Term View.** The child has several long-term goals set by one or more funding agencies that create a common planning direction that may be accepted and used by service team members. The goals minimally address the child's next major transition, providing a few simple steps and provisions that will increase the likelihood of a successful future transition. The transition plan made for a disabled child who is age 14 years or older offers vague or general statements about future vocational services or referrals that may be made. **3** ☐

- **Poor Long-Term View.** The child has service plan goals set by one or more funding agencies but does not form a common planning direction that is accepted and used by service team members. The goals provides at least some simple steps or provisions that could increase the likelihood of a successful future transition. The transition plan made for a disabled child who is age 14 years or older offers vague statements about exploring vocational services or making referrals to other agencies. **2** ☐

- **Absent, Ambiguous, or Adverse Long-Term View.** There is no common future planning direction that is accepted and used by service team members. Goals do not address requirements that would increase the likelihood of successful future transitions. Conflicting goals, if implemented, could lead to adverse consequences. **- OR -** No implementable transition plan is offered for a disabled child who is age 14 years or older about how the child will get from school to work and/or to needed adult services. **1** ☐

Service Review 7: Individualized Resiliency Plan

INDIVIDUALIZED RESILIENCY PLAN (IRP): • Is there an IRP for the child and family that integrates strategies and services across providers and funders? • Is the IRP built on identified strengths, needs, and preferences of the child and family? • Is the IRP coherent in the assembly of strategies, supports, and services? • Does the IRP specify interventions and supports necessary for the child's primary caregiver(s) and teacher(s)? • If properly implemented, will the IRP help the child to function adequately at home and school?

An IRP unifies the efforts of all interveners into a common, coherent set of purposes and processes designed to help the child become successful in school and home and functional in life. The IRP is intended to serve as a practical organizer for the course of action being taken for a child or youth. The IRP should be based on a holistic understanding of the child and family and should set a clear path toward successful functioning of the child in normal activities of childhood in daily settings. The IRP specifies the goals, roles, strategies, resources, and schedules for coordinated provision of assistance, supports, supervision, and services for the child, caregiver, and teacher. For the child to be successful at home and school, special supports may be necessary for the primary caregiver in the home and for the teacher at school. Such supports should be addressed in the IRP, when indicated by the persons involved. The IRP should be an organizational tool that guides case-level practice.

To be acceptable, an IRP should: (1) be based on a holistic understanding of the child and family; (2) reflect the views and preferences of the child and family; (3) be directed toward the achievement of strategic goals and successful transitions; (4) be sensible in design; (5) be prudent in the use of natural and professional resources; (6) be culturally appropriate; and (7) be modified frequently, based on changing circumstances, experience gained, and progress made. It is the **vitality, unity, and intelligence of the planning process** that is of essence here, not the elegance of a written document.

Determine from Informants, Plans, and School Records	Facts Used in Rating Status
1. Are all obvious and substantial needs addressed in the IRP? If the child poses a safety risk to self or others, does the plan provide protective strategies and necessary supports?	
2. Are all services received by the child and family addressed in the IRP?	
3. Do planned services follow the purpose and path of the long-term view?	
4. Does the IRP reflect assessed capabilities, risks, barriers, and needs?	
5. Does the IRP focus on success after the child's next transition?	
6. Does the IRP reflect and support the preferences of the child/family?	
7. Does the IRP unify the efforts/integrate services of all interveners?	
8. Are planned services appropriate for the child's age and culture?	
9. Will planned services include use of restrictive or invasive procedures?	
10. Is the strategic path and service process realistic? That is, does the combination and sequence of strategies, interventions, accommodations, supports, and services planned for this child and family make sense?	
11. Is the IRP capable of being implemented as designed?	
12. Did the key funders authorize or approve the IRP?	

Service Review 7: Individualized Resiliency Plan

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
13. Is the IRP updated and the service process modified as goals are met, transitions are crossed, and life circumstances change at school and at home?	
14. Does the IRP support the primary caregiver and teacher(s) as necessary to enable their efforts in meeting this child's needs?	

Description and Rating of Practice Performance

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

- **Optimal IRP.** There is an IRP that is integrated and coordinated across agencies involved with this child that is approved and funded by the agencies involved. The IRP builds upon the big picture assessment and long-term view. It adapts quickly to changes in life circumstances and local services. The IRP is coherent and practical in its strategy, sequence, assembly, and use of formal and informal resources. Primary caregivers and teachers are fully supported as necessary in their efforts to serve the child and to achieve positive transitions and results. The IRP services should meet many important long-term goals, if properly implemented. **6** ☐

- **Good IRP.** There is a unified, cross-agency service planning process used for this child. Coordinated agency plans are supported and implemented by the agencies involved. Plans reflect the child's big picture assessment and long-term view. The integrated service process adapts quickly to changes in life circumstances and local services. Plans are sensible and practical in strategy, sequence, assembly, and use of formal and informal resources. Caregivers and teachers are provided supports as necessary. The scope and intensity of planned IRP services should meet some important long-term goals, if properly implemented under anticipated conditions. **5** ☐

- **Fair IRP.** There is a collaborative service planning process used for this child. Separate-agency plans are being provided and used. Plans reflect the child's big picture assessment and share common long-term goals. The collaborative service process generally responds on a timely basis to changes in life circumstances and local services. Plans are sensible in their strategy, sequence, and use of resources. Caregivers and teachers receive at least minimally adequate supports. The basic scope and intensity of planned IRP services should basically meet short-term objectives, if properly implemented under anticipated conditions. **4** ☐

- **Limited IRP.** There is a limited or inconsistent collaborative service planning process used for this child. Some separate-agency plans may not be adequately supported by some agencies. Plans may not accurately reflect the child's big picture assessment or may work toward divergent goals. The service process may not respond on a timely basis to changes in life circumstances and local services. Caregivers and teachers may not receive adequate supports. The somewhat limited scope and intensity of planned IRP services may meet some, but not all, short-term objectives. **3** ☐

- **Poor IRP.** There is little, if any, collaboration among agencies planning services for this child. Some separate-agency plans may not be adequately funded. Plans may not reflect a common understanding of the child and family or may work toward divergent or conflicting goals. Plans may focus on immediate concerns only without a guiding vision, thus, creating future transition problems. The service process may not respond quickly to changes in life circumstances and local services. Separate plans create gaps in services. Caregivers and teachers may lack adequate supports. The poor scope and intensity of planned IRP services may meet few, if any, short-term objectives. **2** ☐

- **Absent, Ambiguous, or Adverse IRP.** No effective collaboration may exist among key agencies serving this child. Some separate-agency plans may not be functional or adequately funded. The separate agency plans may have isolated or obsolete assessment knowledge resulting in inappropriate or conflicting goals. A discontinuous service process may be operating for this child. Anticipation of future transitions may be lacking. Numerous and substantial gaps in services and duplication of efforts may occur. Caregivers and teachers may lack any supports. **1** ☐

Service Review 8: Goodness-of-Service Fit

GOODNESS-OF-SERVICE FIT: • Are therapeutic, educational, and support services assembled into a holistic and coherent mix of services uniquely matched to the child/family's situation and preferences? • Does the combination of supports and services fit the child and family situation so as to maximize potential results and benefits while minimizing conflicting strategies and inconveniences?

All planned elements of therapy, special education, assistance, and support for the child and family (and, where necessary, for the school) should fit together into a sensible combination and sequence that is individualized to match their situation and preferences. The goodness of fit between the mix/match of supports and services and the child and family's situation is related to the opportunity and ability of the child and family to participate in and benefit from the service process. A poor service fit wastes participants' goodwill and the public's resources. Goodness of fit requires that programs, services, and supports be integrated and coordinated across providers and funders. Seamless integration requires a **holistic approach** to services, a coherent weave of supports and services, and continuous delivery of dependable services. Achieving a good fit optimizes the path and flow of services for maximum results. Optimization of services requires the removal of agency barriers to flexible use of funds and resources, preventing the use of conflicting or contradictory strategies, and the minimization of inconveniences and life disruptions for the child and family. Goodness of fit is promoted by expanding the range of choices exercised by the child and family concerning strategic goals and selection of supports and services, providers, schedules, and locations.

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
1. To what extent did the child/family exercise choices in the selection of strategic goals, service providers, delivery schedules, and locations?	
2. How well does the current mix of services match the child/family situation and expressed preferences?	
3. Is the IRP holistic in scope ("whole child") and coherent in design?	
4. Are all services integrated into an integrated plan for the child/family?	
5. Are all participating programs and agencies supporting the plan?	
6. Are the efforts of all interveners coordinated through a unified process?	
7. Are services continuously available and dependable?	
8. Are flexible funding and resources being used for this child/family?	
9. Have agency barriers to service integration been removed?	
10. Have any contradictory strategies of multiple interveners been removed?	
11. Have scheduling inconveniences and disruptions in services been minimized?	

Service Review 8: Goodness-of-Service Fit

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
12. Do the child/family report satisfaction with the mix, match, and fit of supports and services?	
13. Have supports and services been modified over time to yield a workable mix and match for the child/family?	
14. Are the current mix of supports and services producing expected results?	

Description and Rating of Practice Performance

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

- **Optimal Service Fit.** All necessary supports and services are assembled into a holistic and coherent service process having an excellent fit between the child/family situation and the service mix. Child/family preferences are reflected in the assembly of supports and services. Positive, long-term results are being produced and the child/family report no conflicting service strategies or inconveniences that cause hardship. **6** ☐

- **Good Service Fit.** Essential supports and services are assembled into a holistic and sensible service process having a workable fit between the child/family situation and the service mix. Many child/family preferences are accommodated in the assembly of supports and services. Positive results are being produced and the child/family report few conflicting service strategies or inconveniences that cause hardship. **5** ☐

- **Fair Service Fit.** Basic supports and services are assembled into a sensible service process having a minimally acceptable fit between the child/family situation and the service mix. Some child/family preferences are considered in the assembly of supports and services. Some positive results may be produced and the child/family may report minor conflicting service strategies or inconveniences that cause a minimum degree of hardship. The mix and fit of supports and services should be sufficient to meet short-term objectives. **4** ☐

- **Marginal Service Fit.** Limited supports and services are partially or inconsistently assembled into the service process. The fit between the child/family situation and the service mix is limited or services are insufficient. Few child/family preferences are considered in the assembly of supports and services. Few, if any, positive results may be produced. The child/family may report some conflicting service strategies or inconveniences that cause a degree of hardship that reduces their willingness or ability to participate. The mix and fit of supports and services may be insufficient to meet short-term objectives. **3** ☐

- **Poor Service Fit.** Any supports and services are poorly assembled into a service process. The fit between the child/family situation and the service mix is poor or services are inadequate to meet identified needs. Child/family preferences have little, if any, influence in the selection of supports and services. No positive results may be produced. The child/family may report undependable or conflicting service strategies or inconveniences that cause a substantial degree of hardship that reduces their willingness or ability to participate. **2** ☐

- **Adverse Service Fit.** Few, if any, supports and services may be provided or may not be assembled into a sensible process. The fit between the child/family situation and the service mix is adverse or services are grossly inadequate. Child/family preferences did not influence the selection of supports and services. Child/family status may be poor and worsening. The child/family may report undependable or conflicting service strategies or inconveniences that cause an unacceptable degree of hardship that restricts their willingness or ability to participate in or benefit from whatever services may be provided. **1** ☐

Service Review 9: Resource Availability

RESOURCE AVAILABILITY: • Are the supports, services, and resources (both informal and formal) necessary to meet the identified needs in the IRP available for use by the child and family? • Are the flexible supports and unique service arrangements (both informal and formal) necessary to meet individual needs in the child's plans available for use by the child and family on a timely, adequate, and convenient local basis? • Are the unit-based and placement-based resources necessary to meet goals in the child's plans available for use by the child and family on a timely and adequate basis? • Are any unavailable but necessary resources identified?

An array of informal and formal supports and services is necessary to fulfill requirements of the child's IRP. To respond to unique needs, supports may have to be created or assembled in special arrangements. Such unique and flexible support arrangements wrap services* around a child in his/her home or school setting so as to avoid placement in more restrictive settings away from home and school. Some services may be unit-based (e.g., therapy) while others may be placement-based (e.g., residential treatment). Supports can range from volunteer reading tutors to after-school supervision, adult mentors, recreational activities, and supported employment. Supports may be voluntarily provided by friends, neighbors, and churches or secured from provider organizations. Professional treatment services may be donated, offered through health care plans, or funded by government agencies. A combination of supports and services may be necessary to support and assist the child and family. For interveners to **exercise professional judgment** and for the family to **exercise choice** in the selection of treatment services and supports, an array of appropriate alternatives should be locally available. Such alternatives should present a variety of socially or therapeutically appropriate options that are readily accessible, have power to produce desired results, be available for use as needed, and be culturally compatible with the needs and values of the family. An adequate array of services includes social, health, mental health, educational, vocational, recreational, and organizational services, such as service coordination. An adequate array spans supports and services from all sources that may be needed by the family. Selection of basic supports should begin with informal family network supports and generic community resources available to all citizens. Specialized and tailor-made supports and services should be developed or purchased, only when necessary, to supplement rather than supplant readily available supports and services of a satisfactory nature. Unavailable resources should be systematically identified to enable the network to meet the need.

Determine from Informants, Plans, and Records

1. Are all obvious and substantial needs matched with appropriate supports and services for this family? Will supports shift from formal to informal over time?
2. Have informal supports been developed or uncovered and used at home and in the community as a part of the service process?
3. Are resources matched to needs addressed in the IRP?
4. Are resources provided within the family's home and neighborhood?
5. To what extent are informal resources of the family, extended family, neighborhood, civic clubs, churches, charitable organizations, local businesses, and general public services (e.g., recreation, public library, or transportation) used in providing supports for this family?
6. Is each support provided socially and culturally appropriate for the family?
7. Is the service team taking steps to locate or develop or advocate for previously unknown or undeveloped resources?
8. Did members of the family's service team have two or more appropriate service options from which to choose when recommending professional services?
9. Did the family have two or more appropriate and attractive options from which to choose when selecting supports and services?
10. Is each treatment service therapeutically appropriate for the child and family?
11. Is each service and support readily accessible when needed? If not, what is missing?
12. Were any of the supports and services tailor-made or assembled uniquely for this child or family? Are they sustainable as needed over time?
13. Is the combination of informal and formal supports and services used for this family sufficient for the child and family members to do well?

Facts Used in Rating Performance

**** NOTE:***

Use of unique, flexible, multiple service arrangements may be necessary to prevent placement by increasing the range and intensity of services in a child's home or school - OR - to return a child from residential treatment to his/her home and school successfully. Such use may require blending of funding across sources and bending of agency traditions that would limit or prevent success in individual case situations. If placement is being used or continued when a unique, flexible service arrangement (i.e., "wraparound") would likely be successful in keeping in home and school or in returning a child to home and school, then availability of flexible, wraparound resources may be inadequate to meet the child's current needs.

Service Review 9: Resource Availability

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
14. Is the combination of supports and services used for/by this family dependable and satisfactory from their point of view?	
15. Has the service team taken the steps to identify resource gaps and notify the community?	

Description and Rating of Practice Performance

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

- **Optimal Resource Availability.** The array of supports and services is helping the child and family reach optimal levels of functioning necessary for them to make progress and live together successfully. A highly dependable combination of informal and, where necessary, formal supports and services is available, appropriate, used, and seen as very satisfactory by the family. The array provides a wide range of options that permits use of professional judgment about appropriate treatment interventions and family choice of providers.

6

a. ☐ Unique, flexible arrangements

b. ☐ Unit-/placement-based resources

- **Good Resource Availability.** The array of supports and services is helping the child and family reach favorable levels of functioning necessary for them to make progress and live successfully together. A usually dependable combination of informal and formal supports and services is available, appropriate, used, and seen as generally satisfactory by the family. The array provides a narrow range of options that permits use of professional judgment and family choice of providers. The service team is taking steps to mobilize additional resources to give the family greater choice and/or provide resources to meet particular family needs.

5

a. ☐ Unique, flexible arrangements

b. ☐ Unit-/placement-based resources

- **Fair Resource Availability.** The array of supports and services is available to the family to reach minimally acceptable levels of functioning necessary for them to make fair progress and live together successfully. A set of supports and services is usually available, somewhat appropriate, used, and seen as minimally satisfactory by the family. The array provides few options, limiting professional judgment and family choice in the selection of providers. The service team is considering taking steps to mobilize additional resources to give the family greater choice and/or provide resources to meet particular family needs but has not yet made any efforts.

4

a. ☐ Unique, flexible arrangements

b. ☐ Unit-/placement-based resources

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

3

a. ☐ Unique, flexible arrangements

b. ☐ Unit-/placement-based resources

- **Poor Resource Availability.** A very limited array of supports and services may be inaccessible or inconsistently available to the family. Few supports and services may be available and used. They may be seen as generally unsatisfactory by the family. The array provides very few options, preventing use of professional judgment and family choice in the selection of providers. The service team has not considered taking steps to mobilize additional resources or may not be functioning effectively.

2

a. ☐ Unique, flexible arrangements

b. ☐ Unit-/placement-based resources

- **Absent or Adverse Resource Availability.** Few, if any, supports and services are provided at this time. They may not fit the actual needs of the family well and may not be dependable over time. Because informal supports may not be well developed and because local services or funding is limited, any services may be offered on a "take it or leave it" basis. The family may be dissatisfied with or refuse services, and results may present a potential safety risk to family members. The service team may be powerless to alter the service availability situation or the child and family may lack a functioning service team.

1

a. ☐ Unique, flexible arrangements

b. ☐ Unit-/placement-based resources

Scoring Rule: *Use both ratings (a & b) in determining the Overall Practice Performance rating on page 82.*

Service Review 10: Treatment Implementation

TREATMENT IMPLEMENTATION: • Are the intervention strategies, techniques, and supports specified in the child's planned treatment services (IRP) being implemented with sufficient intensity and consistency to achieve expected results? • Is implementation timely and competent? • Are treatment providers receiving the support and supervision necessary for adequate role performance?

The processes for implementing supports and services for the child and his/her caregivers should meet the following conditions:

- The strategies, supports, services, and activities in the child's IRP and other related service plans are being implemented in a timely, competent, and dependable manner, consistent with system of care principles.
- An adequate array of supports and services are being provided at a level of intensity and consistency necessary to meet priority needs, reduce risks, facilitate successful transitions, and achieve adequate daily functioning.
- Line workers (e.g., direct care staff, tutors, mentors) are receiving supports and supervision for adequate role performance.
- Persistence in problem solving and in securing appropriate performance by staff and providers is contributing to a successful pattern of treatment, supports, and results for this child. Experience gained is used to refine implementation.

Accomplishment of these implementation processes should maximize chances for successful results while minimizing risks for the child and hardships for the child's caregivers and family.

Determine from Informants, Plans, and Records

1. Are the supports and services in the child's service plan(s) being implemented in a timely and competent manner? What do the informants say?

2. Is an adequate array of supports and services consistently provided at a level of intensity to get desired results? Are transition arrangements being made?

3. Are any urgent needs met in ways that protect the health and safety of the child or, where necessary, protect others from the child? [Service Review 11]

4. Are all the child's service providers (e.g., direct care staff, tutors, mentors) receiving any supports and supervision necessary for them to adequately perform the roles they play in the child's life so that symptoms and risks are reduced, functioning is improved, and desired outcomes are achieved by the child?

5. Are supports and services being coordinated across shift staff within the placement with implementation problems quickly detected and timely adjustments made? Is the experience gained actually used to refine implementation?

6. Is persistence in solving implementation problems evident? Is diligence in securing appropriate performance by providers and staff contributing to a successful pattern of supports and services for the child and his/her caregivers?

7. Are there any barriers to receiving treatment services? To getting good results?

Facts Used in Rating Performance

If treatment or support services are not available, report the reasons given.

Service Review 10: Treatment Implementation

Description and Rating of Practice Performance

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

- **Optimal Treatment Implementation.** An excellent pattern of treatment implementation shows that all planned strategies, supports, and services set forth in the IRP are fully implemented in a timely, competent, and consistent manner. High quality services are being provided at levels of intensity and continuity necessary to meet priority needs, manage risks, and yield desired results. Providers are receiving excellent support and supervision in the performance of their roles. **6** ☐

- **Good Treatment Implementation.** A good and substantial pattern of treatment implementation shows that all important planned strategies, supports, and services set forth in the IRP are well implemented in a timely, competent, and consistent manner. Good quality services are being provided at levels of intensity and continuity necessary to meet most priority needs, manage significant risks, and meet most treatment goals. Providers are receiving good support and supervision in the performance of their roles. **5** ☐

- **Fair Treatment Implementation.** A fair pattern of treatment implementation shows that the strategies, supports, and services set forth in the IRP are being implemented in a minimally timely, competent, and consistent manner. Fair quality services are being provided at levels of intensity and continuity necessary to meet some priority needs, manage key risks, and meet short-term treatment goals. Providers are receiving minimally adequate support and supervision in the performance of their roles. **4** ☐

- **Marginal Treatment Implementation.** A somewhat limited or inconsistent pattern of treatment implementation shows that most of the strategies, supports, and services set forth in the IRP are being implemented, but with problems in timeliness, competence, and/or consistency. Services of limited quality are being provided, but at levels of intensity and continuity insufficient to meet some priority needs, manage key risks, and meet short-term treatment goals. Providers are receiving limited or inconsistent support and supervision in the performance of their roles. Minor to moderate implementation problems are occurring. **3** ☐

- **Poor Treatment Implementation.** A poor pattern of treatment implementation shows that many of the strategies, supports, and services set forth in the IRP are not being implemented adequately. Services of poor quality are being provided, at levels of intensity and continuity insufficient to meet many priority needs, manage key risks, or meet short-term treatment goals. Providers are receiving poor support and inadequate supervision in the performance of their roles. Continuing implementation problems of a significant nature are present. **2** ☐

- **Absent or Adverse Treatment Implementation.** Treatment strategies, supports, and services are not being implemented in a timely, competent, and coordinated manner. **- OR -** Treatment may be implemented in an inappropriate or unsafe manner leading to harmful conditions or adverse results. Providers are not receiving support in the performance of their roles. Serious and worsening implementation problems are ongoing and unaddressed. **1** ☐

Service Review 11: Emergent/Urgent Response Capability

EMERGENT/URGENT RESPONSE CAPABILITY: Is there timely access to and provision of effective services to stabilize or resolve emergent or episodic problems of an urgent nature?

NOTE: *This review applies only to those children who by history have a demonstrated need for this service.*

A child or youth who presents dangerous psychiatric symptoms, severe maladaptive behaviors, or acute episodes of chronic health problems (e.g., seizures, hemophilia, asthma) may require immediate, specific, and possibly intensive services to meet the child's emergent need and to prevent harm from occurring to the child or others in the child's environment. For such children, an urgent response capability is necessary. Providing this capacity requires a health or safety "crisis plan," designed specifically for the child, that can be activated and implemented immediately. An alert procedure and crisis response capability has to be prepared in advance, be made a part of the ISP or other appropriate crisis response or safety plan, and have prepared persons in the child's daily settings to be ready to implement the crisis response plan and a follow-along mechanism that tracks the child through the crisis period. The urgency and significance of an emerging need or problem of the child should be met with a timely and commensurate service response (i.e., emergency within one hour and urgent within 24 hours). The primary concern here is whether children, caregivers, and service workers have timely access to support services necessary to stabilize or resolve emerging problems of an urgent nature. A child living in a home under child protective supervision may require a safety plan to be followed in the event of domestic violence, abandonment by the caregiver, or some other safety problem that has occurred previously in the home. A crisis plan should be evaluated following every use to ensure that its provisions are effective and that persons responsible for its use know and perform key tasks. This review may not apply to some children and families.

Determine from Informants, Plans, and Records

To determine if this review area should be rated, consider the following matters:

- ☐ **Does the child present severe levels of psychiatric symptoms or behavioral challenges? If so, do these symptoms present cyclically? Can crisis episodes be anticipated?**
- ☐ **Does the child have a chronic health condition with frequent acute episodes that needs to be taken into account in planning behavioral health services?**
- ☐ **Is this child's home under protective supervision of the child welfare agency?**
- ☐ **Have special risks* and a pattern of urgent needs been identified for this child?**
- ☐ **Are safety plans indicated and provided to manage special situations?**
- ☐ **Have emergency procedures (including 911 services) recently been used for this child?**

1. Does this child have a crisis alert and response plan? If so, how is it designed?

2. Are emergent or urgent response services available when and as needed? Have emergent or urgent response services ever been denied? If so, why?

3. Is there an alert procedure and crisis response plan for this child specified in the IRP/IEP and/or other appropriate service plan documents?

4. Are the persons who would send the alert and implement the crisis response plan aware of and ready to fulfill their assigned responsibilities?

5. Have the alert and crisis response processes been used in the past six months for this child or caregiver? If Yes, did they work effectively? Were such services timely (within one hour, if an emergency, and within 24 hours, if urgent)?

Facts Used in Rating Performance

** Special Risks to Consider:*

- *Recent abuse, trauma, victimization*
- *Recent self-mutiliation or self-injury*
- *Recent severe aggression toward others*
- *Conflict or instability in the home*
- *Under CFSA custody or supervision for abuse, neglect, dependency*
- *Recent runaway, school suspension, self-endangering impulsive behavior*
- *Significant external impact (e.g., loss of a loved one, parental divorce, homelessness)*

Service Review 11: Emergent/Urgent Response Capability

Description and Rating of Practice Performance

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

- **Optimal Urgent Response Capability.** All appropriate persons in the child's daily living, learning, and therapeutic settings are fully prepared and ready to implement the team alert, crisis response, and follow-along provisions of a well-tested and effective urgent response capability for the child. Alert and crisis response processes, if used in the past six months, performed in an excellent, reliable, and effective manner. **6** ☐

- **Good Urgent Response Capability.** Key persons in the child's daily living, learning, and therapeutic settings are generally prepared and ready to implement the team alert, crisis response, and follow-along provisions of the child's urgent response plan. Plan provisions have been successfully tested via simulation or, if used in past six months, worked reliably and acceptably well. **5** ☐

- **Fair Urgent Response Capability.** Key persons in the child's daily living, learning, and therapeutic settings are minimally prepared to implement the team alert, crisis response, and follow-along provisions of the child's urgent response plan. Plan provisions are periodically reviewed with persons responsible for implementation. If used recently, crisis response was at least minimally successful in managing risks and securing necessary services. **4** ☐

- **Marginal Urgent Response Capability.** Some, but not all, of the key persons in the child's daily living, learning, and therapeutic settings are minimally prepared to implement the team alert, crisis response, and follow-along provisions of the child's urgent response plan. **- OR -** Plan provisions are not tested or periodically reviewed with persons responsible for implementation. **- OR -** If used recently, crisis response revealed some minor to moderate problems in managing risks at an acceptable level or in securing necessary crisis services in an acceptable manner. **3** ☐

- **Poor Urgent Response Capability.** Key persons in the child's daily living, learning, and therapeutic settings are not adequately prepared to implement a team alert, crisis response, and follow-along plan necessary for the child. **- OR -** Crisis plan provisions are unrealistic, incomplete, unrehearsed, or untested. **- OR -** If used recently, crisis response revealed substantial problems in managing risks at an acceptable level or in securing crisis services in an acceptable manner. **2** ☐

- **Absent or Adverse Urgent Response Capability.** Key persons in the child's daily living, learning, and therapeutic settings are unprepared or unwilling to implement a team alert, crisis response, and follow-along plan necessary for the child. **- OR -** A crisis plan and response is necessary for this child but currently does not exist (except to call 911). **- OR -** If used recently, the crisis response plan failed to manage risks adequately or to provide crisis supports or services in an acceptable manner. **1** ☐

- **Not Applicable.** The child has no history of psychiatric or medical crises or emergencies within the past year. **NA** ☐

Service Review 12: Medication Management

MEDICATION MANAGEMENT: • Is the use of psychotropic medications for this child necessary, safe, and effective? • Does the person have a voice in medication decisions and management? • Is the child routinely screened for medication side effects and treated when side effects are detected? • Have new atypical/current generation drugs been tried, used, and/or appropriately ruled out? • Is the use of medication coordinated with other treatment modalities and with any treatment for any co-occurring conditions (e.g., seizures, diabetes, asthma, HIV)?

Use of psychotropic medications is one of many treatment modalities that may be used in treating a child having a serious emotional disorder. When use of such medications is deemed necessary and appropriate, it should conform to standards of good and accepted practice, including informed consent, consultation, most efficacious drug selection, consistency with medication protocols, demonstrated treatment response, and minimal effective dose. Effects and side effects of medication use should be assessed, tracked, and used to inform decision making. Any adverse side effects should be addressed and treated. Use of medications should be coordinated with other modalities of treatment including positive behavioral supports, behavioral interventions, counseling, skill development, and social supports. Continuity in medication regimes should be present across treatment settings. The person should have access to necessary specialized health care services including treatment and care for any co-occurring conditions (e.g., seizures, asthma, diabetes, addiction, HIV). The purpose is to determine whether the person receives and benefits from safe medication practices. This review does not apply to a person who has not taken psychotropic medications within the past 90 days.

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
1. Does the child take a psychotropic medication? Is use consistent with current treatment protocols? Has the parent given consent for each medication?	
2. Is there a DSM-IV-R Axis I diagnosis to support each psychotropic medication? Is the purpose for each medication documented and tracked to target symptoms or maladaptive behaviors? Is each medication consistent with intended use?	
3. Is the medication selection and dosage level within therapeutic range for the child's age and weight? Has a minimum effective dosage of each medication been determined or are steps being taken to do so? Who is responsible for medication monitoring and screening for side effects?	
4. Is there periodic evaluation of the child's response to treatment using data to track target symptoms or behaviors?	
5. Is there quarterly screening of the child for adverse effects of medications? If adverse effects have been found, have appropriate countermeasures been implemented?	
6. Is medication use coordinated with other treatment modalities? If multiple psychotropic medications are used with the child, is there written justification by the physician? Is there continuity in medications across settings?	
7. Does the child have access to specialized health care services? Have coordinating staff consulted with other treating professionals (e.g., neurologists, psychiatrists) for a person having chronic and/or complex health care needs?	
8. Is relapse prevention information available to the child? Is educational information about medications, effects/side effects, and self-medication available?	
9. Has the child/parent requested medication adjustments? Are the child's significant others trained on medications (e.g., administration, effects, side effects)?	

Service Review 12: Medication Management

Description and Rating of Practice Performance

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

- **Optimal Medication Management.** The child presents symptoms or behaviors that are responding well to current generation medications with no report of bothersome side effects. The child reports good compliance with the prescribed medications and is not requesting any changes at this time. Use of medications is well coordinated with other treatment modalities. The child, parent, and physician have an understanding about how he/she is to manage increases/decreases in medications. The child has full and timely access to high quality health care for any serious health co-occurring conditions. **6** ☐

- **Good Medication Management.** The child presents symptoms or behaviors that are responding fairly well to current generation medications but reports some mild side effects. The child reports that sometimes medications are not taken as prescribed. Use of medications is sometimes coordinated with other treatment modalities. The child, parent, and physician have an understanding about how he/she is to manage increases/decreases in medications. The child has full and timely access to high quality health care for any serious health co-occurring conditions. **5** ☐

- **Fair Medication Management.** The child is becoming stable on appropriate medication and presents some symptoms or behaviors of concern and complains of side effects. Use of medication is checked conversationally and staff hint at non-compliance. The child may refuse participation in medication education activities. Medication is minimally coordinated with other treatment modalities. The child has minimally adequate access to fair quality health care for any serious health co-occurring conditions, including specialists with a short waiting period. **4** ☐

- **Somewhat Problematic Medication Management.** The child presents symptoms or behaviors that may be responding somewhat to medications. Medication use may be inconsistent. Consents may not have been obtained. Screening for side effects may not be current or mild side effects may be noted but minimally treated. Use of medication is seldom coordinated with other treatment modalities. The child has somewhat limited access to fair-to-poor quality health care for any serious health co-occurring conditions and may receive most care from emergency rooms. **3** ☐

- **Substantially Problematic Medication Management.** The child presents symptoms or behaviors that may not be responding to medications. Medication use may not be well documented or justified. Consents may be missing. Screening for side effects may not be current or moderate side effects may be noted. Use of medication is not coordinated with other treatment modalities. The child has inconsistent or very slow access to health care for any serious health co-occurring conditions. The child's physical or psychiatric status may be at risk due to inadequate health care for treating co-occurring conditions. **2** ☐

- **Serious Breakdowns in Medication Management.** The child presents increasing symptoms or behaviors that may not be responding to medications. Medication use may be undocumented, not justified, or experimental. Consents may be missing. Screening for side effects may not occur or serious side effects may be present and untreated. Use of medication is conflicting with other treatment modalities. The child has poor or no access to needed health care for any serious health co-occurring conditions. The child's physical or psychiatric status may be declining due to inadequate health care. **1** ☐

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

Service Review 13: Special Procedures

SPECIAL PROCEDURES: • If emergency seclusion or restraint has been used for this child, was each use: (1) Done only in an emergency? (2) Done after less restrictive alternatives were found insufficient or impractical? (3) Ordered by a trained, authorized professional? (4) Accomplished with proper techniques that were safely and respectfully performed by qualified staff? (5) Effective in preventing harm? and (6) Properly supervised during use and evaluated afterwards?

Respectful relationships, effective communications, and positive behavior management techniques help to create safe therapeutic environments and reduce the emergence of unsafe situations. Staff training, appropriate placements and transfers, and use of advanced directives also minimize the use of emergency control techniques to prevent harm. Special procedures are permitted only when the child is a danger to him/herself or others and when alternative interventions are impractical or insufficient. Use of these emergency measures must be implemented in the least restrictive manner possible and ended as quickly as possible. During implementation, the child's status and effects of the procedure must be continually assessed, monitored, and evaluated. Seclusion and certain forms of restraint (physical, legal, protective, and medical) may be used under specific conditions, but chemical restraint (medication to immobilize a child) is prohibited. Seclusion is not a treatment modality and is contraindicated for a child who exhibits suicidal or self-injurious behavior. Each use of seclusion or restraint must be ordered on a time-limited basis for a child. Such measures are never authorized by "standing orders" or on an "as needed" (PRN) basis. Certain forms of restraint are prohibited (e.g., restraining nets, ambulatory restraints, face-down restraints, simultaneous use of seclusion and restraint, renewal orders in excess of one hour, use of seclusion or restraints in excess of 24 hours, any restraint around a child's neck or covering the child's face). Restraint may be contraindicated for a child who has experienced sexual trauma or physical abuse or who is deaf and cannot communicate without the use of hands. Staff are to follow specific policies and procedures when using seclusion and restraint. All services, including emergency measures, should be provided with consideration and respect for the child's dignity, autonomy, and privacy. This review applies to a consumer who has experienced the use of an emergency control procedure within the past 90 days.

Determine from Informants, Plans, and Records

1. Has the child experienced the use of any emergency control technique within the past 90 days? If so, what were the circumstances of use? What was the emergency and risk of harm? What antecedent events were present? What alternative interventions were found insufficient or impractical at the time?

2. Were respectful relationships, effective communications, and positive behavior management techniques used at the facility to create safe therapeutic environments and reduce the emergence/recurrence of unsafe situation for the child?

3. Were staff training, appropriate placements and transfers, and use of advanced directives applied to minimize the use of emergency control techniques?

4. Were the emergency measures implemented in the least restrictive manner possible and ended as quickly as possible? During implementation, were the child's status and effects of the procedure continually assessed, monitored, and evaluated ? If so, by whom? What do records reflect?

5. Were the forms of seclusion or restraint used with the child consistent with standards of good practice (not using any contraindicated or prohibited techniques) and consistent with the facility's policies and procedures?

6. How has the child's IRP been modified to reduce the use of special procedures, based on experience gained?

7. Has the rate of use of special procedures been reduced or eliminated?

8. Is relapse prevention information available to the child? Have advanced directives been used, evaluated, and modified over time, based on experience?

Facts Used in Rating Performance

Only licensed facilities with trained and well-supervised staff should use emergency control procedures and then only in conformance with policies and procedures. Monitoring of emergency control measures should be done via an internal quality improvement program.

Service Review 13: Special Procedures

Description and Rating of Practice Performance

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

- **Optimal Use of Special Procedures.** The child is served in an excellent therapeutic environment that reduces the emergence of unsafe situations via respectful relationships, effective communications, and positive behavioral supports. Excellent use of advanced directives, appropriate placements, and lesser restrictive techniques by highly trained staff minimizes use of special procedures which, when used in an emergency, are the least restrictive, most appropriate and effective techniques possible. Staff actions are highly consistent with facility policies, procedures, and best practice. Based on experience gained, the child and team have modified the IRP and advanced directives to minimize unsafe situations. An excellent level of respect for the child's dignity, autonomy, and privacy is demonstrated by staff in the use of special procedures. **6** ☐

- **Good Use of Special Procedures.** The child is served in a generally positive therapeutic environment that reduces the emergence of unsafe situations via respectful relationships, effective communications, and positive behavioral supports. Good use of advanced directives, appropriate placements, and lesser restrictive techniques by well-trained staff minimizes use of special procedures which, when used in an emergency, are the least restrictive, most appropriate and effective techniques possible. Staff actions are generally consistent with facility policies, procedures, and good practice. Based on experience gained, the child and team have modified the IRP and advanced directives to minimize unsafe situations. A good and consistent level of respect for the child's dignity, autonomy, and privacy is demonstrated by staff in the use of special procedures. **5** ☐

- **Fair Use of Special Procedures.** The child is served in a fairly positive therapeutic environment that helps to reduce the emergence of unsafe situations via respectful relationships, fair communications, and positive behavioral supports. Minimal use of advanced directives, appropriate placements, and lesser restrictive techniques by some trained staff lowers use of special procedures which, when used in an emergency, may be the least restrictive, most appropriate and effective techniques possible. Staff actions are fairly consistent with facility policies, procedures, and accepted practice. Based on experience gained, the child and team may have modified the IRP and advanced directives. A minimal-to-fair level of respect for the child's dignity, autonomy, and privacy is demonstrated by staff in the use of special procedures. **4** ☐

- **Somewhat Problematic Use of Special Procedures.** The child is served in a somewhat problematic environment, having limited or inconsistent relationships, communications, and behavioral supports. Use of advanced directives and lesser restrictive techniques is limited by gaps in staff training. Use of special procedures, which is used only in real emergencies, may not be the least restrictive, most appropriate and effective techniques possible. Staff actions are sometimes inconsistent with facility policies, procedures, and accepted practice. Experience gained may have little connection to modifications in the child's IRP or any advanced directives. A marginal and inconsistent level of respect for the child's dignity, autonomy, and privacy is demonstrated by staff in the use of special procedures. Risk of harm during use or caused by use of special procedures may be low for this child at this time. **3** ☐

- **Substantially Problematic Use of Special Procedures.** The environment in which the child receives services may be contributing to the emergence of unsafe situations and higher usage of special procedures. Advanced directives and lesser restrictive procedures may not be used due to a poor level of staff training. Special procedures may be over-used or used as a substitute for appropriate treatment. Use of special procedures may be contrary to policies, procedures, and standards of good practice. Respect by staff for the child's dignity, autonomy, and privacy is lacking. Risk of harm during use of special procedures may be moderate. **2** ☐

- **Serious Breakdowns in Use of Special Procedures.** There are serious and dangerous breakdowns in the treatment environment for this child. Respectful relationships and good communications are lacking. Special procedures are being used unnecessarily, inappropriately, unsafely, and without adequate training, authorization or oversight. Risk of harm during use of special procedures may be high. **1** ☐

- **Not applicable:** The child has not experienced use of any emergency control measures within the past 90 days. Therefore, this review does not apply. **NA** ☐

Service Review 14: Family Support

FAMILY SUPPORT: • Are the caregivers in the child's home receiving the training, assistance, and supports necessary for them to perform essential parenting or caregiving functions reliably for this child? • Is the array of in-home supports provided adequate in variety, intensity, dependability, and cultural compatibility to provide for caregiver choices and to enable caregivers to meet the challenging needs of the child while maintaining the stability of the home?

Caregivers are persons who provide parenting, assistance, supervision, and physical care for a child or youth in his/her place of residence. Caregivers may include parents, relatives, augmented relationships, foster parents, and care staff in a group home or treatment center. Children with challenging emotional/behavioral needs place much greater demands on the skills of a caregiver and resources of the home than do other children. For this reason, parents and other caregivers may require added training, assistance, periodic relief, and supports in the home to provide for the needs of the child. Often, the long-term stability of the home and the capacity of the caregivers to maintain the home safely with the child/youth present critically depends on the adequacy of caregiver supports provided.

Provision of caregiver supports, in-home services, and respite should enable the caregiver to participate in assessment of needs, selection of providers, and scheduling. Choice making requires that a variety of support providers be available. To be effective and satisfactory, supports should be culturally compatible and of an intensity commensurate with the needs of the child and caregiver. To be adequate, caregiver supports should be accessible when needed, dependable when used, functional for the home, and seen as supportive and helpful by caregivers.

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
1. Do caregiver supports appear to be needed for this child and caregiver?	
2. Are caregiver supports and/or in-home supports being provided?	
3. Did the caregiver participate in the assessment of support needs?	
4. Are family support services appropriate for the situation, accessible when needed, effective when used, and dependable? Have support services ever been denied to this caregiver for this child? If so, why?	
5. Is the caregiver satisfied with the supports provided?	
6. Have family hardships and disruptions been minimized?	
7. Given these supports, is the caregiver able to meet the needs of the child?	
8. Given these supports, is the caregiver able to maintain the stability of the home and capacity of the family to function adequately over time?	
9. If this child presently is residing in a group home or residential treatment facility, does the direct care staff have the capacity to meet the parenting needs of this child on a daily basis?	

Service Review 14: Family Support

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
10. Has special training, assistance, or support been provided for direct care staff serving this child in the group home or residential treatment facility?	
11. Does the caregiver report that current supports are adequate, dependable, and truly supportive of the caregiver in meeting the child's needs?	

NOTE: *The caregiver in the setting where the child presently resides is the object of the rating below.*

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Child and Caregiver — Rating Level

- **Optimal Caregiver Supports.** The caregiver is receiving an excellent level of training, assistance, in-home support, and periodic relief necessary for the caregiver to meet fully the needs of the child and maintain the stability of the home. A broad array of supports and services is accessible when needed, dependable in use, and truly supportive in nature. The caregiver chooses all support providers to assure cultural compatibility. — **6** ☐

- **Good Caregiver Supports.** The caregiver is receiving a good and substantial level of training, assistance, in-home support, and periodic relief necessary for the caregiver to substantially meet the needs of the child and maintain the stability of the home. A variety of supports and services is accessible when needed, dependable in use, and generally supportive in nature. The caregiver chooses key support providers to assure cultural compatibility. — **5** ☐

- **Fair Acceptable Caregiver Supports.** The caregiver is receiving a fairly adequate level of training, assistance, in-home support, and periodic relief necessary for the caregiver to minimally meet the needs of the child and maintain the stability of the home. Basic supports and services are usually accessible when needed, dependable in use, and generally supportive in nature. The caregiver has a limited choice of support providers to assure cultural compatibility. — **4** ☐

- **Marginal Caregiver Supports.** The caregiver is receiving a limited and inconsistent level of training, assistance, in-home support, and periodic relief necessary for the caregiver to meet the needs of the child and to maintain the safety and stability of the home. Support services may be somewhat inadequate at times. The caregiver seldom has a choice of support providers. Minor to moderate problems may exist in the cultural competence of support providers. — **3** ☐

- **Poor Caregiver Supports.** The caregiver is receiving an ongoing poor level of training, assistance, in-home support, and periodic relief necessary for the caregiver. Caregivers may have difficulty in consistently meeting the needs of the child or in maintaining the safety and stability of the home. Supports and services may seldom be accessible when needed, dependable in use, or supportive in nature. The caregiver rarely, if ever, may have a choice of support providers. Substantial problems may exist in the cultural competence of support providers. — **2** ☐

- **Absent or Adverse Caregiver Supports.** The caregiver is receiving either no supports or a grossly inadequate level of training, assistance, in-home support, and periodic relief necessary for the caregiver to consistently meet the needs of the child and to maintain the safety and stability of the home. Supports and services may be inappropriate or adverse, causing unnecessary hardship or even harm. The caregiver may have no choice of support providers. Major problems may exist in the cultural competence of support providers. — **1** ☐

- **Examination Does Not Apply.** The caregiver is fully capable of meeting the needs of the child and preserving the stability of the home without additional caregiver supports being provided. — **NA** ☐

Service Review 15: Service Coordination and Continuity

SERVICE COORDINATION AND CONTINUITY: • Is there a single point of coordination, accountability, and continuity in the organization, delivery, and results of treatment and support services for this child and family? • Are IRP-specified treatment and support services well coordinated across providers, funding agencies, and levels of care for this child and family?

A **single point of coordination, integration, and accountability** is necessary to plan, implement, monitor, modify, and evaluate essential service functions and results for the child and family, regardless of the number of public funders involved. The single point person may be referred to as the service coordinator, case manager, or other similar title. Regardless of the title, the person filling this role should have the **competence** necessary to perform essential functions for a child and family of the complexity of the case being reviewed. This person should have the **authority to convene and communicate with the service team** (including parents, providers, and all funding agency representatives) for purposes of planning, assembly of supports and services, monitoring implementation and results, and modifying supports and services. This person should be able to **advocate** on behalf of the child and family without conflicts of interest that may be associated with a particular funder or provider. The person's caseload size should afford the **opportunity** to adequately coordinate services and provide **continuity of care** for every person in the caseload.

In a case where several agencies and providers are involved, collaboration is necessary to achieve and sustain a coordinated and effective service process. The primary concern is whether all necessary functions performed by service planners, providers, and the family are organized and integrated to achieve the strategic goals of intervention and benefits for the child and family. Effective service coordination requires the integration of simultaneous interventions into a unified process involving a team approach to implement.

Determine from Informants, Plans, and Records

1. Does the child require multiple interveners to meet his/her needs?
2. Does the caregiver require supports and services to meet the child's needs?
3. Is there a single point of coordination and accountability for implementing the IRP and for linking the public funders, paid providers, and voluntary resource persons involved in its implementation?
4. Is there evidence of the integration of services and continuity of effort in the implementation of the child's IRP?
5. Is there a mechanism for identifying emerging problems and developing appropriate responses and adjustments in the plan and service process?
6. Is there adequate communication so that all parties know the current status of the child and family?
7. Is the service coordinator sufficiently competent to handle the complexities of this case?
8. Can the service coordinator convene the service team, as needed?

Facts Used in Rating Performance

Service Review 15: Service Coordination and Continuity

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
9. Does the service coordinator have sufficient authority to require interveners and providers to meet the requirements and commitments of the IRP?	
10. Can the service coordinator access and use flexible funding, if needed?	
11. Does the service coordinator and service team collectively share a sense of accountability for achieving the desired results of this child's IRP?	

Description and Rating of Practice Performance

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

- **Optimal Service Coordination.** There is a highly effective single point of coordination and accountability for the child/family's services and results. The service coordinator (working in collaboration with the family and service team) fully demonstrates the competence, authority, and opportunity necessary to plan, secure, assemble, schedule, coordinate, monitor, and adapt supports and services by achieving desired results for this child and family. Services are fully integrated across settings and providers and are consistently timely, appropriate, effective, and satisfying to the child/family. Continuity of care is excellent. **6** ☐

- **Good Service Coordination.** There is a generally effective single point of coordination and accountability for the child/family's services and results. The service coordinator (working in collaboration with the family and service team) usually demonstrates the competence, authority, independence, and opportunity necessary to plan, secure, assemble, schedule, coordinate, monitor, and adapt supports and services by achieving desired results for this child and family. Services are generally integrated across settings and providers and are usually timely, appropriate, effective, and satisfying to the child/family. Continuity of care is good. **5** ☐

- **Fair Service Coordination.** There is a minimally adequate single point of coordination and accountability for the child/family's services and results. The service coordinator (working in collaboration with the family and service team) minimally demonstrates the competence and opportunity necessary to plan, secure, assemble, schedule, coordinate, monitor, and adapt supports and services. Services are minimally integrated across settings and providers and are often timely, appropriate, and satisfying. Continuity of care is fair. **4** ☐

- **Marginal Service Coordination.** There is limited or inconsistent coordination of services with little accountability for service delivery and results. The service coordinator (possibly working independently of the family or in the absence of a service team) may lack the ability and opportunity necessary to plan, secure, assemble, schedule, coordinate, monitor, and adapt supports and services. Services are somewhat fragmented across settings and providers. Breakdowns in services may occur occasionally. **3** ☐

- **Poor Service Coordination.** There is substantially inadequate, ongoing poor coordination of services for this child/family. The service coordinator (working independently of the family or in the absence of a service team) may lack the competence, authority, or opportunity to plan, secure, assemble, schedule, coordinate, monitor, and adapt supports and services. Services are substantially fragmented across settings. Breakdowns may be frequent and risks may not be adequately managed for the child/family. **2** ☐

- **Absent or Adverse Service Coordination.** There is no single point of coordination and accountability for the child/family's services and results. Providers and funders may operate independently, placing unreasonable or conflicting demands on the child or family. Needed services may be absent or fragmented. Inappropriate or potentially harmful services may be inadvertently provided. The child/family may "get lost in the system" for periods of time, leaving them at elevated risk of harm or poor downstream outcomes. **1** ☐

Service Review 16: Tracking and Adjustments

TRACKING AND ADJUSTMENTS: • Is the service coordinator and service team tracking the child's treatment progress, family conditions and supports, and results for the child and family? • Does the team meet frequently to discuss treatment fidelity, barriers, and progress? • Are services adjusted in response to progress made, changing needs, and knowledge gained to create a self-correcting treatment process?

What's working now for this child and family? Are desired treatment results being produced? What things need changing? An ongoing tracking and adjustment process should be used to monitor service implementation, check progress, identify emergent needs and problems, and modify services in a timely manner. **Tracking and adjustments provide the "learning" and "change" processes that make the treatment process "smart" and, ultimately, effective for the child and caregiver.**

The ISP/IEP 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. The service coordinator, along with the service team for the child and family, should play a central role in tracking and adjusting planned treatment strategies, services, and supports. Members of the service team (including the child and caregiver) should apply the knowledge gained through ongoing assessments, monitoring, and periodic evaluations to adapt strategies, supports, and services. The frequency and intensity of the tracking and adjustment process should reflect the pace, urgency, and complexity of child needs and case events. This learning and change process is necessary to find what works for the child and caregiver. Learning what works is a continuing process. Getting successful results depends on a "smart" service process.

Determine from Informants, Plans, and Records	Facts Used in Rating Performance
1. How often is the status of the child and family monitored/reviewed? How is treatment progress and the child's well-being monitored by the service coordinator and team (e.g., face-to-face contacts, telephone contact, and meetings with the family, child, service providers; reviewing reports from providers)?	
2. How is implementation of treatment and service processes being tracked? Is progress or lack of progress being identified and noted?	
3. Are detected problems being reported and addressed promptly?	
4. Are identified needs and problems being acted on?	
5. Is there a clear and consistent pattern of successful adaptive service changes that have been made in response to use of short-term results?	
6. Is the IRP/IEP and treatment process modified as goals are met? Is the service process modified if no progress is observed? If not, why not?	
7. Is the IRP/IEP updated as goals are met? Is the service plan updated if no progress is observed? If not, why not? How does the service coordinator and service team update and modify the service plan?	

Service Review 16: Tracking and Adjustments

Description and Rating of Practice Performance

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

- **Optimal Tracking and Adjustment Process.** Treatment strategies, supports, and services being provided to the child and family are highly responsive and appropriate to changing conditions. Continuous or frequent monitoring, tracking, and communication of child status and service results to the service team are occurring. Timely and smart adjustments are being made. Highly successful modifications are based on a rich knowledge of what things are working and not working for the child and family. **6** ☐

- **Good Tracking and Adjustment Process.** Treatment strategies, supports, and services being provided to the child and family are generally responsive to changing conditions. Frequent monitoring (consistent case dynamics), tracking, and communication of child status and service results are occurring. Generally successful adaptations are based on a basic knowledge of what things are working and not working for the child and family. **5** ☐

- **Fair Tracking and Adjustment Process.** Treatment strategies, supports, and services being provided to the child and family are minimally responsive to changing conditions. Periodic monitoring, tracking, and communication of child status and service results are occurring. Usually successful adaptations to supports and services are being made. **4** ☐

- **Limited or Inconsistent Tracking and Adjustment Process.** Treatment strategies, supports, and services being provided to the child and family are partially responsive to changing conditions. Occasional monitoring and communication of child status and service results are occurring. Limited or inconsistent adaptations are based on isolated facts of what is happening to the child and family. Their status may be adequate in some areas but unacceptable in others. Mild to moderate problems are present. **3** ☐

- **Fragmented or Shallow Tracking and Adjustment Process.** Poor treatment strategies, supports, and services may be provided to the child and family and may not be responsive to changing conditions. Rare or shallow monitoring, poor communications, and/or an inadequate service team may be unable to function effectively in planning, providing, monitoring, or adapting services. Few sensible modifications may be planned or implemented. Child and family status may be poor in several areas. Serious ongoing problems continue unresolved. **2** ☐

- **Absent, Nonoperative, or Misdirected Tracking and Adjustment Process.** Treatment strategies, supports, and services may be limited, undependable, or conflicting for the child and family. No monitoring or communications may occur and/or an inadequate service team may be unable to function effectively in planning, providing, monitoring, or adapting services. Current supports and services may have become nonresponsive to the current needs of the child and family. The service process may be "out of control." Child and family status may be generally poor or worsening. Serious and worsening problems persist without adequate attention or effective resolution. **1** ☐

Service Review 17: Overall Practice Performance

OVERALL PRACTICE PERFORMANCE SCORING PROCEDURE

There are 17 reviews to be conducted in the area of Practice Performance. Each review produces a finding reported on a 6-point rating scale with scale values of 1-3 being in the unacceptable range and values 4-6 being in the acceptable range. An "overall rating" of Practice Performance is based on the findings determined for the Practice Performance review items, using the following scoring procedure to produce an "overall rating value" on a 1-6 scale. This procedure is performed after rating results are produced for all 17 items: (1) Begin by transferring the rating value for each review item from the protocol to the calculation table below; (2) Next, multiply the rating value for each item by the weighting value in the table to produce a weighted score for the item; (3) Then, sum the weighted values of all review scores to produce a total score; (4) Follow the instructions that follow the calculation table to assign the OVERALL PRACTICE PERFORMANCE RATING for this child. Follow the alternative scoring procedure (page 83) when a review is not applicable in this case.

Note

Use the rating scale ranges below when all review items are deemed applicable to this case. If one or more review items are deemed not applicable, use the modified scoring ranges presented on page 83, as directed.

Rating	Weight	Score	Practice Performance Reviews
_____	x **3**	_____	**1. Child and family engagement**
_____	x 1	_____	2. Cultural accommodations (if NA, use page 83)
_____	x 2	_____	3. Service team formation
_____	x 2	_____	4. Service team functioning
_____	x **3**	_____	**5. Functional assessment**
_____	x 2	_____	6. Long-term guiding view
_____	x 2	_____	7. Individualized resiliency plan (IRP)
_____	x **3**	_____	**8. Goodness-of-service fit**
_____	x 2	_____	9.a Resource availability: unique/flexible arrangements (if NA, use page 83)
_____	x 1	_____	9.b Resource availability: unit-based/placement-based (if NA, use page 83)
_____	x **3**	_____	**10. Treatment implementation**
_____	x 1	_____	11. Emergent/urgent response capability (if NA, use page 83)
_____	x 1	_____	12. Medication management (if NA, use page 83)
_____	x 1	_____	13. Special procedures (if NA, use page 83)
_____	x 1	_____	14. Family support (if NA, use page 83)
_____	x **3**	_____	**15. Service coordination and continuity**
_____	x 2	_____	16. Tracking and adjustments

TOTAL SCORE:_____ **SUM of the Weights of all Not Applicable (NA) Review Items = _____**

Rating of the Overall Practice Performance for the Child and Caregiver	Action Zone
◆ **Optimal Practice Performance**. Assign an overall performance rating of "6" when the total weighted score across the practice reviews is 172-198 range. ◆ **Good Practice Performance**. Assign an overall performance rating of "5" when the total weighted score across the practice reviews is within the 144-171 range.	**6** ☐ Maintenance **5** ☐
◆ **Fair Practice Performance**. Assign an overall performance rating of "4" when the total weighted score across the practice reviews is within the 117-143 range. ◆ **Marginal Practice Performance**. Assign an overall performance rating of "3" when the total weighted score across the practice reviews is within the 89-116 range.	**4** ☐ Refinement **3** ☐
◆ **Poor Practice Performance**. Assign an overall performance rating of "2" when the total weighted score across the practice reviews is within the 62-88 range. ◆ **Adverse Practice Performance**. Assign an overall performance rating of "1" when the total weighted score across the practice reviews is 33-61 range.	**2** ☐ Improvement **1** ☐

[Alternative] Service Review 17: Overall Practice Performance

ALTERNATIVE OVERALL PRACTICE PERFORMANCE SCORING PROCEDURE

WHEN EITHER Service Review 2—Cultural accommodations, OR Service Review 11—Emergent/urgent response capability, OR Service Review 12—Medication management, OR Service Review 13—Special procedures, OR Service Review 14—Family support, OR any combination of Service Reviews 2, 11, 12, 13, or 14, OR all five Service Reviews 2, 11, 12, 13, and 14 are deemed "not applicable" in a case, use this alternative scoring procedure.

First, complete the rating and weighting table on page 82 using a ZERO (0) value for each review item deemed not applicable to produce a TOTAL SCORE for Overall Practice Performance. Add the weights for each NA item to obtain a Total Sum of the NA items. Once a total score and sum of NA weights are produced, the reviewer should select and use the appropriate alternative scoring procedure provided in the table below. Identify the scoring situation present in this case and then locate the scoring range interval that matches the TOTAL SCORE in this case. Then, mark the rating value and zone corresponding to the scoring interval. Use the alternate rating value for the Overall Practice Performance Rating on the "roll-up" sheet.

SCORING SITUATION DETERMINED IN THIS CASE					
NA weight = 1	**NA** weight = 2	**NA** weight = 3	**NA** weight = 4	**NA** weight = 5	**Overall Rating and Zone**
☐ 166-192 range	☐ 161-186 range	☐ 156-180 range	☐ 151-174 range	☐ 146-168 range	**6** ☐ Maintenance
☐ 140-165 range	☐ 135-160 range	☐ 131-155 range	☐ 127-150 range	☐ 122-145 range	**5** ☐
☐ 113-139 range	☐ 109-134 range	☐ 106-130 range	☐ 102-126 range	☐ 99-121 range	**4** ☐ Refinement
☐ 86-112 range	☐ 84-108 range	☐ 81-105 range	☐ 78-101 range	☐ 76-98 range	**3** ☐
☐ 60-85 range	☐ 58-83 range	☐ 56-80 range	☐ 54-77 range	☐ 52-75 range	**2** ☐ Improvement
☐ 32-59 range	☐ 31-57 range	☐ 30-55 range	☐ 29-53 range	☐ 28-51 range	**1** ☐

Written Case Review Summary

Child/Family Status Summary

Facts about the Child and Family Reviewed

- Agency or Office
- Child's Initials
- Reviewer's Name
- Review Date
- Date of Report
- Child's Placement

Person's Interviewed during this Review

Indicate the number and role (child, parent, caseworker, therapist, teacher, etc.) of the persons interviewed.

Facts About the Child and Family [About 100 words]

- Family composition and situation
- Reasons for mental health services
- Mental health services received
- Services provided by other agencies

Child's Current Status [About 250 words]

Describe the current status of the child and family using the status review findings as a basis. If any unfavorable status result puts the child at risk of harm, explain the situation. Mention relevant historical facts that are necessary for an understanding of the child's and family's current status. Use a flowing narrative to tell the "story" and make sure that the "story" supports and adequately illuminates the Overall Status rating.

Family's Status [About 100 words]

Because the status of the child often is linked to the status of the family, indicate whether the family is receiving the supports necessary to adequately meet the needs of the child and maintain the integrity of the home.

Factors Contributing to Favorable Status

[About 100 words]

Where status is positive, indicate the contributions that child resiliency, family capacities, and uses of natural supports and generic community services made to the results.

Factors Contributing to Unfavorable Status

[About 100 words]

Describe what local conditions seem to be contributing to the current status and how the child may be adversely affected now or in the near-term future, if status is not improved.

System Performance Appraisal Summary

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

What's Working Now

[About 250 words]

Identify and describe which service system functions are now working adequately for this child and family. Briefly explain the factors that are contributing to the current success of these system functions.

What's Not Working Now and Why

[About 150 words]

Identify and describe any service system functions that are <u>not</u> working adequately for this child and family. Briefly explain the problems that appear to be related to the current failure of these functions.

Six-Month Prognosis/Stability of Findings

[About 75 words]

Based on current service system performance found for this child, is the child's overall status likely to improve, stay about the same, or decline over the next six months? Take into account any important transitions that are likely to occur over this time period. Explain your answer.

Practical Steps to Sustain Success and Overcome Current Problems

[About 75 words]

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

Report Length

The summary should not exceed two-to-four typed pages, depending on the complexity of the case and the extent of supports and services being provided by various agencies.

Review Presentation Outline

Oral Presentation Outline

1. Core Story of the Child and Family **3 minutes**

- Reason for child mental health services
- Primary treatment goals and long-term view
- Strengths and needs of the child and family
- Services provided by participating agencies

2. Child and Family Status **3 minutes**

- Overall child and family status finding/rating
- Progress made
- Problems

Emphasize any accomplishments or concerns related to community living, life skills, health, and development.

3. System Practice and Performance **3 minutes**

- Overall system performance finding/rating
- What's working now in this case
- What's not working and why
- Six-month prognosis

Emphasize any accomplishments or concerns related to treatment, family support, prevention/early intervention, emergent/urgent response, coordination of services.

4. Next Three Steps **1 minutes**

- Recommended important and doable "next steps"
- Any special concerns or follow-up indicated

Total Presentation Time **10 minutes**

Group Questioning of Presenter **3-5 minutes**

Appointments

APPOINTMENT 1

Date: ____/ ____/ _____ Time: ____ : _____

Person: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Directions to Appointment 1

APPOINTMENT 2

Date: ____/ ____/ _____ Time: ____ : _____

Person: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Directions to Appointment 2

APPOINTMENT 3

Date: ____/ ____/ _____ Time: ____ : _____

Person: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Directions to Appointment 3

APPOINTMENT 4

Date: ____/ ____/ _____ Time: ____ : _____

Person: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Directions to Appointment 4

APPOINTMENT 5

Date: ____/ ____/ _____ Time: ____ : _____

Person: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Directions to Appointment 5

Help Resources

Review Team Leader: _____ Phone: _____

Local Contact Person: _____ Phone: _____