

CoMMuNity SErvice REviEW

A Protocol for Examining the Status of Class Members
AND the PERForMANcE of SErviceS
Rosie D. Consent Decree Monitoring

PiLot TEST VErSioN 1.1

DEvELopEd For ThE

DEvELopEd For thE *RosIE D.* Consent Decree Monitoring

by

HuMAN SystemS ANd OutcoMEs, INc.

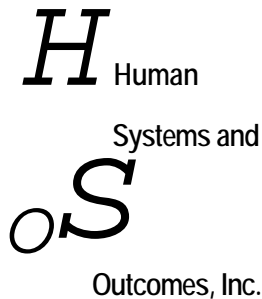
March 2010

COMMUNITY SERVICE REVIEW FOR YOUTH AND FAMILIES

This protocol is designed for use in an in-depth case-based quality review process developed by Human Systems and Outcomes, Inc. (HSO). It is used for: (1) appraising the current status of a youth identified with special needs (e.g., a youth with a serious emotional disorder) in key life areas, (2) status of the parent/caregiver, (3) recent progress made by the youth, and (4) performance of key system of care practices for the same youth and family. The protocol examines recent results for youth with special needs and their caregivers and the contribution made by local service providers and the system of care in producing those results. Review findings will be used by local agency leaders and practice managers in stimulating and supporting efforts to improve practices used for youth who are receiving services in a local system of care.

These working papers, collectively referred to as the *Community Service Review Protocol*, are used to support a professional appraisal of youth status and system of care performance for individual youth and their caregivers in a specific service area and at a given point in time. This is case-based review protocol, not a traditional measurement instrument designed with psychometric properties and should not be taken to be so. Localized versions of such protocols are prepared for and licensed to youth-serving agencies for their use. These tools and processes, often referred to as the Community Service Review or CSR are based on a body of work by Ray Foster, PhD and Ivor Groves, PhD of HSO.

Proper use of the *Community Service Review Protocol* and other CSR 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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INTRODUCTION TO THE COMMUNITY SERVICE REVIEW PROTOCOL

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A FOCUS ON PRACTICE AND RESULTS

improved functioning and well-being?

The CSR protocol uses an in-depth case review method and practice appraisal process to find out how youth and their families are benefiting from services received and how well locally coordinated services are working for youth and families. Each youth/family served is a unique "test" of the service system. Samples of youth are reviewed to determine youth and parent/caregiver status, recent progress, and related system practice and performance results. [In-Home and Clinical Assessments, CANS, Risk and Safety Plans, Care Plans, Treatment Plans, Interviews, Medical Records are key documents used in this review.](#)

QUESTIONS EXPLORED VIA CSR

Questions about how youth and families are doing include:

- Is the youth safe from manageable risks of harm caused by others or by him/herself? Is the youth in a safe, stable home?
- Is the youth doing well emotionally, behaviorally and cognitively? Are the youth's needs for support for age related development and the "tasks" of childhood being met?
- Are the youth's basic physical and health needs met?
- Is the youth doing well in school? Making academic progress?
- Are the parents/caregivers able and willing to assist, support, and supervise the youth reliably on a daily basis?
- Is the youth making progress in key life areas and are parents/caregivers satisfied with services being received?

Positive answers to these questions show that youth and families served and service providers are doing well. When negative patterns are found, improvements can and should be made to strengthen frontline practice, local services, and results.

Questions about how well the service system is working include:

- Do the youth's parents/caregivers, clinicians, teachers, and service providers share a "big picture" understanding of the youth and family situation, their strengths and needs so that sensible goal-directed supports and services can be planned?
 - Do these "practice partners" share a long-term view of how services will enable the youth and family to function successfully in their daily settings (e.g., home and school)?
 - Does sensible service planning select strategies and organize interventions, supports, and services that are linked to the identified needs of the child and family that bring about
-

- Are the strategies, supports, and services provided in a timely, competent, and culturally responsive manner?
- Are services integrated across providers and settings to achieve positive results for the youth while strengthening the functional capacities of the family?
- Are the youth's parents' and caregivers' needs and any limiting conditions being addressed so that they can provide effective parenting? Have any needs for training, support and/or treatment been considered and implemented in ways that help the youth to function better?
- Are the youth and family's services being coordinated effectively across settings, providers, and agencies?
- Are the supports and services provided reducing any risks present for the youth and strengthening family functioning? Is a sustainable support network being built with and for the family?
- Are services and results monitored frequently with services modified to reflect changing needs and life circumstances? Are services effective in improving well-being and functioning while reducing risks of poor outcomes?

CSR provides a close-up way of seeing how individual youth and families are doing in the areas that matter most. It provides a penetrating view of practice and what is contributing to results.

What's Learned through the CSR

The CSR involves case reviews, observations, and interviews with key stakeholders and focus groups. Results provide a rich array of learning for next step action and improvement. These include:

- Detailed stories of practice and results and recurrent themes and patterns observed across youth and families reviewed.
- Deep understandings of contextual factors that are affecting daily frontline practice in the agencies being reviewed.
- Quantitative patterns of youth and family status and practice performance results, based on key measures.
- Noteworthy accomplishments and success stories.
- Emerging problems, issues, and challenges in current practice situations explained in local context.



INTRODUCTION TO THE COMMUNITY SERVICE REVIEW PROTOCOL

- Monitoring reports revealing the degree to which important requirements are being met in daily frontline practice.
- Critical learning and input for next-step actions and for improving program design, practice models, and working conditions for frontline practitioners.
- The case review made using this protocol is a *professional appraisal* of the: 1) status of a focus youth and parent/caregiver on key indicators; (2) recent progress made on applicable change indicators; and (3) adequacy of performance of essential service functions for that youth and parent/caregiver. Each focus youth served is a unique and valid point-in-time "test" of frontline practice performance in a local system of care.

GENERAL INFORMATION

Persons using this protocol should have completed the classroom training program (12 hours). Candidate reviewers should be using the protocol in a shadowing/mentoring sequence involving two consecutive case review situations conducted in the field with an inter-rater agreement check made with the second case. The trainee's first case analysis and ratings, feedback session with frontline staff, oral case presentation, and first case write-up should be coached by a qualified mentor. With the recommendation of the mentor, trainees who have successfully completed these steps will be granted review privileges on a review team under the supervision of the team leader and the case judge who approves written reports. Trainees may be certified after three successful reviews and successfully meeting the rating standards set by the expert review panel on the certification simulation. Any other users of this protocol should be certified reviewers. Users of this protocol should remember the following points:

- Reviewers are expected to use *sound professional judgment, critical discernment of practice, and due professional care* in applying case review methods using this protocol and in developing youth status, recent progress, and practice performance findings. Conclusions should be based on objective evaluation of pertinent evidence gathered during the review.
- Reviewers are to apply the following timeframes when making ratings for indicators: (1) youth and parent/caregiver status ratings should reflect the dominant pattern found over the past 30 days; (2) progress pattern ratings on applicable items should reflect change occurring over the past 180 days (or since admission if less than 180 days); and (3) service system practice and performance item ratings should reflect the dominant pattern/flow over the past 90 days. [See display provided below.]

Timeframes of Interest in Case Reviews

INTRODUCTION TO THE COMMUNITY SERVICE REVIEW PROTOCOL

- Apply the *6-point rating scale* for status, progress, and practice performance for each examination. Mark the appropriate ratings in the protocol, then transfer the ratings to the CSR Profile Sheet also referred to as the "roll-up sheet." The rating scales are explained on pages 6-9.
- IT IS IMPERATIVE THAT REVIEWERS "CALL IT AS THEY SEE IT" and reflect their *honest and informed appraisals* in their ratings and report summary. When a reviewer mentions a concern about a participant in the oral debriefing, that same problem should be reflected in the reviewer's ratings in the protocol examination booklet and noted in the written summary.
- Report any *risks of harm* or possible abuse/neglect to the review team leader immediately. The reviewer and team leader will identify appropriate authorities and report the situation.
- If, while reviewing the case record material and conducting the interviews, the reviewer determines the *need to interview an individual not on the review schedule*, the reviewer should request that the interview be arranged, if possible. It may be possible to arrange a telephone interview when a face-to-face interview cannot be made.
- *Before beginning your interviews*, read the participant's service plan(s); any psychological, psychiatric; court documents; and recorded progress notes for at least the past 90 days. Make notes for yourself of any questions you have from your record review, and obtain the answers during your interviews from the relevant person(s). You may have questions that need to be answered by the caseworker/care coordinator before you begin your interviews
- Gather information for the *demographic section* of the CSR Profile from the caseworker and records. Be sure to note medications; diagnoses; and any chronic health, mental health, or behavioral problems that require special care.
- Thoroughly complete the *examination section* of the protocol. Be sure each summative question rating matches the rating you enter on the CSR Profile Sheet (aka Roll-up).
- The *written case summary* in the protocol should be organized by section and submitted electronically. Please write in complete sentences. Do not use proper names. For example, use "the person" instead of "Mary", "the caseworker" instead of "Ms. Smith." If you rate any examination as inadequate (i.e., rating of 1-3), please explain this in the written summary. Use the case write-up section as the structure for presenting your cases during the oral debriefing.
- The completed *Profile Sheet* and the *Agreement Check* for the case assigned to the reviewer MUST be given to the review team leader at the announced day and time so that the information can be used to "roll-up" results for the sample and site. Check the review schedule for the week to determine when these items are due to the team leader. If the reviewer is directed to fax the roll-up sheet(s) to HSO for processing, the fax number to be used is 850/422-8487.
- The *written case summary* MUST be returned to the CSR Coordinator no later than the Friday of the week following the field-work activities. The report should be emailed. Also, turn in the interview schedule for each case. Please indicate on the schedule if a planned interview was not done and the reason; for example, cancellation, no-show, could not find the location.

Rating Scales Used in the CSR

The CSR protocol uses a 6-point rating scale as a "yardstick" for measuring the situation observed for each indicator. [See the two rating scale displays presented at the end of this section.] The general timeframes for rating indicators are: (1) for youth and parent status indicators, the reviewer focuses on the past 30 days and (2) for system performance indicators, the reviewer focuses on the past 90 days. Progress indicators address youth change over the past 180 days.

These time parameters will help reviewers clearly and consistently define conditions necessary for a particular rating value. Greater clarity in rating values increases inter-rater reliability. The general rating values to use are explained in the sections that follow. Most CSR indicators follow these time parameters exactly. Exceptions to the general rules are found in the Stability and Behavioral Risk Indicators.

Youth and Caregiver Indicator Ratings

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

- **Level 6 - Optimal and Enduring Status.** The youth or parent/caregiver status situation has been generally optimal [*best attainable taking age and ability into account*] with a consistent and enduring high quality pattern evident, without being less than good (level 5) at any point or any essential aspects. The situation may have had brief moments of minor fluctuation, but functioning in this area has remained generally optimal and enduring, never dipping below level 5 at any moment. Confidence is high that long-term needs or outcomes will be or are being met in this area—perhaps reaching the level indicated for stepping down services in this status area.

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- **Level 5 - Good and Stable Status.** The youth or parent/caregiver status situation has been substantially and consistently good with indications of stability evident, without being less than fair (level 4) at any moment or in any essential aspect over that time period. The situation may have had brief moments of minor fluctuation, but functioning in this area has remained generally good and stable, never dipping below level 4 at any moment. This status level is consistent with eventual satisfaction of major needs or attainment of long-term outcomes in the area.
 - **Level 4 - Minimally Adequate to Fair Status.** The youth or parent/caregiver status situation has been at least minimally adequate at all times over the past 30 days, without being inadequate at any point or in any essential aspect over that time. The situation may be dynamic with the possibility of fluctuation or need for adjustment within the near term. The observed pattern may not endure or may have been less than minimally acceptable in the recent past, but not within the past 30 days.
 - **Level 3 - Marginally Inadequate Status.** The youth or parent/caregiver status situation has been somewhat limited or inconsistent over the past 30 days, being inadequate at some moments in time or in some essential aspect(s) over this time period. The situation may be dynamic with a probability of fluctuation or need for adjustment at the present time. The observed pattern may have endured or may have been less than minimally acceptable in the recent past and somewhat inadequate.
 - **Level 2 - Substantially Poor Status.** The youth or parent/caregiver status situation has been substantially limited or inconsistent, being inadequate at some or many moments in time or in some essential aspect(s). The situation may be dynamic with a probability of fluctuation or need for improvement at the present time. The observed pattern may have endured or may have been inadequate and unacceptable in the recent past and substantially inadequate.
 - **Level 1 - Adverse or Poor and Worsening Status.** The youth or parent/caregiver status situation has been substantially inadequate and potentially harmful, with indications that the situation may be worsening at the time of review. The situation may be dynamic with a high probability of fluctuation or a great need for immediate improvement at the present time. The observed pattern may have endured or may have recently become unacceptable, substantially inadequate, and worsening.
- service system Performance Indicator Ratings**
- The same general logic is applied to performance indicator rating levels as is used with the status indicators. The general interpretations for performance indicator ratings are defined as follows:
- **Level 6 - Optimal and Enduring Performance.** The service system practice/system performance situation observed for the youth or parent has been generally optimal [*best attainable given adequate resources*] with a consistent and enduring pattern evident, without ever being less than good (level 5) at any point or in any essential aspect. The practice situation may have had brief moments of minor fluctuation, but performance in this area has remained generally optimal and stable. This excellent level of performance may be considered "best practice" for the system function, practice, or attribute being measured in the indicator and worthy of sharing with others.
 - **Level 5 - Good and Stable Performance.** The service system practice/system performance situation observed for the youth or parent has been substantially and consistently good with indications of stability evident, without being less than fair (level 4) at any moment or in any essential aspect. The situation may have had some moments of minor fluctuation, but performance in this area has remained generally good and stable. This level of performance may be considered "good practice or performance" that is noteworthy for affirmation and positive reinforcement.
 - **Level 4 - Minimally Adequate to Fair Performance.** The service system practice/system performance situation observed for the youth or parent has been at least minimally adequate at all times over the past 30 days, without being inadequate (level 3 or lower) at any moment or in any essential aspect over that time period. The performance situation may be somewhat dynamic with the possibility of fluctuation or need for adjustment within the near term. The observed performance pattern may not endure long term or may have been less than minimally acceptable in the recent past, but not within the past 30 days. This level of performance may be regarded as the lowest range of the acceptable performance spectrum that would have a reasonable prospect of helping achieve desired outcomes given that this performance level continues or improves. Some refinement efforts are indicated at this level of performance at this time.
 - **Level 3 - Marginally Inadequate Performance.** The service system practice/system performance situation observed for the youth or parent has been somewhat limited or inconsistent, being inadequate at some moments in time or in some essential aspect(s) over this time period. The situation may be dynamic with a probability of fluctuation or need for adjustment at the present time. The observed pattern may have been less than minimally acceptable (level 3 or lower) in the recent past and somewhat inadequate. This level of performance may be regarded as falling below the range of acceptable performance and would not have a reasonable prospect of helping achieve desired outcomes. Substantial refinement efforts are indicated at this time.
 - **Level 2 - Substantially Poor Performance.** The service system practice/system performance situation observed for the youth or parent has been substantially limited or inconsistent, being inadequate at some or many moments in time or in some essential aspect (s) recently. The situation may be dynamic with a probability of fluctuation or need for improvement at the present time. The observed pattern may have endured for a while or may have become inadequate and unacceptable in the recent past and substantially

CSR Interpretative Guide for Child Status

**Maintenance
Zone: 5-6**
Status is favorable. Efforts should be made to maintain and build upon a positive situation.

- 6 = OPTIMAL STATUS** The best or most favorable status presently attainable for this child in this area [taking age and ability into account]. The child is doing great! Confidence is high that long-term goals or expectations will be met in this area.
- 5 = GOOD STATUS** Substantially and dependably positive status for the child in this area, with an ongoing positive pattern. This status level is consistent with attainment of long-term goals in this area. Child status is looking good and likely to continue.

**Unacceptable
Range: 1-3**

**Refinement
Zone: 3-4**
Status is minimal or marginal, maybe unstable. Further efforts are necessary to refine the situation.

- 4 = FAIR STATUS.** Status is minimally or temporarily adequate for the child to meet short-term objectives in this area. Status is minimally acceptable at this point in time, but due to changing circumstances, may be temporary or unstable.

- 3 = BORDERLINE STATUS.** Status is marginal/mixed, not quite adequate to meet the child's short-term objectives now in this area. Not quite enough for the child to be successful. Risks may be uncertain.

**Improvement
Zone: 1-2**
Status is now problematic or risky. Quick action should be taken to improve the situation.

- 2 = POOR STATUS** Status has been and continues to be poor and unacceptable. The child seems to be stuck or lost and is not improving. Risks may be mild to moderate.

- 1 = ADVERSE STATUS** Child status in this area is poor and getting worse. Risks of harm, restriction, exclusion, regression, and/or other adverse outcomes may be substantial and increasing.

**Acceptable
Range: 4-6**

**Maintenance
Zone: 5-6**
Performance is effective. Efforts should be made to maintain and build upon a positive practice situation.

CSR Interpretative Guide for Practice Performance

**Refinement
Zone: 3-4**
Status is minimal or marginal and may be changing. Further efforts are necessary to refine the practice situation.

- 6 = OPTIMAL PERFORMANCE** Excellent, consistent, effective practice for this student in this function area. This level of performance is indicative of exemplary practice and good results for the child. ["Optimal does not imply perfection.]
- 5 = GOOD PERFORMANCE** At this level of performance, system practice is working dependably for this child, under changing conditions and over time. Effectiveness level is consistent with meeting long-term goals for the child. [Keep this going for good results.]
- 4 = FAIR PERFORMANCE.** This level of performance is minimally or temporarily sufficient for the child to meet short-term objectives. Per

**Acceptable
Range: 4-6**

INTRODUCTION TO THE COMMUNITY SERVICE REVIEW PROTOCOL

inadequate. This level of inadequate performance warrants prompt attention and improvement.

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

Organization of this Protocol Booklet

This protocol booklet is organized into the following sections:

- **Introduction:** This first section of the protocol provides a basic explanation of the review process and protocol design.
- **Youth Status Indicators:** The second section provides the youth status indicators used in the review.
- **Parent/Caregiver Status Indicators:** The third section provides the parent/caregiver indicators used in the review.
- **Youth Progress Indicators:** The fourth section provides the youth progress indicators used in the review.
- **Practice Performance Indicators:** The fifth section provides the core practice function used in the review.
- **Overall Patterns:** The sixth section provides the working papers that the reviewer uses to determine the overall patterns for the areas of youth status, parent/caregiver status, progress, and practice performance domain. In addition, this section includes the instructions for making the six-month forecast.
- **Reporting Outlines:** The seventh section provides the outlines that reviewers are to use in developing and presenting the ten-minute oral summary of case findings and the written summary report to be submitted following the review.





SEctioN 2

YouTH STATus INDicATors

Well-being & Functioning

1. Stability	12
2. Safety	14
3. Behavioral Risk (age 3 and older)	16
4. Permanency	18
5. Emotional & Behavioral Well-Being	22
6. Education	26
7. Living Arrangement	30
8. Health/Physical Well-Being	32



Youth Status Review 1: Stability

Focus Measure

STABILITY - To what degree: • Are the youth's daily living, learning, and work arrangements stable and free from risk of disruption? • Are the youth's emotional and behavioral conditions being addressed to achieve stability and reduce the probability of future disruption? • Given the current level of supports for parents or caregivers, is the youth at high risk of moving to another home/living arrangement or facility in the near future? *[Timeframe: past 12 months and next 6 months]*

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

While change is a part of life, the focus in this review is on determining the risk of unplanned changes that would disrupt the youth's home, living arrangement or school placement. Unplanned changes in these settings are highly disruptive of the youth's relationships, routines and youth's sense of security. The particular concern is, given the current context and information and supports provided to the youth, family or caregiver, is the youth's living arrangement or school placement stable or at some degree of risk of disruption. Parent or caregiver must be able to appropriately support, parent and supervise the youth to prevent disruption.

Any change in a youth's life may be disruptive if established relationships and the familiar comforts, rhythms, and routines of a normal, stable life are disrupted. Continuity in caring relationships and consistency of settings and routines are essential for a youth's sense of identity, security, attachment, trust, and social development and sense of well-being. Parents and caregivers need to be given the information needed to manage the youths emotional and behavioral condition and have the necessary supports and skills needed to assist the youth to maintain emotional and behavioral stability. The stability of a youth'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 youth has with key adults in his/her life. Building nurturing relationships depends on consistency of contact and continuity of relationships.

Determine from Informants, Observations, Plans, and Records

1. What is known about the youth and family with regard to patterns of stability or instability? What strengths has this family demonstrated that have maintained a pattern of stability for this youth over the past 3 months? What is known about how stability may change over the coming 6 months? What strengths has the family demonstrated in anticipating and preparing the youth for any anticipated changes?
2. Does the youth have a history of instability of living arrangements? How many out-of-home placement changes or changes in schools has this youth had in the past 12 months? For what reasons? If the youth has a history of unplanned disruptions, have the conditions leading to disruptions been identified and addressed?
3. Does the family, foster family, or caregiver have a good functional relationship with the child and do they express comfort in providing necessary supports and supervision of the youth?
4. Are probable causes for disruption of home, school, or work present in the next six months? Causes for disruption may include:
 - Parent/caregiver's history of frequent moves
 - Change in adults living in the home.
 - Behavioral problems and discipline issues between parents and youth
 - Members of the household threatened by the youth's behavior
 - Parent/caregiver's inability/unwillingness to provide appropriate level of care or supervision
5. Has the youth had a change in living, learning, or working environments in the past year resulting from:
 - Removal from his/her home or from another out-of-home care setting for safety reasons?
 - Behavioral problems or emotional disorders?
 - Required out-of-home treatment for serious emotional disturbances?
 - Criminal involvement resulting in arrest, entry to custody, youth detention, or juvenile corrections?
 - Chronic health conditions requiring frequent or extended hospitalization?

NOTE:

Track disruptions over the past 12 months and predict disruptions over the next 6 months.

Youth Status Review 1: Stability

6. Has this youth ever run away from home, school, or placement? If so, is this likely to reoccur within the next 6 months?
7. What steps are being taken, if necessary, to prevent future disruptions and/or to achieve stable living, learning, and working environments and settings for this youth?

Description and Rating of the Youth's Current Status

ALTERNATIVE TIME SCALE USED FOR RATINGS IN THIS INDICATOR. Prognosis for disruption in the immediate future is based on the pattern observed over the past 3 months giving the greatest weight to the current context and whether conditions that have caused disruptions in the past are being addressed. Current context includes likely near-term events that would have high probability of causing a disruption.

Description of the Status Situation Observed for the Youth Rating Level

- **Optimal Stability.** The youth has optimal stability in home or school settings and enjoys positive and enduring relationships with parents/primary caregivers, key adult supporters, and peers. Only age-appropriate changes are expected in school settings.

6
H Home
H School
- **Good Stability.** The youth has substantial stability in home or school settings. The youth has established positive relationships with parents/primary caregivers, key adult supporters, and peers. Only age-appropriate or planned changes are expected in the immediate future. Any known risks are now well controlled.

5
Home
School
- **Fair Stability.** The youth has minimally acceptable stability in home or school settings. The youth has somewhat positive relationships with parents/primary caregivers, key adult supporters, and peers. Given the current context and recent history of disruptions for this youth known factors have at least been minimally addressed. The youth may currently be in a short term placement but there are plans to discharge the youth to a known home, living arrangement, or school setting.

4
Home
School
- **Marginal Stability.** The youth has marginal stability in the home or school settings. The youth does not feel secure in the home or living arrangement and or parents, caregivers or team members are concerned about the stability of the placement. Some conditions that are possibly indicative of near term disruptions exist. Causes of disruption are known. The youth may currently be in a short term placement and it is not clear whether the youth can be discharged to his family, prior placement, or school.

3
H Home
H School
- **Poor Stability.** The youth has substantial and continuing problems of instability in home or school settings with one or more unplanned changes in home or living arrangement or school within the past 1 to 3 months. The youth may feel insecure and concerned about his/her situation. Multiple, dynamic factors are in play, creating a "fluid pattern of uncertain conditions" in the youth's life, leading to ongoing instability. Intervention efforts to stabilize the situation may be limited or undermined by current system difficulties. The youth may currently be in a short term placement and there is not a home, living arrangement, or school setting currently available to which the youth can be discharged.

2
H Home
H School
- **Adverse Stability.** The youth has serious and worsening problems of instability in home or school settings with multiple changes in settings within the past 1 to 3 months. The youth's situation seems to be "spiraling out of control." The youth may be in temporary containment and control situations (e.g., detention or crisis stabilization) or a runaway. There is no foreseeable next placement with the level of supports and services expressed as needed by service staff or providers.

1
H Home
H School

YouTH STATus REviEw 2: SAFETy oF THE YouTH

Focus Measure

SAFETY: To what degree: · Is the youth free of abuse, neglect, and exploitation by others in his/her home and other daily settings? · Is the youth free from injury or psychological harm? · Do parents and caregivers provide the attention, actions, and supports necessary to protect the youth from known risks of harm? [Do the Clinical Assessment, In Home Assessment, CANS, Care Plan, Risk and Safety Plan, clinical records or team member interviews identify safety concerns for the child?](#) [Review time frame is past 30 days.]

Core Concepts

The central focus of this status review is determining if the youth is safe in daily living environments. Freedom from harm is a state of youth well-being that exists in the balance of interactions between any known risks of harm and necessary protections put into place by parents and/or caregivers, teachers, baby sitters, and others having immediate responsibility for the youth. The capability and reliability of the parents (and other responsible persons) in recognizing risks of harm and protecting the youth from those risks must be considered by reviewers. Parents and other caregivers must make sure that they do not overact or respond aggressively to a child's manifestation of emotional and behavioral problems. This consideration extends to the effectiveness of any protective strategies (e.g., no-contact orders, safety or crisis plans, after-school youth supervision plans, suicide precautions) put into place to keep a youth free from known risks. This does not imply an absolute protection from all possible risks to life or physical well-being. The youth should be free from known and manageable risks of harm in his/her daily settings. This means the youth is free from abuse and neglect, including freedom from intimidation and unwarranted fears including those that are intentionally induced by parents, caregivers, other youth, or treatment staff for reasons of manipulation or control. The youth should have food, shelter, and clothing adequate to meet basic physical needs as well as adequate care and supervision of parents/caregivers, as appropriate to the youth's age and developmental needs. Freedom from harm is an essential condition for youth well-being and development.

Note: This review is focused on physical and psychological safety of the youth from risk of harm from others; Behavioral risk to self and others is addressed in Youth Status indicator 3, Behavioral Risk.

NOTE

Youth self-endangerment, as a risk of harm, is addressed in Indicator 3: Behavioral Risk.

Determine from Informants, Observations, Plans, and Records

1. Does the youth engage in behaviors that are challenging or harmful or that cause concern to caregivers?
2. Is the youth currently or has the youth been a victim of abuse, neglect, or exploitation in the home or community?
3. Does the parent/caregiver present a pattern of abuse, neglect, or exploitation of the youth? How many reports to police or child protective services have been made over the life of the case and/or in the past 18 months? Were they substantiated? What is the present status over the past 30 days?
4. Is the youth fearful, intimidated, or at high risk of harm in any of his/her current daily settings and activities?
 - Q Family home (including unsupervised visitation in the family home prior to reunification)
 - Q Out-of-home living arrangement (e.g., foster home or group home)
 - Q School (including early intervention, Head Start, K-12 grade school, alternative education program, vocational training)
 - Q Work (including a work experience program, apprenticeship placement, part-time job, supported employment)
 - Q After school (e.g., an informal neighbor youth-sitting arrangement or an after-school program at the Boys & Girls Club)
 - Q Weekend (including the use of a youth's "free time" in and around the home while away from organized activities)
 - Q Play (including informal neighborhood play activities and organized youth activities such as sports, clubs, church activities)
 - Q Treatment for mental illness or addiction (including any setting in which seclusion or restraint may be used)
 - Q Detention (including locked detention)
 - Q Inpatient CBAT, shelter
5. Does the youth have his or her immediate food, clothing, shelter, and medical/mental health needs met? Are physical living conditions hazardous or threatening to the safety or well-being of the youth? Are the parent/caregiver's methods of discipline appropriate for this youth?
6. Does the youth receive adequate care and supervision from parents/caregivers and other adults, relative to age and special needs? Do the parents/

caregivers recognize and support the youth's strengths and understand how to appropriately respond to challenging behaviors?



YouTH STATus REviEw 2: SAFETy oF THE YouTH

7. Is the youth's care or supervision situation currently compromised by the parent/caregivers' pattern of violent behavior, abuse/addiction to drugs and/or alcohol, mental illness/emotional instability, criminal activity, developmental status, cognitive ability, or domestic violence?
8. What informal supports and resources is the family now using to keep the youth free from harm? What recent family changes are now in place that help the family to better recognize risks of harm the youth may cause himself and to protect the youth in the home from those risks?
9. Are parents/caregivers aware of any risks to the youth? How reliable are parents/caregivers in recognizing risks of harm and taking steps to protect the youth from those risks? o Are known risks being managed effectively for the youth?

Description and Rating of the Focus Youth's Current Status

Description of the Status Situation Observed for the Youth	Rating Level
<ul style="list-style-type: none"> • Optimal Safety. Findings show an excellent situation for the youth. The youth has a highly risk-free living situation at home with fully reliable and competent parents/caregivers who protect the youth well at all times. Any protective strategies used are fully operative and dependable in maintaining excellent conditions. The youth is free from harm in other daily settings, including at school and in the community. At home and/or in other settings, the youth is free from abuse, neglect, exploitation, and/or intimidation. 	<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">6</div> <p>School Home Community</p>
<ul style="list-style-type: none"> • Good Safety. Findings show a good situation for the youth. The youth has a generally risk-free living situation at home with reliable and competent parents/caregivers who protect the youth well under usual daily conditions. Any protective strategies used are generally operative and dependable in maintaining acceptable conditions. The youth is generally free from risk in other daily settings, including at school and in the community. At home and/or in other settings, the youth is free from abuse, neglect, exploitation, and/or intimidation. 	<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">5</div> <p>H School H Home H Community</p>
<ul style="list-style-type: none"> • Fair Safety. Findings show a minimally adequate to fair situation in being free from imminent risk of abuse or neglect for the youth. The youth has a minimally safe living arrangement with the present parents/caregivers. Any protective strategies used are at least minimally adequate in reducing risks of harm. The youth is at least minimally free from serious risks in other daily settings, including at school and in the community. At home and/or in other settings, the youth may have very limited exposure to intimidation. 	<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">4</div> <p>H School H Home H Community</p>
<ul style="list-style-type: none"> • Marginal Safety. Situation indicates somewhat inadequate protection of the youth from abuse or neglect, which poses an elevated risk of harm for the youth. Any protective strategies used may be somewhat limited or inconsistent in reducing risks of harm. The youth may be exposed to somewhat elevated risks of harm in his/her home and/or in other daily settings, possibly at school and in the community. At home and/or in other settings, the youth may be exposed to occasional intimidation and fear of harm. 	<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">3</div> <p>School Home Community</p>
<ul style="list-style-type: none"> • Poor Safety. Situation indicates substantial and continuing risks of harm for the youth. At home and/or in other daily settings, the youth may sometimes experience abuse, neglect, exploitation, or intimidation. Any protective strategies used may not be implemented or effective when used in reducing risks of harm. The youth may be exposed to substantially elevated risks of harm in his/her home and/or in other daily settings, possibly at school and in the community. At home or in other settings, the youth may be exposed to frequent or serious intimidation and fears of harm. 	<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2</div> <p>School Home Community</p>
<ul style="list-style-type: none"> • High Safety Risk. Situation indicates serious and worsening risks or harm for the youth. A pattern of abuse, neglect, exploitation, or intimidation by persons in the current daily life of the youth may be undetected or unaddressed in the home and/or in other daily settings. Any protective strategies used may not be implemented or effective when used, leaving the youth at risk of continuing and worsening harm. The youth may be exposed to continuing and increasingly serious intimidation, abuse, and/or neglect. 	<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">1</div> <p>School Home Community</p>
<ul style="list-style-type: none"> • Not Applicable. If the youth or young child or transitional age youth (18-21 years) is not enrolled in any out-of-home program, e.g., childcare, preschool, school, afterschool program, or vocational program then this indicator is not applicable for "school." 	<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">NA</div> <p>H School</p>



Youth Status Review 3: Behavioral Risk (Age 3 and Older)

Focus Measure

BEHAVIORAL RISK - To what degree is the youth avoiding self-endangerment situations and refraining from using behaviors that may put him/herself or others at risk of harm?

Core Concepts

The central focus of this status indicator is determining if the youth is behaving in ways that create safety risks, harm, or illegal behavior for himself or herself or others. Throughout development, children and youth learn to follow rules, values, norms, and laws established in the home, school, and community, while learning to avoid behaviors that can put themselves or others at risk of harm or in violation of home, school and community behavioral expectations. This indicator examines the focus individual's choices, decisions, subsequent behaviors, and activities, and whether or not those choices engage him/her in risky or potentially harmful activities. It addresses behavioral risks, including self-endangerment/suicidality, risk of harm to others and lawful behavior. This indicator considers the individual's engagement in lawful community behavior and socially appropriate activities, and avoidance of risky and illegal activities, such as alcohol/substance abuse.

For younger youth, examples of potentially harmful activities include:

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

For older youth, examples of potentially harmful activities include:

- Severe verbal or physical aggression and threatening behavior directed toward family members, teachers, peers
- Serious property destruction, including fire setting
- Dangerous level of oppositional or antisocial behavior; risky sexual behaviors; substance abuse; threats of physical harm to others
- Inability to regulate emotions; impulsive actions leading to harm to self or others
- Suicidality, self-mutilation, or other forms of self-injurious behaviors
- Reckless or intentional risk-taking that places the youth or others in danger of physical or psychological harm
- Severe eating disorder
- Non-compliance with medications for a medical condition, e.g., diabetes

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

- Avoiding re-offending and complying with terms of probation
- Following rules, societal norms, and laws

Determine from Informants, Observations, Plans, and Records

1. Does the youth present a pattern of self-endangering behaviors or danger to others? If so, what are these behaviors and how are these behaviors being managed to keep people protected from such behaviors?
2. Is this youth presently making decisions and/or choosing to participate in activities (including illegal gang activities) that would cause harm to him/herself or others? Are the youth's behaviors in the community likely to lead to arrest and/or youth detention or adult incarceration?
3. Does the youth have a history of making decisions and behaving responsibly and appropriately that results in avoiding behaviors that would cause harm to him/herself or others? Has the youth been supported to identify and use personal strengths? Are the youth's strengths being used to scaffold his/her development?
4. Is there a recorded history, through either school guidance/disciplinary issues, arrest records, or mandatory community service records, of the youth engaging in harmful, illegal, or very risky activities? Is the youth involved with the juvenile justice system?
5. If the youth is involved with the juvenile justice system, is he/she actively participating with the court's plans and avoiding reoffending? How is the youth modifying daily activities and peer members to avoid reoffending and become a "good citizen"?
6. Has the youth made suicidal gestures, threatened suicide, or had a suicide attempt? Does the youth need/have a crisis or safety plan?



Youth Status Review 3: Behavioral Risk (Age 3 and Older)

7. Does the youth cause harm to him/herself by biting, pulling hair, head-banging, having severe tantrums, self-mutilation, binging on alcohol, or inhaling toxic vapors to get high?
8. If the youth currently has a current GAF score less than 50, what behaviors does he/she present that may put him/herself or others at risk of harm? Has any harm actually occurred within the past 30 days? If so, what happened? Are steps being taken to prevent or reduce the probability of repeated injury?
9. Is the youth presently placed in a specialized treatment or detention setting? Has seclusion or restraint been used within the past 90 days to prevent harm to self or others? If so, how frequently has seclusion or restraint been used and for what reasons? Has use of any emergency control techniques been reduced over the past 90 days? Has 911 been called because of this youth's behavior recently?

Description and Rating of the Youth's Current Status

ALTERNATIVE TIME SCALE USED FOR RATINGS IN THIS INDICATOR. This indicator is designed to look retrospectively over the past 6 months for a rating of 6 and over the past 3 months for ratings 4 and 5. This indicator is not applied to infants and toddlers or to young children age 36 months or younger.

Description of the Behavioral Risk Status Observed for the Youth	Rating Level
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- | | |
|--|---|
| <ul style="list-style-type: none"> • Optimal Behavioral Risk Status. The youth is optimally and consistently avoiding behaviors that cause harm to self, others, or the community. This youth may have no history, diagnosis, or behavior presentations that are consistent with behavioral risk and the youth is continuing this pattern. - OR - The youth may have had related history, diagnoses, or behavior presentations in the past but has not presented risk behaviors at any time over the past 6 months. Behavioral risk status is excellent. | <div style="background-color: black; color: white; padding: 2px; width: 20px; margin: 0 auto;">6</div> Risk to self
Risk to others |
| <ul style="list-style-type: none"> • Good Behavioral Risk Status. The youth is generally and substantially avoiding behaviors that cause harm to self, others, or the community. This youth may have a very limited history, diagnosis, or behavior presentations that are not significant now. - OR - The youth may have had significant history, diagnoses, or behavior presentations in the past but has not presented the risk behaviors at any time over the past 3 months. Behavioral risk status is good. | <div style="background-color: black; color: white; padding: 2px; width: 20px; margin: 0 auto;">5</div> H Risk to self
H Risk to others |
| <ul style="list-style-type: none"> • Fair Behavioral Risk Status. The youth is usually avoiding behaviors that cause harm to self, others, or the community but rarely may present a behavior that has low or mild risk of harm. The youth may have had related history, diagnoses, or behavior presentations in the past but may have presented risk behaviors at a declining or much reduced level over the past 3 months. Behavioral risk status is minimally adequate to fair. | <div style="background-color: black; color: white; padding: 2px; width: 20px; margin: 0 auto;">4</div> Risk to self
Risk to others |
| <ul style="list-style-type: none"> • Marginal Behavioral Risk Status. The youth is somewhat avoiding behaviors that cause harm to self, others, or the community but occasionally may present a behavior that has low to moderate risk of harm. The youth may have had related history, diagnoses, or behavior presentations in the past but may have presented risk behaviors at a somewhat lower risk or reduced level of harm over the past 30 days. Behavioral risk status is somewhat limited or inconsistent and worrisome. | <div style="background-color: black; color: white; padding: 2px; width: 20px; margin: 0 auto;">3</div> H Risk to self
H Risk to others |
| <ul style="list-style-type: none"> • Poor Behavioral Risk Status. The youth is presenting behaviors that may cause harm to self, others, or the community. These possibly frequent presentations of behavior could have a moderate to high risk of harm. The youth may have had related history, diagnoses, or behavior presentations in the past and may be presenting risk behaviors at a serious and continuing level of harm over the past 30 days. Behavioral risk status is poor and a potential for harm is present. | <div style="background-color: black; color: white; padding: 2px; width: 20px; margin: 0 auto;">2</div> Risk to self
Risk to others |
| <ul style="list-style-type: none"> • Serious and Worsening Behavioral Risk Status. The youth is presenting a pattern of increasing and/or worsening behaviors that may cause harm to self, others, or the community. These increasingly frequent or severe presentations of behavior have a moderate to high risk of harm. The youth may have had related history, diagnoses, or behavior presentations in the past and may be presenting risk behaviors at a serious and worsening level of harm over the past 30 days. The potential for harm is substantial and increasing. | <div style="background-color: black; color: white; padding: 2px; width: 20px; margin: 0 auto;">1</div> H Risk to self
H Risk to others |
| <ul style="list-style-type: none"> • Not Applicable. The youth is age 36 months or younger. | <div style="background-color: black; color: white; padding: 2px; width: 20px; margin: 0 auto;">NA</div> Risk to self
Risk to others |



Youth Status Review 4: Permanency

Focus Measure

PERMANENCY - To what degree • Is the youth living with parents (biological or adoptive) or out-of-home caregivers (kinship, foster home, group home, congregate care) that the youth, parents or out-of-home caregivers, and other stakeholders believe will sustain until the youth reaches adulthood continuing to provide family connections and supports? • If not, are permanency efforts presently being implemented on a timely basis that will ensure that the youth soon will be in enduring relationships that provide stability, belonging and a sense of family?

Core Concepts

The central focus of this status indicator is on the permanence of the youth's current living situation. Unresolved permanency issues often have a direct impact on a youth's emotional well-being and behaviors. Every youth is entitled to a safe, secure, appropriate, and permanent home. For youth involved with child welfare, permanency is a legal status. For all youth, permanency connotes a sense of stability in family relationships and living situation. From the youth's perspective, having a sense of confidence that his or her parents will keep the family together through disruptions, stressors and financial difficulty creates a sense of well-being. Anxiety and worries about potential family disruptions can manifest in behaviors that bring additional stress to the family. Permanency is achieved when the youth is living successfully in a family situation that the youth, parents or out-of-home caregivers, and other stakeholders believe will endure lifelong. Permanency, commonly identified with the meaning of "family" or "home," suggests not only a stable setting, but also continuous supportive relationships, and a necessary level of parental/caregiver commitment and affection.

In a legal sense, evidence of permanency includes resolution of guardianship, necessary supports for caregivers, and stability in the home. Families and youth are entitled to permanency in a timely manner. Ideally, a youth removed from his/her family home should be living in a safe, appropriate, and permanent home within 12 months of removal with no more than a single interim placement. Safety, stability, and adequate caregiver functioning are co-requisite conditions of permanency for a youth. Because of the nature of congregate settings, with frequent turnover of out-of-home caregivers, time-limited stays, ever-changing peers, conditional commitment, and unreliable personal caring relationships, placements in congregate settings are rarely judged to achieve an acceptable permanency rating. Strategies to achieve permanency include intensive services and timely family reunification, where indicated. Other permanency strategies should be implemented immediately when reunification is determined not to be possible. Such a determination should be made in a timely manner after appropriate intensive services and any planned reunification efforts have proven unsuccessful or inappropriate. Where appropriate, termination of parental rights and adoption should be accomplished expeditiously. An exception to this would be if a youth is still placed in a congregate setting at the time of this review, but everyone is ready to move the youth to a safe, appropriate, and permanent family setting and the team agrees that the proposed placement and plan will produce permanency.

Determine from Informants, Observations, Plans, and Records

1. Is the youth living in a family that the youth, family members and other team members believe will endure until the youth reaches adulthood?
2. Is the youth exhibiting any behaviors in the home, at school or in the community that might be indicators of anxiety or worry about the permanence of his or her current living situation?
3. If the youth is involved with child welfare, is the youth living with parents or out-of-home caregivers the youth, parents/caregivers, care coordinator and child welfare worker believe will endure lifelong?
 - Do the primary permanency and concurrent goals appear to be appropriate, given the circumstances? What does the youth say about permanency choices?
 - If this is an older youth, is long-term foster care with independent living as the alternative path to permanency being followed?
 - If the youth is 17-19 years of age, within six months of system exit, and on the independent living path, are basic living needs, necessary supports, and social connections in place to ensure a smooth transition to and successful adjustment following transition into adult life?
4. If the youth is involved with child welfare and residing with a parent, adoptive parent, or permanent out-of-home caregiver:
 - Are legal steps to achieve permanency completed? How much progress is being made in meeting conditions necessary for safe case closure?
 - Do they understand and commit to the responsibilities for rearing the youth? Is the family adapting to embrace the youth as a new member?
 - Are they incorporating the youth's family of origin, traditions, and culture into the new family's arrangements?



Youth Status Review 4: Permanency

5. If the youth is involved with child welfare and does not live with permanent out-of-home caregivers yet and the permanency goal is reunification, are the parents and youth successfully resolving concerns to get the youth safely home?
 - Is the parent acquiring, demonstrating, and sustaining required behavioral changes necessary to parent the youth?
 - Is there a clear permanency plan? Is it being implemented?
 - Does the youth, family, and child welfare worker support the permanency plan? What does the youth say about permanency choices?
6. If the youth is involved with child welfare and does not live with permanent out-of-home caregivers yet and the permanency goal is adoption or guardianship, is preparation for adoption/guardianship timely and appropriate?
 - Is an alternative family identified or being actively recruited and developed? Do the youth, family, and child welfare worker support the permanency plan?
 - Have relatives, current out-of-home caregivers, and past out-of-home caregivers been approached about providing permanency?
 - Is the youth aware of and becoming prepared for adoption/guardianship? What does the youth say about permanency choices?
7. Is the scope and pace of achieving permanency consistent with the Adoption and Safe Family's Act (ASFA) timelines? If there have been delays, have adjustments been made to better address permanency? What are the necessary conditions for safe case closure and what progress is being made in meeting these conditions?
8. Do family members, current out-of-home caregivers, the youth, and the team have and know about a concurrent plan? Are back-up steps being taken to ensure timely permanency for the youth if the current plan is halted or fails?

Description and Rating of the Youth's Current Status

Description of the Status Situation Observed for the Youth	Rating Level
<ul style="list-style-type: none"> • Optimal Status. Youth has optimal/certain permanence. The youth has achieved legal permanency and/or lives in a family setting about which the youth, family members, out-of-home caregivers, care coordinator and all team members have evidence will endure lifelong. If the youth lives at home with his/her parents, identified risks have been eliminated and stability has been sustained over time. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">6</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>
<ul style="list-style-type: none"> • Good Status. Youth has substantial/promising permanence. The youth lives in a family setting (his/her own or that of an out-of-home caregiver) that the youth, family members, out-of-home caregivers, care coordinator, and core team members have confidence will endure lifelong. Safety and stability have been achieved. If in a resource family, there is agreement that adoption/guardianship issues will be imminently resolved. For a youth old enough to make a responsible judgment, the youth and out-of-home caregiver (in all cases) are committed to the plan. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">5</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>
<ul style="list-style-type: none"> • Minimal to Fair Status. Youth has minimally acceptable to fair permanence. The youth lives in a family setting that the youth, family members, out-of-home caregivers, care coordinator, and core team members expect will endure until the youth reaches maturity. Safety and stability are being achieved. If in an adoptive family, adoption/guardianship issues are being resolved. - OR - The youth is still living in a temporary placement, but the youth, family members, out-of-home caregivers, care coordinator, and other team members are ready to move the youth to a safe, appropriate, and permanent family setting. A realistic and achievable youth and family plan is being implemented, a permanent home has been identified, and the transition is being planned. The team agrees that the prospective placement and plan will produce permanency because the youth is receiving what the youth needs and the parents or future permanent out-of-home caregiver is becoming prepared for receiving the youth. For a youth old enough to make a responsible judgment, the youth and out-of-home caregiver (in all cases) are committed to the plan. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">4</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>
<ul style="list-style-type: none"> • Marginal Status. Youth has somewhat inadequate/uncertain permanence. The youth lives in a home that the youth, family members, out-of-home caregivers, care coordinator, and some other team members are hopeful could endure lifelong, and they are working on crafting a plan that supports that hope by attempting to achieve safety and stability. - OR - The youth is living on a temporary basis with an out-of-home caregiver, but likelihood of reunification or finding another permanent home remains uncertain. If in an adoptive family, adoption/guardianship issues are being assessed. Any concurrent pathways used may be somewhat slower or more troublesome than foreseen. For a youth old enough to make a responsible judgment, the youth and out-of-home caregiver (in all cases) may be considering the plan. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">3</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>





Youth Status Review 4: Permanency

Description and Rating of the Youth's Current Status

Description of the Status Situation Observed for the Youth	Rating Level
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- | | |
|---|---|
| <ul style="list-style-type: none"> <p>• Poor Status. Youth has substantial and continuing problems of unresolved permanence. The youth is living in a home that the youth, family members, out-of-home caregivers, and care coordinator doubt could endure until the youth becomes independent, due to safety and stability problems or failure to resolve adoption/guardianship issues, or because the current home is unacceptable to the youth. - OR - The youth remains living on a temporary basis with an out-of-home caregiver without a clear, realistic, or achievable permanency plan being implemented. Any concurrent pathways used may have stalled or failed.</p> | <div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px 10px; font-weight: bold; margin-right: 5px;">2</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> |
| <ul style="list-style-type: none"> <p>• Adverse Status. Youth has serious and worsening problems of unresolved permanence. The youth is moving from home to home due to safety and stability problems or failure to resolve adoption/guardianship issues, or because the current home is unacceptable to the youth. - OR - The youth remains living on a temporary basis with an out-of-home caregiver without a clear, realistic, or achievable permanency plan being implemented.</p> | <div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px 10px; font-weight: bold; margin-right: 5px;">1</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> |





Youth Status Review 5: Emotional & Behavioral Well-Being

Focus Measure

EMOTIONAL WELL-BEING - To what degree • Is the youth presenting age and developmentally appropriate levels of emotional, cognitive and behavioral development as evidenced by adequate adjustment, attachment, coping skills, self-regulation and self-control? • Are emotional, cognitive and behavioral symptoms and manifestations of emotional disorders appropriately managed by the youth or are they interfering with activities of daily living in one or more settings? *[for age 3 and older]*

Core Concepts

The central focus of this status review is discerning the youth's level of emotional, cognitive and behavioral functioning in daily activities. Positive life adjustments, appropriate coping skills, self-management, emotional regulation, a sense of gratitude and a higher ratio of positive to negative thoughts are essential to adequate daily functioning in a youth's life. Well-being begins with having a sense of personal control, purpose, personal worth, and emotional connections. The youth, his or her family members, caregivers, and the care planning team should have identified the youth's strengths and encourage the frequent use of these strengths in achieving desired goals. Strengths may include strong bonds and healthy relationships with family members, peers and other caring adults, a sense of optimism, success in school or extracurricular activities, vocational skills, talents or interests in art, music, and sports, spiritual or religious beliefs, practices or affiliations, ties to community activities or organizations, and resiliency and the ability to solve problems.

Cognitive functioning is the mental or intellectual process by which a youth becomes aware of, perceives or comprehends ideas. Cognitive functioning involves all aspects of perception, thinking, reasoning, remembering and the capacity for judgment. The interaction between a youth's emotional and cognitive abilities create insight, often resulting in enhanced self-regulation.

From birth through adolescence, the youth learns to respond, enjoy, and cope with his/her relationships and environment. Youth who develop resiliency obtain the ability to address their day-to-day challenges with a sense of self-efficacy. The very young child develops strong attachments and is able to engage in reciprocal interactions with others. As the youth matures, he/she learns how to play cooperatively, uses language to express emotions, and begins to self-regulate emotions. The older youth/adolescent develops the ability to experience the full range of emotions within normal limits of intensity and duration. The youth enjoys his/her interactions with peers and has close friendships and meaningful relationships with adults. The youth is able to give and receive affection in an appropriate manner and understands the limits/boundaries associated with healthy relationships. The youth learns to cope with ongoing and various stresses of life in a socially acceptable manner. A youth with good to optimal emotional well-being:

- Has a feeling of personal worth, a sense of belonging, and attachment to family and friends as well as affiliation with age-appropriate social groups.
- Is able to give and accept nurturing, positive relationships with family members and peers, and accept and express affection within safe and appropriate boundaries of social behavior.
- Is realistically aware of his or her own positive strengths, attributes, accomplishments, and potentialities, as well as areas that may be limitations, and he or she uses them in appropriate and varied ways.
- Is learning to self-regulate, express gratitude, delay gratification, and use age-appropriate levels of self-direction and control in daily activities and relationships.
- Recovers quickly from being upset and is able to handle frustration.
- Has a sense that he/she can manage his/her problems and handle issues effectively.
- Has internalized values, norms, and rules in a way that will help with appropriate growth.
- Can deal with ambiguity and conflicting viewpoints without overreaction or presentation of self-isolating behaviors.
- Is able to positively identify with adults as appropriate role models and appropriately seeks assistance from adults.

Behavioral functioning addresses the manner in which the youth interacts with others and his/her environment on a daily basis. The youth must handle the daily life events without becoming disruptive or displaying behaviors that interfere with his/her ability to fulfill his/her expectations and responsibilities. The youth's behavior can range from superior handling of issues with very few negative interactions, to having very serious problems managing him/herself in multiple settings. If the youth has been diagnosed with an emotional disturbance, the youth may be functioning in a range that prohibits completion of many daily activities. For a youth, positive behavioral functioning means that he/she:

- Does not participate in disruptive behaviors in the home, school, or community. This involves active self-regulation and impulse control in school/social activities.
- Is free of any behaviors that would interfere in his/her performance of the age-appropriate daily tasks and expectations.
- Demonstrates good judgment regarding age-appropriate activities that he/she chooses to be involved in.
- Uses time in a constructive manner, consistent with academic or social norms, expectations, and rules at home, at school, and in the community.
- Is able to articulate his/her own wants and needs and is able to take meaningful steps to address those issues.
- If the youth has been diagnosed with an emotional disturbance, the youth is learning how to self-manage his/her behaviors and is using the necessary skills to function well in the school, home, and community on a daily basis.



Youth Status Review 5: Emotional & Behavioral Well-Being

Determine from Informants, Observations, Plans, and Records

1. What is this youth's level of emotional, cognitive and behavioral functioning? Is the youth's level of functioning in these areas consistent with the youth's age and ability? As appropriate to age and ability, does the youth report having a sense of identity, personal worth, purpose in life, and acceptance by and affiliation with others?
2. How is the youth adjusting to change and to any adverse life circumstances causing stress in his/her life, for example, a family disruption, anxiety concerning possible disruptions, recent out-of-home placement? Is the youth demonstrating positive emotional and cognitive functioning and constructive behavior at school, at home, and in the community? If not, has the care coordinator and the care planning team considered what underlying issues may be reflected in these behaviors or functioning?
3. Has the youth received education about his or her psychiatric diagnosis and how to better manage related signs and symptoms? Is treatment holistic resulting in both symptom reduction and improved positive functioning?
4. Is the youth demonstrating personal responsibility for daily interactions, habits, and attitudes as appropriate to his/her age and ability? Is he or she communicating thoughts and feelings in acceptable ways, abstaining from behaviors that cause harm and/or are illegal?
5. Have the care coordinator and the care planning team explored with the youth and family the youth's underlying needs that may be manifested in poor emotional well-being status?

Description and Rating of the Youth's Current Status

Note to reviewers: The nature of the condition of serious emotional disturbance mitigates against a youth rating high in regard to emotional and behavioral well-being.

Description of the Status Situation Observed for the Youth	Rating Level
<ul style="list-style-type: none"> ● Optimal Well-being Status. Consistent with age and ability, the youth is demonstrating excellent emotional development and current status in all key areas of social/emotional development and life adjustment. The youth is demonstrating excellent daily functioning. The youth shows excellent behavioral status in all key life areas. Emotional, behavioral and cognitive symptoms are well managed and create virtually no adverse impact on activities of daily living. 	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px 10px; font-weight: bold; margin-right: 5px;">6</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> ● Good Well-being Status. Consistent with age and ability, the youth is demonstrating a good and substantial level of emotional development and current status in most areas of social/emotional development and life adjustment. The youth is demonstrating a good, steady level of daily behavioral functioning in most key functional life areas. Emotional, behavioral and cognitive symptoms are managed effectively and create minimal adverse impact on activities of daily living. 	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px 10px; font-weight: bold; margin-right: 5px;">5</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> ● Fair Well-being Status. Consistent with age/ability, the youth is demonstrating a minimally/temporarily adequate level of emotional development and current status. The youth may be having problems adjusting in one area and is showing signs of distress in one area of emotional responsiveness or adaptations. The youth is demonstrating a minimally/temporarily adequate to fair level of daily behavioral functioning. The youth may be functioning fairly well in his/her home and community but may be having problems in one area of daily functioning. The youth may have some disruptive behaviors or internalizing behaviors that are under minimally adequate control or may be showing rare, minor problems. Emotional, behavioral and cognitive symptoms are minimally managed and create occasional adverse impacts on activities of daily living in one or more settings. 	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px 10px; font-weight: bold; margin-right: 5px;">4</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> ● Marginal Well-being Status. Consistent with age and ability, the youth is demonstrating a limited or inconsistent level of emotional development and is doing marginally well emotionally and/or behaviorally. The youth may be having adjustment problems in several areas. The youth may be showing distress in several areas of emotional responsiveness or adaptations. The youth may be demonstrating a limited or inconsistent level of behavioral functioning in daily settings. The youth is showing some emerging or continuing behavioral problems in the home, school, or community and may be exhibiting behaviors that interfere with several areas of daily functioning. The youth may not be responding well to attempts to address disruptive emotional, cognitive or disruptive behaviors or internalizing behaviors or cognitions. 	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px 10px; font-weight: bold; margin-right: 5px;">3</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> ● Poor Well-being Status. Consistent with age and ability, the youth is demonstrating a consistently poor level of emotional development and emotional/behavioral status. The youth may show no progress or improvement in areas of social/emotional development and life adjustment. The youth is demonstrating a consistently poor level of behavioral functioning in daily settings and may show no progress or improvement in functional status. 	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px 10px; font-weight: bold; margin-right: 5px;">2</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>



Youth Status Review 5: Emotional & Behavioral Well-Being

Description and Rating of the Youth's Current Status

Description of the Status Situation Observed for the Youth	Rating Level
<ul style="list-style-type: none"> • Worsening Well-being Status. Consistent with age and ability, the youth is demonstrating a poor and worsening level of emotional development and emotional/behavioral status. Rather than meeting adjustment expectations, the youth's social/emotional development may be regressing. The youth is demonstrating a poor and worsening level of behavioral functioning in daily settings and activities. The youth's functional behavioral status may be declining. 	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">1</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Not Applicable. The youth is under age 3 years. 	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">NA</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>





Youth Status Review 6: Education Status

Focus Measure

ACADEMIC STATUS: To what degree • Is the youth attending school regularly, actively engaged in his or her education program, reading at grade level or IEP expectations and meeting requirements for annual promotion, and, if in high school, earning credits leading to a high school diploma or equivalent? • Is youth's school making reasoned efforts to meet the youth's educational needs? • If age 14 or older, is the youth participating in transition planning? • If the youth has special needs, are there adequate behavioral and other supports in place to help the youth meet their educational goals? • Has the care coordinator established a pattern of regular communication with the youth's school? *[Past 30 days and most recent grading and progress report periods]*

NOTE: *This indicator is also applied to youth who are home schooled.*

Core Concepts

The central focus of this status review is on the youth's education program and his/her participation in it. The youth included in the Rosa D. Remedies in Massachusetts are those who are age 21 or younger who meet criteria for seriously emotionally disturbed (SEED) as defined by either the Individuals with Disabilities Education Act (IDEA) or Substance Abuse and Mental Health Services Administration (SACHS). These youth may be enrolled and participating in a regular education program with or without special accommodations, or they may also have been determined eligible for special education and related services through the IEP planning process.

Services and arrangements that are considered accommodations under Section 504 could include behavior support, a modified attendance policy, home-based instruction, classroom modifications, administration of medications, adjusted grading procedures, counseling, adjustments in test taking and adjustments in rules regarding absences, among others. Special education is specially designed instruction and related services that meet the unique needs of an eligible student with a disability or a specific service need that is necessary to allow the student with a disability to access the general curriculum. The team that develops the IEP must consider the actual services the youth needs in order to achieve the goals on the IEP. The supports and services that will allow the youth to succeed in school will be listed on the "Service Delivery" page of the IEP. Positive behavioral interventions for the student may be among the "special considerations" addressed during IEP development. All students receiving an education at public expense in Massachusetts must participate in the Massachusetts Comprehensive Assessment program (MASS), under routine conditions, with accommodations or take the MASS Alternative Assessment. Determining how the youth will participate in the MASS is addressed during the IEP development process. When considering both the general curriculum and other educational needs, the IEP team will consider specific accommodations, modifications, and services to assist the youth to reach their best educational performance. Modifications can include adapting the content; adapting the methodology or delivery of instruction; or adapting the performance criteria of the classroom. All of the changes and services are written in the IEP. The IEP serves as a resource to assist the teacher in providing a supportive and effective classroom environment throughout the school year.

Whether or not the youth receives special accommodations or special education services, he or she is expected to be attending school regularly and at a frequency necessary to benefit from instruction and meet requirements for promotion, course completion and, ultimately, graduation. The youth should be actively and consistently participating and making progress in the instructional processes and activities necessary to acquire expected skills and competence. Instruction should address maintaining and improving the youth's reading, writing and comprehension abilities. He or she should be receiving the behavioral interventions and supports needed to maintain engagement and benefit from instruction. In addition, school personnel should be making reasoned efforts to advocate for and meet the youth's educational needs so that the student can excel in school. Matters of language and cultural identity should be addressed, for youth receiving ICC, the care coordinator is expected to actively assist the family and youth in identifying, obtaining and monitoring the delivery of education services. This includes making collateral contacts, assisting with service navigation, attending IEP meetings and providing advocacy, resources and support to the family and youth. Starting at age 14, if the youth has an IEP, the youth should be participating in the design of a transition plan to adult living. If the youth is not receiving ICC services, but has mental health issues that need to be addressed in the school setting, the person in the care coordination role should be coordination with the school, or a referral for ICC services may be warranted.

Youth Status Review 6: Education Status

Determine from Informants, Observations, Plans, and Records

Attendance

1. What is the youth's pattern of school attendance?
2. Are absences excused or unexcused?
3. Is the youth skipping classes?
4. Does the youth have reliable transportation to and from school every day?
5. Is the youth at risk of failing a class due to non-attendance or unexcused absences?

Least Restrictive Environment

1. Is the youth attending the school he or she would attend if non-disabled? If not, and the youth has an IEP, what was the IEP team's rationale for assigning the youth to a different school?
2. Is the youth receiving the supplemental aids, services and accommodations needed to remain in a general education classroom and make progress? Are the aids, services and accommodations making a positive difference? If the youth is not receiving special education services, and he or she is not doing well in school due to behaviors or emotional status, has a referral for special education services been considered or made?
3. For a youth with an IEP or Section 504 accommodation plan, is the youth receiving the positive behavioral interventions described in the IEP or school-based plan and are these helping to maintain him or her in the education program?
4. Does the youth have the opportunity to make appropriate social contacts while at school?

Behavioral Support

1. Is the youth exhibiting behaviors at school that interfere with his or her learning or that of other students?
2. Has a functional behavioral analysis been completed and a behavioral intervention plan been developed that is individualized for this youth? Is the intervention reducing the targeted behavior?
3. Has the youth received multiple suspension amounting to 10 or fewer days during the school year? Has an IEP meeting been scheduled or occurred to discuss the adequacy of the youth's current placement or a change to an interim alternative educational setting for disciplinary reasons?
4. Is the youth exhibiting negative behaviors at school that are not occurring at home or vice versa? Has the youth's parent or caregiver been supported in addressing these issues with the school?

Transition Planning, beginning at age 14 for a youth with an IEP

1. Is transition to adult living is part of the youth's current IEP?
2. Is the youth participating in IEP planning meetings now?
3. Are representatives of adult service agencies attending the IEP meetings for this youth?
4. Has the youth helped create a post-school vision statement designed to reflect his or her interests, preferences and needs in adult life? (At age 16 and older)
5. Does the IEP include preparation for post-secondary education, vocational training, employment and independent living? (Listed under "Other Educational Needs" on the IEP)
6. Has a Chapter 688 referral to an adult services agency been made two years before the youth graduates or turns 22?

Care Coordinator (or the individual in the care coordinating role for a youth with mental health issues that need to be addressed at school.)

1. Has the care coordinator developed a pattern of regular communication with school personnel?
2. Did the care coordinator attend the youth's most recent IEP or other school-based meeting?
3. Has the care coordinator advocated for the family in meeting with school personnel concerning the youth's behavioral issues and progress or lack of progress in the education program?
4. Has the care coordinator invited school personnel to care planning team meetings?



Youth Status Review 6: Education Status

NOTE: This indicator is also applied to youth who are home schooled. If the youth being reviewed is in preschool, age 3-5, then reading level is not considered.

Description and Rating of the Youth's Current Status

Rate: Attendance, least restrictive environment, behavioral support, transition planning (may be NA), and care coordinator.

Description of the Status Situation Observed for the Youth, age 3 years and older Rating Level

Note: If the youth being reviewed is in preschool, age 3-5, then reading level is not considered.

- **Optimal Academic Status.** The youth is enrolled in a highly appropriate educational program, consistent with age and ability. The youth has an excellent rate of school attendance. The youth's optimal level of participation and engagement in educational processes and activities, combined with outstanding efforts of school personnel, is enabling the youth to reach and exceed all educational expectations and requirements set within the youth's assigned curriculum and, where appropriate, the youth's IEP. The youth may be reading at or well above grade level or the level anticipated in an IEP. The youth may be meeting or exceeding all requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program. If age 14 or older, transition to adult living is being addressed substantively on the IEP and the youth is participating in the design. The care coordinator has a sustained pattern of communication with the school and advocacy for the youth and family with regard to the youth's education program.

6

H Attendance
H LRE
H Beh. support
H Transition plan.
H Care coordina.

- **Good Academic Status.** The youth is enrolled in a generally appropriate educational program, consistent with age and ability. The youth has a substantial rate of school attendance. The youth's good level of participation and engagement in educational processes and activities, combined with consistent efforts of school personnel, is enabling the youth to reach most educational expectations and requirements set within the youth's assigned curriculum and, where appropriate, the youth's IEP. The youth may be reading at grade level or the level anticipated in an IEP. The youth may be meeting most requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program. If age 14 or older, transition to adult living is being addressed on the IEP and the youth is participating. The care coordinator communicates with the school and advocates for the youth and family with regard to the youth's education program.

5

H Attendance
H LRE
H Beh. support
H Transition plan.
H Care coordina.

- **Minimally Adequate to Fair Academic Status.** The youth is enrolled in a minimally appropriate educational program, consistent with age and ability. The youth has a fair rate of school attendance. The youth's fair level of participation and engagement in educational processes and activities, combined with efforts by school personnel, is enabling the youth to reach at least minimally acceptable educational expectations and requirements set within the youth's assigned curriculum and, where appropriate, the youth's IEP. The youth may be reading near grade level or the level anticipated in an IEP. The youth may be minimally meeting core requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program. If age 14 or older, transition to adult living is minimally addressed on the IEP; the youth may be participating. The care coordinator a minimally adequate track record of communicating with the school and advocating for the youth and family with regard to the youth's education program.

4

H Attendance
H LRE
H Beh. support
H Transition plan.
H Care coordina.

- **Marginally Inadequate Academic Status.** The youth may be enrolled in a marginally appropriate educational or vocational program, or somewhat inconsistent with age and ability. The youth may have an inconsistent rate of school attendance. The youth's limited level of participation and engagement in educational processes and activities, combined with marginal efforts by school personnel, may be hindering the youth from reaching at least minimally acceptable educational expectations and requirements set within the youth's assigned curriculum and, where appropriate, the youth's IEP. The youth may be reading a year below grade level or somewhat below the level anticipated in an IEP. The youth may not be meeting some core requirements for grade-level promotion, course completion, and successful transition to the next school or vocational program. If age 14 or older, transition to adult living is inadequately addressed on the IEP; the youth may not be participating. The care coordinator may rarely communicate with the school; advocating for the youth and family with regard to the youth's education program may be minimal.

3

H Attendance
H LRE
H Beh. support
H Transition plan.
H Care coordina.





Youth Status Review 6: Education Status

Description and Rating of the Youth's Current Status

Description of the Status Situation Observed for the Youth	Rating Level
<ul style="list-style-type: none"> ● Poor Academic Status. The youth may be enrolled in a poor or inappropriate educational program, or inconsistent with age and ability. The youth may have a poor rate of school attendance and may have been truant. The youth's poor level of participation and engagement in educational processes and activities, combined with the lack of effort by school personnel, may be preventing the youth from reaching acceptable educational expectations and requirements set within the youth's assigned curriculum and, where appropriate, the youth's IEP. The youth may be reading two years below grade level or well below the level anticipated in an IEP. The youth may not be meeting many core requirements for grade-level promotion, course completion, or successful transition to the next school or vocational program. If age 14 or older, transition to adult living may not be addressed on the IEP. The care coordinator may not communicate with the school. 	<div style="background-color: black; color: white; text-align: center; padding: 2px 10px; font-weight: bold; font-size: 1.2em;">2</div> <ul style="list-style-type: none"> H Attendance H LRE H Beh. support H Transition plan. H Care coordina.
<ul style="list-style-type: none"> ● Adverse Academic Status. The youth may be chronically truant, suspended, or expelled from school. The youth may be three or more years behind in key academic areas, may be losing existing skills and/or regressing in functional life areas, and/or may be confined in detention without appropriate instruction or hospitalized. School personnel have made no effort to provide behavioral interventions or supports that might have helped maintain the youth in school. 	<div style="background-color: black; color: white; text-align: center; padding: 2px 10px; font-weight: bold; font-size: 1.2em;">1</div> <ul style="list-style-type: none"> H Attendance H LRE H Beh. support H Transition plan. H Care coordina.
<ul style="list-style-type: none"> ● Not Applicable: The youth has dropped out of school, graduated or completed school and is not currently enrolled in any academic or vocational program. 	<div style="background-color: black; color: white; text-align: center; padding: 2px 10px; font-weight: bold; font-size: 1.2em;">NA</div> <ul style="list-style-type: none"> Attendance LRE Beh. support Transition plan. Care coordina.



Youth Status Review 7: Living Arrangement

Focus Measure

LIVING ARRANGEMENT - To what degree • Is the youth in the most appropriate/least restrictive living arrangement, consistent with needs for family relationships, social connections, emotional support, age, ability, special needs, educational support, and positive peer group affiliation? • If the youth is in temporary out-of-home care, does the living arrangement meet the youth's needs to be connected to his/her language and culture, community, faith, extended family, social activities, and peer group?

Core Concepts

The central focus of this review is the ability of the current living arrangement to meet the youth's basic and developmental needs in the least restrictive setting. The youth's current living arrangement is the place where the he or she currently resides. When safe, the youth should remain in the home with his/her family. This home can be with the parents, relatives (informally arranged by family), adoptive parents, or a guardian. While in such a living arrangement, the youth's basic needs as well as supervision, confidence in the stability of the living arrangement, management of family stressors and the family's engagement and participation in the youth's services are important in determining the goodness-of-fit between the living arrangement and the youth's needs.

If the youth must be temporarily removed from the home, the youth should live, whenever possible, with siblings and relatives or in his/her home community. Alternatively, a temporary living arrangement can be in foster care, therapeutic foster care, a group home or residential treatment. The temporary living arrangement should meet the youth's basic needs as well as provide necessary supervision, services and therapeutic supports. The youth's home community is generally the area in which the youth has lived for a considerable amount of time and is usually the area in which the youth was living prior to removal. The community is a basis for a youth's identity, culture, sense of belonging, and connections with persons and things that provide meaning and purpose for the youth. Some youth with special needs may require temporary services in therapeutic settings, which must be the least restrictive, most appropriate, and inclusive living arrangement necessary to meet the youth's needs and circumstances.

Determine from Informants, Observations, Plans, and Records

1. Is the youth living in his or her family home?
 - Are the youth's parents managing the stress of the youth's needs?
 - Are the parents able to meet the youth's daily needs for care and nurturing?
 - Does the youth receive appropriate supervision in the home?
 - Are the parents involved in the youth's services and advocating for the youth?

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

Youth Status Review 7: Living Arrangement

3. If the youth is living in a congregate care setting (a group home or residential treatment center), the reviewer should consider the following items.
- Does the youth feel safe and well cared for in this setting?
 - Is this the least restrictive and most inclusive setting that is able to meet the youth's needs?
 - Is the youth placed with youth in his/her same age group?
 - Does the placement provide for the appropriate level of supervision, supports, and therapeutic services?
 - Does the placement provide for family connections and linkages to the home community?
4. Does the youth, parents, out-of-home caregivers, therapists, care coordinator and child welfare worker believe that this is the best place for the youth to be living?

Description and Rating of the Youth's Current Status

This indicator applies to the youth's current living situation. If the youth is in a short term crisis stabilization setting (inpatient hospital, CBAT, TUC or STARR program), rate the living arrangement from which the youth came.

Description of the Status Situation Observed for the Youth	Rating Level
<ul style="list-style-type: none"> • Optimal Living Arrangement. The youth is living in the most appropriate setting to address his/her needs. The living arrangement is optimal to maintain family connections, including the youth's relationship with the siblings and extended family members. The setting is able to entirely provide for the youth's needs for emotional support, family relationships, supervision, and socialization and addresses special and other basic needs. The setting is optimal for the youth's age, ability, culture, language, and faith-based practices. If the youth is in a group home or residential care center, the youth is in the least restrictive environment necessary to address his/her needs. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">6</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>
<ul style="list-style-type: none"> • Good Living Arrangement. The youth is living in a setting that substantially meets his/her needs. The living arrangement substantially provides the conditions to maintain family connections, including the relationships with the siblings and extended family members. The setting provides the necessary supervision, supports, and services to provide substantially for the youth's emotional, social, special, and other basic needs. The setting is substantially consistent with the youth's age, ability, culture, language, and faith-based practices. If the youth is in a group home or residential care center, the youth is in the least restrictive environment necessary to address his/her needs. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">5</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>
<ul style="list-style-type: none"> • Fair Living Arrangement. The youth is living in a setting that is minimally consistent with his/her needs. The living arrangement minimally provides the conditions necessary to maintain family connections, including the relationship with the siblings and extended family members. The setting minimally provides the necessary supervision, supports, and services to address the youth's emotional, social, special, and other basic needs. The setting is minimally consistent with the youth's age ability, culture, language, and faith-based practices. If the youth is in a group home or residential care center, the youth is in the least restrictive environment necessary to address his/her needs. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">4</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>
<ul style="list-style-type: none"> • Marginal Living Arrangement. The youth is living in a setting that only partially addresses his/her needs. The living arrangement is partially inconsistent with the conditions necessary to maintain family connections, including relationships with the siblings and extended family members. The setting only partially provides for the necessary supervision, supports, and services to address the youth's emotional, social, special, and other basic needs. The setting is partially consistent with the youth's age, ability, culture, language, and faith-based practices. If the youth is in a group home or residential care center, the youth is not in the least restrictive setting. The level of care or degree of restrictiveness may be slightly higher or lower than necessary to address the youth's needs. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">3</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>
<ul style="list-style-type: none"> • Poor Living Arrangement. The youth is living in a substantially inadequate home or setting. The living arrangement inadequately addresses conditions necessary to maintain supervision, supports, and services. The setting may be inconsistent with the youth's age, ability, culture, language, and faith-based practices. If the youth is in a group home or residential care center, the level of care or degree of restrictiveness is substantially more or less than necessary to meet the youth's needs. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">2</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>
<ul style="list-style-type: none"> • Adverse Living Arrangement. The youth is living in an inappropriate home or setting for his/her needs. The living arrangement does not provide for family and community connections. The necessary level of supervision, supports, and services to address the youth's needs is absent. If the youth is in a group home, detention facility, or residential care center, the environment is much more restrictive than is necessary to meet the youth's needs while protecting others from the youth's behavioral risks. Or, the youth may be on runaway status, homeless, residing in a homeless shelter, or in temporary shelter care for more than 30 days. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">1</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>

Youth Status Review 8: Health/Physical Well-Being

Focus Measure

HEALTH/PHYSICAL WELL-BEING - To what degree • Is the youth achieving and maintaining his/her optimum health status? • If the youth has a serious or chronic physical illness, is the youth achieving his/her best attainable health status given the disease diagnosis and prognosis? • Are the youth's basic health care maintenance needs addressed on an ongoing basis?

Core Concepts

The central focus of this status review is determining if the youth is achieving and maintaining their best attainable health status when taking medical diagnoses, prognoses, and history into account. The youth's basic needs for proper nutrition, clothing, shelter, and hygiene should be met on a daily basis. Proper medical and dental care (preventive, acute, and chronic) is necessary for maintaining good health. Preventive and primary health care should include periodic examinations, immunizations, dental hygiene, and screening for possible developmental or physical problems. This extends to reproductive health care education and services for youth to prepare and protect them from making poor life choices, exposure to sexually transmitted diseases, and teen pregnancy. Youth should be allowed access to alternative health care appropriate to their culture and preferences.

For youth who are developmentally capable, the youth should understand his/her health condition, how to self-manage issues associated with the condition, the purpose of his/her medication, if prescribed, how to manage or report side effects of the medication, and how to self-administer. If the youth requires any type of adaptive equipment or other special procedures, persons working with the youth are provided instruction in the use of the equipment and special procedures. Should a youth have a serious condition, possibly degenerative, the services and supports have been provided to allow the youth to remain in the best attainable physical status given his/her diagnoses and prognosis. Youth who are obese should be receiving dietary guidance and other appropriate supports. Other health concerns may include asthma, sleep disturbances, enuresis and side effects from psychotropic medications.

Determine from Informants, Observations, Plans, and Records

1. Are the youth's basic physical needs being met adequately on a daily basis? (If NOT, this may be an indication of NEGLECT, a failure to provide critical care to the youth. (See Youth Status Review 2: Safety.)
 - Food, adequate nutrition, sleep, and daily exercise at a level necessary to balance the youth's height and weight within a healthy range?
 - Sanitary housing that is free of hazards that impact health?
 - Daily care, such as hygiene, dental care, grooming, and clean clothing?

2. Is the youth achieving his/her optimal or best attainable health status? Does the youth have a primary care physician/ medical home?
 - Are the youth's immunizations complete and up to date?
 - Does the youth miss school due to illness more than would be expected?
 - Does the youth have any recurrent health problems, such as asthma, enuresis, sleep disturbances, infections, sexually transmitted disease, colds, or injuries?
 - Does the youth have recurrent health complaints, and if so, are they addressed (including dental, eyesight, hearing, etc.)?
 - Does the youth appear to be underweight or overweight, and if so, has this been investigated?
 - Does the youth use illegal substances?
 - If the youth has had a need for acute care services, were they provided appropriately?

3. Has the youth maintained his/her best attainable health status, given any physical health diagnoses?

4. If the youth takes medication for health maintenance on a long-term basis, is the medication properly managed for the youth's benefit?
 - A responsible adult (at school, this could be a school nurse) is responsible for monitoring the use of the medication, ensuring that it is taken properly, watching for signs of effectiveness or side effects, providing feedback to the physician, and making changes as warranted.
 - The youth, at the level that she/he is capable, has been taught about his/her condition, understands how to self-manage the condition, understands the purpose and impact of the medication, and is able to self-administer his/her medication with supervision.

Youth Status Review 8: Health/Physical Well-Being

Description and Rating of the Youth's Current Status

Description of the Status Situation Observed for the Youth	Rating Level
<ul style="list-style-type: none"> • Optimal Health Status. Youth is demonstrating excellent health, or if he/she has a chronic condition, is attaining the best possible health status that can be expected given the health condition. The youth's growth and weight are well within age-appropriate expectations. Any previous or current health concerns have been met without any adverse or lasting impact, or there is no significant health history. Nutrition, exercise, sleep, and hygiene needs are fully met. This youth appears to be in excellent physical health. 	6 <input type="checkbox"/>
<ul style="list-style-type: none"> • Good Health Status. Youth is demonstrating a good, steady health pattern, considering any chronic conditions. The youth's growth and weight are generally consistent with age-appropriate expectations. Any previous or current health concerns have been met in which there may be no lasting impact, or there is no significant health history for this youth/youth. Nutrition, exercise, sleep, and hygiene needs are being substantially met. This youth appears to be in good physical health. 	5 <input type="checkbox"/>
<ul style="list-style-type: none"> • Fair Health Status. Youth is demonstrating a minimally adequate to fair level of health status, considering any chronic conditions. The youth's physical health is somewhat close to normal limits for age, growth, and weight range. If existing, any previous or current health concerns are not adversely affecting functioning. Nutrition, exercise, sleep, and hygiene needs are usually being met. The youth appears to be in fair physical health. 	4 <input type="checkbox"/>
<ul style="list-style-type: none"> • Marginal Health Status. Youth is demonstrating a limited, inconsistent, or somewhat inadequate level of health status. Any chronic condition may be becoming more problematic than necessary. The youth's physical health is outside normal limits for age, growth, and weight range. If existing, any previous or current health concerns may be adversely affecting functioning. Nutrition, exercise, sleep, and hygiene needs may be inconsistently met. The youth appears to be in marginal, or mixed, physical health. 	3 <input type="checkbox"/>
<ul style="list-style-type: none"> • Poor Health Status. Youth is demonstrating a consistently poor level of health status. Any chronic condition may be becoming more uncontrolled, possibly with presentation of acute episodes. The youth's physical health is significantly outside normal limits for age, growth, and weight range. If existing, any previous or current health concerns may be significantly affecting functioning. Nutrition, exercise, sleep, and hygiene needs may not be being met, with significant impact on functioning. The youth appears to be in poor physical health and physical health is not improving, rather, is remaining status quo. 	2 <input type="checkbox"/>
<ul style="list-style-type: none"> • Worsening Health Status. Youth is demonstrating a poor or worsening level of health status. Any chronic condition may be increasingly uncontrolled, with presentation of acute episodes that increase health care risks. The youth's physical health is profoundly outside normal limits for age, growth, and weight ranges. If existing, any previous or current health conditions may be profoundly affecting functioning. Nutrition, exercise, sleep, and hygiene needs may not be being met, with profound impact. The youth appears to be in poor physical health and his/her health status is declining. 	1 <input type="checkbox"/>





Section 3

Caregiver Status Indicators

Parent/Caregiver Status Indicators

1a.	Parent & Caregiver Support of the Youth	36
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Caregiver Status Review 1a: Parent & Caregiver Support of the Youth

Focus Measure

PARENT & CAREGIVER SUPPORT OF THE YOUTH: To what degree • Are the parents, adoptive parents, kinship care, guardian or foster caregivers with whom the youth is currently residing willing, able and are they providing the youth with the assistance, supervision, and support necessary for daily living and development? • If added supports are required in the home to meet the needs of the youth and assist the caregiver, are these supports in place and meeting the needs? • Are the parent and caregiver meeting the youth's emotional, developmental, safety and educational needs?

Core Concepts

FOR A YOUTH LIVING WITH A BIRTH PARENT, RELATIVE, FOSTER PARENT, ADOPTIVE PARENT, OR LEGAL GUARDIAN.

The central focus of this status indicator is determining if the youth's caregivers are providing him/her with competent and caring parenting. The youth's birth parents or current custodial parents are considered to be the primary caregivers for the youth. The primary caregivers responsible for the youth should have the capacity, availability, and willingness to meet the youth's basic care and development needs reliably on a daily basis. This expectation also applies to a youth who may have extraordinary physical, emotional, and/or behavioral needs and life problems to be met at home. Such a youth may increase demands on the time, attention, skills, financial resources, and patience required of caregivers for the youth's supervision, physical care, training, and direction. Added caregiver training, in-home supports, respite care, and material assistance may be necessary to meet the needs of the youth and extend the capacities of the caregiver. Caregivers should be able to recognize and positively support a youth's strengths. When the youth's primary caregiver has functional limitations (physical or mental), added supports provided in the home by other family members, natural supports or paid providers may be used to overcome those functional limitations or added caregiving demands and to meet the special needs of the youth. Expectations of adequate caregiver functioning and support apply to youth living in a bio-family home, relative home, kinship home, foster home, or adoptive home.

Note: *This indicator focuses on the caregiver's support of the youth in the home; special caregiver challenges that may impact the caregiver's ability to support the youth are addressed in Caregiver Status indicator 2, Special Caregiver Challenges. The caregiver's participation in the care planning and implementation process is addressed in Caregiver Status indicator 3, Family Voice & Choice.*

Determine from Informants, Observations, Plans, and Records

1. To what degree does the caregiver understand the challenges that the youth is facing with regard to diagnosis, prognosis and future independence? Are these challenges overwhelming to the caregiver and do they contribute to the caregiver's ability/inability to support the youth? Does the caregiver reassure the youth that he/she can be successful? Does the caregiver assure the youth that his/her attachments are going to continue? Is the caregiver understanding about the effects of past trauma on his/her behavior?
2. Is the present caregiver performing necessary parenting functions reliably on a consistent daily basis, creating a positive atmosphere and secure environment in the home? Does the caregiver use praise, affection, emotional support, and age-appropriate discipline? Does the caregiver acknowledge the youth's accomplishments and achievements?
3. Does the caregiver perform parenting functions willingly, adequately, and consistently on a daily basis for this youth? Is the home free of hazards that might endanger the youth? Is the youth adequately supervised at home? Is the caregiver able to arrange for adequate childcare or alternative supervision when needed? Does the caregiver meet the youth's need to feel safe from abuse, intimidation or exploitation? Is it likely that this caregiver will adequately maintain a stable home environment for this youth for the foreseeable future?
4. Is the youth attending school on a daily basis and doing their homework? Does the caregiver help the youth with the morning routine of getting up on time, getting ready for school, eating breakfast and organizing books, papers and his/her book bag or back pack? Is the caregiver attending parent-teacher conferences and special school events? Does the caregiver encourage the youth's involvement in afterschool or extra curricular activities?
5. Is the caregiver accessing and using necessary community resources, such as parent support groups and natural family supports? Does the caregiver access a network of family and friends who help with meeting the youth's needs? Does the caregiver support the youth in making friends? Does the caregiver spend leisure and 'play' time with the youth?



Caregiver Status Review 1a: Parent & Caregiver Support of the Youth

6. Does the caregiver attend and participate in care planning meetings and transport the youth to his/her appointments? If the youth received outpatient therapy, how is progress and other information communicated to the caregiver? Is the caregiver in or moving toward a position of driving the care planning process?
7. If added supports are required in the home to meet the youth's needs and assist the caregiver, are these supports in place and meeting the needs?
8. If the youth is in therapeutic foster care, do the foster parents receive adequate assistance to address the youth's needs?

Description and Rating of the Caregiver's Support of the Youth

Note: Rate the mother and father and any substitute caregiver (Substitute caregivers include adoptive, kinship, guardian, or foster parent.) Congregate care caregivers are rated in Caregiver Status Review 1b.

Description of the Status Situation Observed for the Youth and Current Caregiver	Rating Level
<ul style="list-style-type: none"> • Optimal. The youth receives optimal caregiving in his/her current home and benefits from competent, consistent, and caring parenting. If added supports are needed to care for the youth, these are balanced with training, practical assistance, support, and relief to meet the needs of the youth and maintain the stability of the home. Such supports are both functional and of optimal intensity to assist the caregiver with extraordinary demands. 	<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 1.2em;">6</div> H Mother H Father H Sub. caregiver
<ul style="list-style-type: none"> • Good. The youth receives good caregiving in his/her current home and has generally competent and caring parenting. Most of the extraordinary demands placed on the caregiver as a result of the youth's needs are supported with training, practical assistance, and relief to maintain the stability of the home. Such supports are functional and of sufficient intensity to assist the caregiver with extraordinary demands. 	<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 1.2em;">5</div> Mother Father Sub. caregiver
<ul style="list-style-type: none"> • Fair. The youth receives fair caregiving in his/her current home and has minimally competent and caring parenting. Extraordinary demands placed on the caregiver as a result of the youth's needs are at least partially aided with training, practical assistance, in-home supports, and possibly protective supervision to meet the needs of the youth and maintain the stability of the home. However, this assistance to the caregiver may be minimally adequate for meeting the extraordinary demands of this youth. There is minor concern regarding the stability of the placement. 	<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 1.2em;">4</div> Mother Father Sub. caregiver
<ul style="list-style-type: none"> • Marginally Inadequate. The youth is experiencing minor problems of caregiving adequacy in his/her current home involving caregiving availability, attitude, consistency, or capacity. Any extraordinary demands placed on the caregiver as a result of the youth's needs are not being adequately supported with the necessary training, practical assistance, and relief to maintain the stability of the home. Caregiver supports are inconsistent or of not enough intensity to meet the extraordinary demands of this youth. 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 met. 	<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 1.2em;">3</div> H Mother H Father H Sub. caregiver
<ul style="list-style-type: none"> • Poor. The youth 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 as a result of this youth's needs are not adequately supported with training, practical assistance, and relief to maintain the stability of the home. Necessary supports are lacking in scope or intensity to meet the needs of the caregiver and/or youth. There is growing concern regarding stability with placement disruption seen as possible. Consequences of the unmet needs to the youth may be of substantial concern. 	<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 1.2em;">2</div> Mother Father Sub. caregiver
<ul style="list-style-type: none"> • Adverse. The youth 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 as a result of this youth's needs. There is serious concern regarding stability and placement disruption is likely. Consequences of the unmet needs to the youth may be of great immediate concern. 	<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 1.2em;">1</div> H Mother H Father H Sub. caregiver
<ul style="list-style-type: none"> • Not Applicable. Under any of the following conditions, this indicator may not apply to one or more of the persons being rated: If the youth is living in the birth home, then the substitute home caregiver would not be rated. If the youth is living in a substitute home and not returning to the birth parent's home, then the birth parent(s) would not be rated. If the youth is living in a group home or other congregate care setting, then Caregiver Support of the Youth 1b. is used, and this indicator is not applicable. 	<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 1.2em;">NA</div> Mother Father Sub. caregiver



Caregiver Status Review 1b: Group Caregiver Support of the Youth

Focus Measure

SUPPORT OF THE YOUTH IN CONGREGATE CARE: To what degree • Are the focus youth's primary caregivers in the group home or residential treatment facility meeting the youth's emotional, developmental, safety and educational needs?

Core Concepts

The primary focus of this review is on caregiver-provided supports necessary for the youth to respond to interventions, participate in education activities, and benefit from the therapeutic placement. There should be one or more primary caregivers in the congregate living situation who are willing, available and able to provide support to the youth in the following ways:

- Meeting the youth's basic needs for food, shelter, clothing, hygiene, and health care.
- Knowing the child's strengths, 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, and protection from aggressive behavior initiated by other youth in the home.
- Assisting with education by ensuring daily school attendance, assisting with homework and special projects, attending parent-teacher conferences and IEP meetings, if applicable.
- Encouraging and supporting participation in extracurricular activities.
- Meeting the child's basic emotional needs through praise, affection, emotional support, and age-appropriate discipline.
- Monitoring health concerns, diet and providing medication management.
- Helping the youth maintain connections with family or other significant persons in the youth's life and culture.

These are routine primary caregiver activities that meet a youth'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 youth in congregate. The congregate care living situation should have a positive and supportive atmosphere and environment.

Determine from Informants, Observations, Plans, and Records

1. Who is the primary caregiver in the congregate care living situation for this youth (afternoon, evening, and weekend shifts)? Has the youth formed a bond with any of the caregivers? Do caregivers meet the youth's needs to feel safe from abuse, intimidation or exploitation?
2. Do staff in the group home or residential treatment facility have the information, resources and expertise to meet the youth's needs? Do caregivers have access to sufficient and ongoing training? Do caregivers understand the challenges that the youth is facing with regard to diagnosis, prognosis and future independence? Do they know the youth's history and what interventions are effective and unique to this youth?
3. Are the youth's basic and special needs met on a consistent daily basis? Are the child's emotional needs met through praise, affection, emotional support, and age-appropriate discipline? Do caregivers acknowledge the youth's accomplishments and achievements?
4. Is the child attending school on a daily basis? Does the child complete homework and special project assignments? Do the youth's caregivers attend teacher conferences, IEP meetings, and other activities related to the youth's needs and progress in his/her education program?
5. Is the child encouraged and supported in participating in extracurricular activities provided through the group home, residential treatment facility, school or community organizations?
6. Is there congruence between the interventions implemented in the congregate setting and those that occur in other locations, for example, in school? If the youth receives outpatient therapy, how is information and progress communicated?
7. Do caregivers support the youth in making friends? Do caregivers know the child's friends, activity patterns, and whereabouts and provide oversight necessary to reduce risks of harm to the youth?



Caregiver Status Review 1b: Group Caregiver Support of the YouTH

8. Do the caregivers provide adequate supervision, feedback about behavior, corrective instruction, and logical consequences for misbehavior, including the youth's school behavior and academic performance?

9. For older youth, are caregivers able to assist the youth with making critical life decisions regarding education, vocation, sexuality, religion, morality, or the use of substances? Are caregivers responsive to the youth culturally?

Description and Rating of Caregiver Support of the Youth in Congregate Care

Description of the Status Situation Observed for the Youth in Congregate Caregiver	Rating Level
<ul style="list-style-type: none"> • Optimal Congregate Caregiving. The youth has formed a bond with at least one caregiver, and the youth reports feeling safe in the congregate living setting. Staff members have the information, resources and expertise needed to optimally meet the youth's needs. Caregivers fully understand the youth's challenges and needs and how these relate to his/her behavior. Caregivers fully support the youth's attendance and performance in school, participation in extracurricular activities, making friends, and maintaining family relationships. Supervision is excellent. There is congruence between interventions in the congregate setting and those provided by other service providers. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">6</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Good Caregiving. The youth is getting to know at least one caregiver, and the youth reports feeling safe in the congregate living setting. Staff members have most of the information, resources and expertise needed to meet the youth's most significant needs. Caregivers are gaining an understanding of the youth's challenges and needs and how these relate to his/her behavior. Caregivers support the youth's attendance and performance in school, participation in extracurricular activities, making friends, and maintaining family relationships. Supervision is adequate. There is mostly congruence between interventions in the congregate setting and those provided by other service providers. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">5</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Minimally Adequate to Fair Caregiving. The youth may be new to the setting and may not have formed a relationship with any caregiver, but the youth reports feeling safe in the congregate living setting. Staff members are getting up to speed on the information they need to understand the youth's needs. Caregivers mostly support the youth's attendance and performance in school, participation in extracurricular activities, making friends, and maintaining family relationships. Supervision is adequate. There may be issues to be worked out between interventions in the congregate setting and those provided by other service providers, but these discrepancies are being identified. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">4</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Marginally Inadequate Caregiving. The youth may be new to the setting and may not have formed a relationship with any caregiver. The youth reports feeling safe in the congregate living setting. Staff members may not have all of the information they need to understand the youth's needs. There may be problems in getting the youth to school every day and on time. There may have been instances where supervision is questionable. There may be issues to be worked out between interventions in the congregate setting and those provided by other service providers. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">3</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Moderate and Continuing Problems in Caregiving. Staff members may not have received adequate information about the youth prior to his/her placement in the congregate living situation, and the resulting situation is problematic. There may be concerns about supervision. There may be problems in getting the youth to school every day and on time. There may conflicts between interventions in the congregate setting and those provided by other service providers. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">2</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Serious and Worsening Problems in Caregiving. The youth was placed in the congregate living situation without adequate planning. As a result, the youth may be reacting aggressively toward staff. There are concerns regarding basic care, supervision, and assistance. The youth is most likely doing poorly in school, sick, absent, truant, suspended, or expelled. Discipline and appropriate management of behaviors is absent, inappropriate, or excessive at the congregate care facility. Serious support problems and their consequences are present. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">1</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Not Applicable. The youth lives in a small home setting. Caregiver Status Review 1a. was applied. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">NA</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>



Caregiver Status Review 2: Special Parent & Caregiver Challenges

Focus Measure

SPECIAL PARENT & CAREGIVER CHALLENGES: To what degree: • Do the parents, adoptive parents, kinship care, guardian or foster caregivers with whom the youth is currently residing, or with whom there is a goal of reunification, present or experience a pattern of significant, ongoing challenges that limit or adversely affect their capacity to function successfully as an adequate caregiver for this youth? • Does the family have any special life challenges that interfere with or prevent them from living together safely and functioning successfully? • Is there a plan and supports in place to assist a parent or caregiver who has challenges?

Core Concepts

The central focus of this status measure is determining if the youth's caregiver has problems, challenges or obligations of such an intensity that they substantially interfere with the caregiver's ability to adequately parent the youth. This indicator applies to a youth living with the birth parent, adoptive parent, kinship care, foster parent, or guardian and the parent with whom there is a goal of reunification, if applicable. If parental rights have been terminated, then this indicator applies only to the youth's current home setting and the caregiver is the adoptive, foster, guardian or kinship care parent. If domestic violence, substance abuse/addiction, and/or mental illness are limiting parental caregiving, then the reviewer must make sure that these areas are adequately addressed in the Safety, Assessment & Understanding and Caregiver Support of the Child indicators.

Special caregiving challenges may arise in any family, including those involved with the child welfare system for reasons of child maltreatment. Reasons may be due to a combination of life challenges that limit and/or adversely affect the capacity of the caregivers to maintain safe and nurturing conditions for their children in the home and the ability or willingness of the caregiver to provide essential requirements for effective child rearing. Factors may include one or a combination of the following challenges:

- Limited cognitive abilities (mental retardation, traumatic brain injury)
- Serious mental illness (depression, bi-polar disorder, schizophrenia)
- Substance abuse impairment or addiction
- Domestic violence (repeated pattern, serious risk/injury)
- Unlawful behavior pattern and incarceration
- Serious illness or disabling physical condition
- Adverse effects of poverty (e.g., inadequate income; inadequate housing/homelessness; lack of childcare, health care, transportation, etc.)
- Cultural or language barriers adversely affecting parenting abilities or doing child rearing inconsistent with normative expectations in the US
- Non-US citizen without required documentation and unable to meet basic needs of the youth or family
- Extraordinary demands placed on the parent (e.g., multiple children under age 5; high child/caregiver ratio; frail elderly, mentally ill or physically challenged persons in the home; single caregiver attempting to meet an extraordinary care burden within the home)
- Immaturity of a young teen parent lacking skills and
- Life disruption and dislocation caused by natural disasters leading to homelessness and/or inability to meet youth and family needs

The focus of this indicator is assessing the degree to which such factors currently pose serious challenges to the youth's caregiver, resulting in limited abilities, opportunities, and attitudes necessary for maintaining safe conditions in the home and consistently meeting requirements for effective child rearing.

Determine from Informants, Observations, Plans, and Records

1. To what degree does the caregiver with whom the youth is living, or the parent with whom there is a goal of reunification, present significant, ongoing challenges that limit parenting capacities?
2. Are there any life circumstances and challenges that might limit, disrupt, or overwhelm the caregiver's functioning? To what degree do these challenges persist? To what degree have these challenges been reduced via recent interventions?
3. To what degree does the caregiver understand the challenges that the youth is facing with regard to diagnosis, prognosis and future independence? Are these challenges overwhelming to the caregiver and do they contribute to the special caregiving challenges described in this indicator?
4. Through the engagement and intervention planning processes, have special caregiving challenges been identified? Have special caregiving challenges been considered needs and have they been matched to appropriate intervention strategies including parent support groups?

Caregiver Status Review 2: Special Parent & Caregiver Challenges

Description and Rating of Parent's or Caregiver's Special Challenges

Note: Rate the mother and father and any substitute caregiver (Substitute caregivers include adoptive, kinship, guardian, or foster parent.)

Description of the Status Situation Observed for the Youth and Current Caregiver	Rating Level
<ul style="list-style-type: none"> No Limitations. The biological parent or any substitute caregiver presently presents/experiences no challenging symptoms, behaviors, or life circumstances that would disrupt, disable, or limit consistent and adequate parenting capacities or opportunities. Parenting capacities are not limited at this time. [Sustained pattern for at least the last 6 months] 	<div style="background-color: black; color: white; text-align: center; padding: 2px;">6</div> Mother Father Sub. caregiver
<ul style="list-style-type: none"> Few, if any, Minor Limitations and with Good Supports. The biological parent or any substitute caregiver presently presents/experiences few, very infrequent, and only mildly disruptive or limiting symptoms, behaviors, or life circumstances that could reduce or limit consistent, adequate parenting capacities or opportunities. Parenting capacities always remain good even when such factors are present. Any risk of harm is minimal and is well balanced with protective factors and other supports. [Sustained pattern for at least the last 3 months] 	<div style="background-color: black; color: white; text-align: center; padding: 2px;">5</div> Mother Father Sub. caregiver
<ul style="list-style-type: none"> Some Minor Limitations, but with Adequate Supports. The biological parent or any substitute caregiver of the focus youth presently presents/experiences some, recurring, mildly to moderately disruptive or limiting symptoms, behaviors, or life circumstances that somewhat reduce or limit consistent, adequate parenting capacities or opportunities. Parenting capacities generally remain minimally adequate to fair when such factors are present. Any risk of harm is low and fairly balanced with protective factors and other supports. [Adequate, sustained pattern for at least the past 30 days] 	<div style="background-color: black; color: white; text-align: center; padding: 2px;">4</div> H Mother H Father H Sub. caregiver
<ul style="list-style-type: none"> Limiting Circumstances. Inadequate Supports or Not Consistently Available. The biological parent or any substitute caregiver of the focus youth presently presents/experiences some, recurring, mildly to moderately disruptive or limiting symptoms, behaviors, or life circumstances that reduce or limit consistent, adequate parenting capacities or opportunities. Parenting capacities may vary at moments in time from minimally adequate to occasionally inadequate when such factors are present, resulting in low to moderate risks of harm to children in the home, some of which may lack adequate protections or supports. [A mildly inadequate pattern over the past 30 days] 	<div style="background-color: black; color: white; text-align: center; padding: 2px;">3</div> H Mother H Father H Sub. caregiver
<ul style="list-style-type: none"> Major Life Challenges. Supports Inadequate or Missing. The biological parent or any substitute caregiver of the focus youth presently presents/experiences significant, recurring, moderately to serious disruptive or limiting symptoms, behaviors, or life circumstances that substantially reduce or limit parenting capacities or opportunities. Parenting capacities may be frequently inadequate when such factors are present, resulting in moderate to high risks of harm to children in the home. Such limited parenting capacities prevent children from safely remaining or returning to the home at the present time. [A present dynamic pattern of concern] 	<div style="background-color: black; color: white; text-align: center; padding: 2px;">2</div> Mother Father Sub. caregiver
<ul style="list-style-type: none"> Overwhelming Life Challenges. The biological parent or any substitute caregiver of the focus youth presently presents/experiences significant and worsening disruptive or limiting symptoms, behaviors, or life circumstances that fully limit parenting capacities or opportunities. Continued disruption or limitations in parenting capacities at this adverse level prevent children from safely remaining in the home and could result in termination of parental rights. [An adverse, dynamic pattern of increasing concern] 	<div style="background-color: black; color: white; text-align: center; padding: 2px;">1</div> H Mother H Father H Sub. caregiver
<ul style="list-style-type: none"> Not Applicable. Under any of the following conditions, this indicator may not apply to one or more of the persons being rated: If the youth is living in the birth home, then the substitute home caregiver would not be rated. If the youth is living in a substitute home and not returning to the birth parent's home, then the birth parent would not be rated. If the focus youth has resided in a 24-hour staffed facility (e.g., hospital, residential treatment facility, detention center) for the past 90 days and is not expected to return to the family home or to a known substitute home within the next 30 days, then neither birth parent nor substitute caregiver is rated. 	<div style="background-color: black; color: white; text-align: center; padding: 2px;">NA</div> H Mother H Father H Sub. caregiver

Caregiver Status Review 3: Family Voice & Choice

Focus Measure

FAMILY VOICE & CHOICE: To what degree • Do the youth's caregivers (or the youth, if age 18-21) play a significant role, have a voice and influence decisions made about the youth's needs, care plan, and support services? • What support, encouragement and accommodation are the caregivers afforded that facilitate their involvement and meaningful participation in care planning meetings and other treatment activities? [Most recent planning meetings]

Core Concepts

The central focus of this status indicator is determining if the caregiver functions as the youth's advocate in the care planning process. As the youth's legal and primary advocate, the caregiver (parents, relatives, foster and adoptive parents, or legal guardians) should be an able, active, and ongoing partner in the youth's care planning. The caregiver should be regarded as the "expert" on their child's and family's needs. Evidence of the caregiver playing a significant role, having a voice and influencing decisions can be seen through the caregiver:

- Knowing and explaining the youth's/family's strengths, needs, preferences, and challenges so that others may understand and assist.
- Attending care planning meetings and shaping key decisions about life goals, intervention strategies, special services, and essential supports.
- Fulfilling a lead role and providing the voice and views of the youth and family when advocating for needs, supports, and services.
- Following through at home on educational or therapeutic interventions.
- Encouraging and supporting the youth's participation in extracurricular and recreational activities that build social supports and connections.

The caregiver should be engaged as a service partner and the "expert" on the child in identifying needs, making plans, implementing and monitoring services, and evaluating results and outcomes. A caregiver's strengths should be recognized by the team members and engaged throughout the care planning process.

In some cases, caregivers may experience circumstances that could potentially reduce their ability or opportunity to be involved as a major partner. Working single caregivers may lose income if care planning meetings are scheduled during work hours. Caregivers with extraordinary demands in the home or caregivers with special needs of their own may have difficulty participating without special accommodations or support. The care planning team has an obligation to engage the caregiver as a partner in decision making, to make accommodations and provide supports where necessary to facilitate caregiver involvement. A family partner may be matched to the youth and family to work one-on-one with the caregivers to provide education and support throughout the planning process. The family partner may assist the caregivers in articulating the youth's strengths, needs and goals. The family partner educates the parents/caregivers about how to navigate the child-serving systems as well as the availability and access to informal or community resources.

Determine from Informants, Observations, Plans, and Records

1. What role are the parents/caregivers playing in the care planning team and care planning process? Are they taking a lead in providing information about the youth's strengths and needs? Are team members hearing the family's voice, preferences and goals for the youth? Is there help-seeking congruence between the family's approach to seeking help for the youth and the prevailing professional perspective?
2. Do parents/caregivers feel included in team meetings and in working collaboratively with service providers? Are the parents/caregivers attending care planning team meetings? What accommodations in meeting times or locations or problems with transportation have been made to facilitate their involvement? Have cultural disparities been considered and accommodated for these parents/caregivers and the youth? Do caregivers report that the decision-making process fits their family's culture and other family characteristics?
3. Does the youth's caregiver understand and explain youth and family strengths, needs, challenges, and preferences to others involved in the services processes? Is there knowledge congruence between the parent/caregiver's explanation of the youth's presenting issues, needs and strengths and prevailing professional culture's perspective?
4. If there are factors that substantially and repeatedly prevent or reduce the parent's/caregiver's opportunity or ability to function effectively in matters related to the youth's service situation, has the service team offered special accommodations or supports to the caregiver to facilitate effective participation? If so, have they been accepted by the parent/caregiver and has this improved participation? If accommodations or supports have not been offered, why not?
5. Has a family partner been matched to the family? Is the family partner effectively facilitating the parent/caregiver and youth's involvement in the care planning process?



Caregiver Status Review 3: Family Voice & Choice

Description and Rating of the Parent/Caregiver's Voice & Choice

Note: Rate the mother and father and any substitute caregiver (Substitute caregivers include adoptive, kinship, guardian, or foster parent.) If the youth is age 12-17, then rate the youth's opinions. If the youth is age 18-21, then it is possible that only the youth's opinions would be reflected in the ratings and the others would be marked NA, depending on the situation.

Description of the Status of Caregiver Participation and Advocacy for the Youth and Family	Rating Level
<ul style="list-style-type: none"> ◆ Optimal Caregiver Voice. The youth's caregiver is a full and effective partner in all aspects of engagement, assessment, service planning, implementation, monitoring and evaluation of results. The caregiver is playing a significant role and having a marked impact on the decisions made about the youth's needs, care plan and support services. A family partner may have been matched to this family, and this service is facilitating and supporting the family's ability to navigate the service system and access resources. There is congruence between the caregiver's and professional's perspectives. Any cultural disparities have been addressed. 	<div style="background-color: black; color: white; text-align: center; padding: 2px;">6</div> <ul style="list-style-type: none"> Q Mother Q Father Q Sub. caregiver Q Youth age 12-17 Q Youth age 18-21
<ul style="list-style-type: none"> ◆ Substantially Good Caregiver Voice. The youth's caregiver is a substantial and contributing partner in most aspects of engagement, assessment, service planning, implementation, monitoring and evaluation of results. The caregiver's preferences and perspectives about decisions made concerning the youth's needs, care plan and support services are being heard by the team. A family partner may have been matched to this family, and this service is facilitating and supporting the caregiver's ability to navigate the service system and access resources. There is mostly congruence between the caregiver's and professional's perspectives. Any cultural disparities are being addressed. 	<div style="background-color: black; color: white; text-align: center; padding: 2px;">5</div> <ul style="list-style-type: none"> Q Mother Q Father Q Sub. caregiver Q Youth age 12-17 Q Youth age 18-21
<ul style="list-style-type: none"> ◆ Minimally Adequate Caregiver Voice. The youth's caregiver is a fair participant in some aspects of engagement, assessment, service planning, implementation and monitoring, and evaluation of results. The caregiver's preferences and perspectives about decisions made concerning the youth's needs, care plan and support services are sometimes considered by the team. A family partner may have been matched to this family, and this service is somewhat effective in helping the caregiver navigate the service system and access resources. There is some congruence between the caregiver's and professional's perspectives. If cultural disparities exist, they are beginning to be recognized. 	<div style="background-color: black; color: white; text-align: center; padding: 2px;">4</div> <ul style="list-style-type: none"> Q Mother Q Father Q Sub. caregiver Q Youth age 12-17 Q Youth age 18-21
<ul style="list-style-type: none"> ◆ Marginally Inadequate Caregiver Voice. The youth's caregiver is a limited or inconsistent participant in a few aspects of engagement, assessment, service planning, implementation and monitoring, and evaluation of results. The caregiver may have limiting circumstances, may not have been offered accommodations or supports, or may not wish greater participation even with offered accommodations or assistance. 	<div style="background-color: black; color: white; text-align: center; padding: 2px;">3</div> <ul style="list-style-type: none"> Q Mother Q Father Q Sub. caregiver Q Youth age 12-17 Q Youth age 18-21
<ul style="list-style-type: none"> ◆ Substantially Inadequate Caregiver Voice. The youth's caregiver seldom participates in any aspects of engagement, assessment, service planning, implementation and monitoring, and evaluation of results. The caregiver may have limiting circumstances, may not have been offered acceptable accommodations or supports, or may not wish greater participation even with offered accommodations or assistance. 	<div style="background-color: black; color: white; text-align: center; padding: 2px;">2</div> <ul style="list-style-type: none"> Q Mother Q Father Q Sub. caregiver Q Youth age 12-17 Q Youth age 18-21
<ul style="list-style-type: none"> ◆ No Caregiver Voice. The youth's caregiver has not participated in any aspects of engagement, assessment, service planning, implementation and monitoring, and evaluation of results within the past 12 months. The youth may be receiving services in a hospital, residential setting, or detention center with no parental involvement. 	<div style="background-color: black; color: white; text-align: center; padding: 2px;">1</div> <ul style="list-style-type: none"> Q Mother Q Father Q Sub. caregiver Q Youth age 12-17 Q Youth age 18-21
<ul style="list-style-type: none"> ◆ Not Applicable. Under any of the following conditions, this indicator may not apply to one or more of the persons being rated: If the youth is living in the birth home, then the substitute home caregiver would not be rated. If the youth is living in a substitute home and not returning to the birth parent's home, then the birth parent(s) would not be rated. If the youth is younger than age 12, then youth 12-17 is NA. If the youth is not age 18-21, then youth 18-21 is NA. 	<div style="background-color: black; color: white; text-align: center; padding: 2px;">NA</div> <ul style="list-style-type: none"> Q Mother Q Father Q Sub. caregiver LJ Youth age 12-17 LJ Youth age 18-21



Caregiver Status Review 4: Satisfaction with Services/Results

Focus Measure

SATISFACTION WITH SERVICES/RESULTS: To what degree • Do parents, caregivers and/or youth report a belief that their child's needs are guiding services? • Are parents, caregivers and/or youth satisfied with the supports, services, and service results presently being experienced? • Are parents, caregivers and/or youth satisfied with their participation in the care planning process for the youth? [Satisfaction over the past 90 days or since the beginning of the current care plan]

Core Concepts

The central focus of this status indicator is determining how satisfied the parent and/or caregiver, and the youth if age 12 or older are with the care planning process, the services provided, the natural supports incorporated, and outcomes achieved, and that their child's needs are understood and guide services. Satisfaction is concerned with the degree to which the youth and parent/caregiver 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 youth and his/her parent or 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, including natural supports, and services are offered at convenient times that well fits their situation.
- Appreciation for the quality/dependability of assistance and support provided.
- Knowledge that circumstances are better now than before or are getting better because of the supports and services.

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

This indicator focuses on the parent/caregiver/older youth's views. If the youth lives with his/her parents, relative, foster parent, guardian, or group home parent, then that person's views are solicited. If the youth 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 youth will be returned are solicited. If the youth is in a long-term residential treatment setting and the future caregiver is unknown, then the caregiver satisfaction with services/results is not applicable; only caregiver participation in planning would be rated in this situation. For a youth living in a group home or a short-term residential treatment facility, the group home treatment staff's satisfaction with their participation in care planning is rated.

Determine from Informants, Observations, Plans, and Records

Satisfaction with the youth's needs being understood

1. Do the parent and/or caregiver report that their child's needs, those that are contributing to or causing the child's behaviors, are guiding services?
2. Do the parent and/or caregiver report that services are linked to what the family requires to support the child?

Satisfaction with services and results:

1. Does the caregiver believe they were offered reasonable alternatives from which to choose when selecting intervention strategies, services, supports, and providers?
 2. To what degree does the caregiver agree with and support the combination and sequence of strategies, supports, and services that are being offered and provided to the youth and family?
 3. Is the caregiver satisfied with the present mix and match of services being offered and provided? If not, what would they change? How does the caregiver rate the quality and dependability of their current services and the providers of services? Do the parent and caregiver report that the services provided fit their culture and other family characteristics?
 4. How does the parent and/or caregiver rate the effectiveness of current strategies, services, and supports in getting the results they were seeking? Do they report that they are being effectively supported to meet their child's needs? Do they report that the challenges they face are being recognized and the services and supports received are addressing these challenges? To what degree does the caregiver believe they are benefiting from these services, even if some services were not voluntary in nature?
 5. If the youth lives in a foster or group home, does the caregiver feel adequately supported in serving this youth?
-



Caregiver Status Review 4: Satisfaction with Services/Results

Satisfaction with participation in care planning:

1. Do the parent and/or caregiver report that their family's strengths are recognized? Are they listened to when they advocate for their child's needs? Are their natural supports included and heard in team meetings and when working with service providers? Does the care planning team meet without the family present?
2. How satisfied is the caregiver with their role and impact (voice, views, influences, and choices) in shaping decisions made about intervention strategies, services, and supports being provided to the youth and family? Have any cultural disparities been identified and appropriately accommodated to facilitate the caregiver's participation?
3. Does the caregiver feel respected when sharing their views and preferences in the planning and delivery of services? Is there congruence between the caregiver's and professionals perspectives about the youth's needs, underlying issues and priority concerns?
4. When care planning team members talk about the family and youth, is their language respectful and supportive or blaming?
5. Does the caregiver believe they were given the opportunity to identify the family's and the youth's strengths during the engagement, assessment and care planning processes?
6. If the youth is currently living in an out-of-home placement but will be returning to the caregiver's home, has the caregiver been adequately and continuously involved in the care planning process?

Description and Rating of the Caregiver/Youth's Current Satisfaction

Note: *If the youth is age 12 or older, rate his/her satisfaction on all three dimensions. Rate the mother, father, and/or substitute caregiver as appropriate to each individual's involvement with the youth. If the youth is currently living in a group home or residential treatment facility, the facility staff are considered a caregiver and only their views on "Participation" are rated. If the youth is age 18- 21, then it is possible that only his/her opinions would be reflected in the ratings and the others would be marked NA, depending on the situation. For guidance in determining which, if any of the individuals, should not be rated, see the NA on the following page.*

Description of the Status of Caregiver Participation and Advocacy for the Child and Family Rating Level

- ◆ **Optimal Satisfaction. Needs Understood.** The parent/caregiver/youth reports optimal satisfaction with service providers' understanding of their child's needs as reflected in the child's behaviors and that these needs are guiding services. The parent/caregiver report that they are receiving exactly what they need to support the child. **6**

Services and Results. The parent/caregiver 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 caregiver/youth "couldn't be more pleased" with the service situation and his/her recent experiences and interactions with service personnel. Participation. The parent/caregiver/youth/group home or RTF reports optimal satisfaction with their role and impact on the service planning process. Every accommodation has been afforded to develop and maintain the caregiver's maximum participation. The caregiver's views on the youth's and family's strengths and preferences have been respected.

<u>Mother</u>	<u>Father</u>	<u>Sub. careg.</u>
Q Needs	Q Needs	Q Needs
Q Services	Q Services	Q Services
Q Particip.	Q Particip.	Q Particip.
<u>Youth</u>	<u>Grp hm/RTF</u>	
Q Needs	Q Particip.	
	Q Services	
	Q Particip.	

- ◆ **Substantial satisfaction. Needs Understood.** The parent/caregiver/youth reports substantial satisfaction with service providers' understanding of their child's needs as reflected in the child's behaviors and that these needs are guiding services. The parent/caregiver/youth report that they are generally receiving what they need to support the child. **5**

Services and Results. The parent/caregiver/youth 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 caregiver/youth is "generally satisfied" with the service situation and his/her recent experiences and interactions with service personnel. Any complaints and disappointments are minimal. Participation. The parent/caregiver/youth/group home or RTF reports substantial satisfaction with their role and impact on the service planning process. Accommodations has been made support the caregiver's participation. The caregiver's views on the youth's and family's strengths and preferences have been mostly respected.

<u>Mother</u>	<u>Father</u>	<u>Sub. careg.</u>
Q Needs	Q Needs	Q Needs
Q Services	Q Services	Q Services
Q Particip.	Q Particip.	Q Particip.
<u>Youth</u>	<u>Grp hm/RTF</u>	
Q Needs	Q Particip.	
	Q Services	
	Q Particip.	





Caregiver Status Review 4: Satisfaction with Services/Results

Description and Rating of the Caregiver/Youth's Current Satisfaction

Description of the Status of Caregiver Participation and Advocacy for the Child and Family	Rating Level
<p>◆ Minimal Satisfaction. <u>Needs Understood.</u> The parent/caregiver/youth reports minimal satisfaction with service providers' understanding of their child's needs as reflected in the child's behaviors and that these needs are partially guiding services. The parent/caregiver/youth report that they are minimally receiving what they need to support the child. <u>Services and Results.</u> The parent/caregiver/youth 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 caregiver/youth 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. <u>Participation.</u> The parent/caregiver/youth/group home or RTF reports minimal satisfaction with their role and impact on the service planning process. Some accommodations have been made to support the caregiver's participation. The caregiver's views on the youth's and family's strengths and preferences have been minimally respected.</p>	<p style="text-align: center;">4</p> <p style="text-align: center;">Mother Father Sub.careg.</p> <p>Q Needs Q Needs Q Needs</p> <p>Q Services Q Services Q Services</p> <p>Q Particip. Q Particip. Q Particip.</p> <p>Q Needs Q Particip.</p> <p>Q Services</p> <p>Q Particip.</p>
<p>◆ Mild Dissatisfaction. <u>Needs Understood.</u> The parent/caregiver/youth reports mild dissatisfaction with service providers' understanding of their child's needs as reflected in the child's behaviors and that these needs are not sufficiently guiding services. The parent/caregiver/youth report that they are not receiving what they need to support the child. <u>Services and Results.</u> The parent/caregiver/youth 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 caregiver/youth 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. <u>Participation.</u> The parent/caregiver/youth/group home or RTF reports mild dissatisfaction with their role and impact on the service planning process. Few accommodations have been made to support the caregiver's participation. The caregiver's views on the youth's and family's strengths and preferences have been marginally respected without explanation.</p>	<p style="text-align: center;">3</p> <p style="text-align: center;">Mother Father Sub.careg.</p> <p>Q Needs Q Needs Q Needs</p> <p>Q Services Q Services Q Services</p> <p>Q Particip. Q Particip. Q Particip.</p> <p>Q Needs Q Particip.</p> <p>Q Services</p> <p>Q Particip.</p>
<p>◆ Moderate and Continuing Dissatisfaction. <u>Needs Understood.</u> The parent/caregiver/youth reports moderate and continuing dissatisfaction with service providers' understanding of their child's needs as reflected in the child's behaviors and that these needs are not sufficiently guiding services. The parent/caregiver/youth report that they are not receiving what they need to support the child. <u>Services and Results.</u> The parent/caregiver 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 caregiver/youth 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. <u>Participation.</u> The parent/caregiver/youth/group home or RTF reports continuing dissatisfaction with their role and impact on the service planning process. Rarely have accommodations been made to support the caregiver's participation. The caregiver's views on the youth's and family's strengths and preferences have been dismissed without explanation.</p>	<p style="text-align: center;">2</p> <p style="text-align: center;">Mother Father Sub.careg.</p> <p>Q Needs Q Needs Q Needs</p> <p>Q Services Q Services Q Services</p> <p>Q Particip. Q Particip. Q Particip.</p> <p>Q Needs Q Particip.</p> <p>Q Services</p> <p>Q Particip.</p>
<p>◆ Substantial and Growing Dissatisfaction. <u>Needs Understood.</u> The parent/caregiver/youth reports that service providers do not understand their child's needs, and they often refer to the child/youth only in terms of disorders and deficits. The parent/caregiver/youth report that they are not receiving what they need to support the child and the situation in the home is worsening. <u>Services and Results.</u> The parent/caregiver/youth 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 caregiver is "greatly and increasingly disappointed" with the service situation and his/her recent experiences and interactions with service personnel. Complaints and disappointments may be long standing, significant, and increasing in their scope and intensity. <u>Participation.</u> The parent/caregiver/youth/group home or RTF reports growing dissatisfaction with their role and ability to impact the service planning process. Accommodations have not been made to support the caregiver's participation. The caregiver's views on the youth's and family's strengths and preferences have been disrespected.</p>	<p style="text-align: center;">1</p> <p style="text-align: center;">Mother Father Sub.careg.</p> <p>Q Needs Q Needs Q Needs</p> <p>Q Services Q Services Q Services</p> <p>Q Particip. Q Particip. Q Particip.</p> <p>Q Needs Q Particip.</p> <p>Q Services</p> <p>Q Particip.</p>





Caregiver Status Review 4: Satisfaction with Services/Results

Description and Rating of the Caregiver/Youth's Current Satisfaction

Description of the Status of Caregiver Participation and Advocacy for the Child and Family Rating Level

<p>● Not Applicable. If the youth is younger than age 12, mark NA for youth. If the youth's mother or father is not present in the youth's life or was not interviewed, mark NA; if the youth is not currently living with a substitute caregiver or a move into or out of a substitute caregiver's home is not imminent or the substitute caregiver was not interviewed, mark NA; if the youth is not living in a group home or residential treatment facility or a representative of the group home or residential facility was not interviewed, mark NA.</p>	<div style="background-color: black; color: white; padding: 5px; display: inline-block; margin-bottom: 5px;">NA</div> <table border="0"> <tr> <td><u>Mother</u></td> <td><u>Father</u></td> <td><u>Sub. careg.</u></td> </tr> <tr> <td>H NA H</td> <td>NA H NA</td> <td>H NA</td> </tr> <tr> <td><u>Youth</u></td> <td><u>Grp hm/RTF</u></td> <td></td> </tr> <tr> <td>H NA H</td> <td>NA</td> <td></td> </tr> </table>	<u>Mother</u>	<u>Father</u>	<u>Sub. careg.</u>	H NA H	NA H NA	H NA	<u>Youth</u>	<u>Grp hm/RTF</u>		H NA H	NA	
<u>Mother</u>	<u>Father</u>	<u>Sub. careg.</u>											
H NA H	NA H NA	H NA											
<u>Youth</u>	<u>Grp hm/RTF</u>												
H NA H	NA												







Section 4

Child Progress Indicators

1.	Reduction of Psychiatric Symptom/Substance Use	50
2.	Improved Coping/Self-Management	52
3.	School/Work Progress	56
4.	Progress Toward Meaningful Relationship	60
5.	Overall Well-Being & Quality of Life	62



Progress Review 1: Reduction of Psychiatric Symptoms/Substance Use

Focus Measure

REDUCTION OF SYMPTOMS/SUBSTANCE USE: To what degree are the target psychiatric symptoms, problem behaviors and/or substance use patterns that caused impairments that have led to adverse impact being reduced for this youth? [Change is reviewed over the past 6 months, or since treatment began if less than 6 months.]

Core Concepts

The central focus of this progress indicator is determining the youth's progress in the reduction of symptoms, problem behaviors, and/or substance use associated with the disorder or condition being treated. A youth receiving treatment for emotional/behavioral disorders has one or more diagnoses based on specific psychiatric symptoms (e.g., hyperactivity, impulsivity, psychosis, depression, anxiety, oppositional behavior, conduct disorder, adjustment to trauma, emotional control or eating disorder), targeted maladaptive behaviors (e.g., self mutilation, self-harm, danger to others, sexual aggression, fire setting, bullying, suicide risk), or substance use, including alcohol, illegal drugs and inappropriate use of prescription medications, that are to be reduced or eliminated via treatment intervention. As a result of treatment intervention and support, targeted symptoms and/or substance use patterns are expected to diminish as daily functioning is improved or restored. Often, the reduction of targeted symptoms or substance use behaviors is coupled with targeted increases in the development of coping skills to manage symptoms that cannot be fully eliminated via medications or to build functional replacement behaviors that remove the reinforcement value of maladaptive behaviors while increasing the youth's use of pro-social skills.

NOTE: *The targeted increases in coping skills and/or functional replacement behaviors are addressed in Progress Review 2: Improved Coping/Self-Management. The reduction of targeted symptoms or drug use is addressed in this indicator, Progress Review 1.*

Targeted symptoms, maladaptive behaviors, and/or substance use provide the basis for treatment interventions. Effective treatment response should be accompanied by reduction in targeted symptoms and, hopefully, restoration or improvement of the youth to an adequate level of daily functioning at school, in the community and at home. Youth receiving appropriate treatment are expected to show reduction in symptoms, behavioral episodes, and/or substance use over the course of treatment. Application of this indicator to a youth being reviewed requires that:

1. One or more psychiatric symptoms causing functional impairments and/or one or more maladaptive behaviors or substance use patterns causing adverse impact have been identified and targeted for reduction via planned treatment intervention.
2. Baseline information on the nature, frequency, and severity of the symptoms or maladaptive behaviors or substance use was taken and is being used for subsequent comparisons to track frequencies and intensities over time.
3. Planned treatment interventions have been delivered for a period of 60 days or longer.
4. Current (within the past 30 days) tracking information (quantitative or anecdotal or both) is available for examination by the reviewer to use as a basis for rating this indicator. [Missing tracking information will be reflected in the rating process.]

The reviewer should use the scale provided to rate the degree of progress made in symptom reduction reported by informants and records in this case. The reviewer should examine change over the past six months [or since the targeted treatment intervention began, if less than six months]. If multiple targets are being treated and tracked, the reviewer should focus on the targeted symptoms or maladaptive behaviors that were most troublesome to the youth and others when rating this indicator. If treatment interventions (e.g., medications, psychotherapy, behavioral management techniques) are being used without data-driven tracking and adjustment, this practice deficit should be reflected, as appropriate to the case circumstances and impact, in the ratings made for assessment, service implementation, tracking and adjustment, medication management, and effective results. This indicator does not apply to a youth for whom no psychiatric symptoms, maladaptive behaviors, or substance use are being or have been targeted for treatment intervention within the past six months.

Determine from Informants, Observations, Plans, and Records

1. Have one or more psychiatric, maladaptive behaviors and/or substance use symptoms been targeted and treated for this youth within the past six months?
2. Was specific baseline data collected on each targeted symptom or behavior at the time it was selected for treatment intervention? Is it available for review?
3. Have targeted and treated psychiatric and substance use symptoms or maladaptive behaviors been tracked via data collection over time for each targeted symptom or behavior?

Progress Review 1: Reduction of Psychiatric Symptoms/Substance Use

4. To what degree have the targeted symptoms or behaviors been reduced via treatment intervention(s) over the past six months?

Description and Rating of the Youth's Recent Progress

Description of the Progress Observed for the Youth	Rating Level
<ul style="list-style-type: none"> • Optimal Progress. Tracking information on major symptoms/behaviors/substance use being treated reveals that excellent progress is being made in reducing targeted symptoms/behaviors/use patterns at a level well above expectation. - OR - The disorder is now in partial-to-full remission/sobriety and there are no longer any symptoms or signs of disorder or the adverse effect of any remaining symptoms/use are fully and effectively managed by the person using coping strategies and skills. Functioning has been restored to previous levels or has been advanced to a level necessary for adequate functioning in daily settings. 	<div style="text-align: center;">6</div> H Symp/Beh H Sub Use
<ul style="list-style-type: none"> • Good Progress. Tracking information on major symptoms/behaviors/substance use being treated reveals that the youth is making good progress in reducing targeted symptoms/behaviors/use patterns 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/use result in no more than rare, minor functional impairments in social, school, or work settings. 	<div style="text-align: center;">5</div> H Symp/Beh H Sub Use
<ul style="list-style-type: none"> • Fair Progress. Tracking information on major symptoms/behaviors/use patterns being treated reveals that the youth is making fair progress in reducing targeted symptoms/behaviors/use 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. 	<div style="text-align: center;">4</div> Symp/Beh Sub Use
<ul style="list-style-type: none"> • Marginal Progress. The youth is making limited or inconsistent progress in reducing targeted symptoms/behaviors, and/or use patterns 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. Tracking data available may be somewhat limited, inconsistent, or dependent on anecdotal statements with somewhat limited information based on tracked frequency and intensity of episodes. 	<div style="text-align: center;">3</div> Symp/Beh Sub Use
<ul style="list-style-type: none"> • No Progress. The youth is making little or no consistent progress in reducing targeted symptoms/behaviors/use patterns. - 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, addiction, or injury may be present and increasing. Tracking data available may be very limited, inconsistent, or totally dependent on anecdotal statements with little or no information based on tracked frequency and intensity of episodes. 	<div style="text-align: center;">2</div> Symp/Beh Sub Use
<ul style="list-style-type: none"> • Decline. The youth's symptoms, maladaptive behaviors, and/or use patterns are increasing and intensifying. Serious symptoms/substance use and increasing functional limitations may be present across settings. Risks of increased restriction, isolation, regression, addiction, or injury may be high. Quantitative tracking data on targeted symptoms/behaviors may be entirely missing with treating professionals relying only on sketchy anecdotal information, possibly obtained from persons who are unreliable or who have had very little contact with the youth in the settings where troublesome symptoms/behaviors/use patterns are occurring. 	<div style="text-align: center;">1</div> H Symp/Beh H Sub Use
<ul style="list-style-type: none"> • Not Applicable. This youth has not received treatment interventions for targeted psychiatric symptoms or serious maladaptive behaviors or substance use within the past six months. Therefore, this indicator does not apply to this youth at this time. 	<div style="text-align: center;">NA</div> H Symp/Beh H Sub Use

Progress Review 2: Improved Coping/Self-Management

Focus Measure

IMPROVED COPING/SELF-MANAGEMENT: To what degree has the youth demonstrated adequate progress over the past six months, consistent with the youth's age and ability, in building appropriate coping skills that manage lingering psychiatric symptoms, prevent relapse from substance abuse recovery, and/or gaining functional behaviors and self-management skills?

Core Concepts

The central focus of this progress indicator is determining if the youth is making progress in acquiring and using coping and self-management/emotional regulation skills that result in getting his/her needs met appropriately. A youth receiving treatment for emotional/behavioral disorders has one or more diagnoses based on specific psychiatric symptoms (e.g., hyperactivity, impulsivity, psychosis, depression, anxiety, oppositional behavior, conduct disorder, adjustment to trauma, emotional control or eating disorder), targeted problem behaviors (e.g., self mutilation, self-harm, danger to others, sexual aggression, emotional dysregulation, fire setting, bullying, suicide risk), or substance use, including alcohol, illegal drugs and inappropriate use of prescription medications, that are to be reduced or eliminated via treatment intervention. As a result of treatment intervention and support, targeted symptoms of disorders are expected to diminish as daily functioning is improved or restored. The reduction of targeted symptoms, problem behaviors, or substance use should be coupled or paired with targeted increases in the development of coping and self-regulation skills to manage symptoms that cannot be fully eliminated via medications or to build functional replacement behaviors that remove the reinforcement value of problem behaviors/substance use while increasing the youth's use of pro-social and self-management skills to get needs met appropriately.

NOTE: *The targeted increases in coping skills, functional replacement behaviors, and/or self-management is addressed in this indicator, Progress Review 2. The reduction of targeted symptoms, problem behaviors, and/or substance use is addressed in Progress Review 1.*

Increasing resiliency and drug abstinence in youth who struggle with lingering psychiatric symptoms or drug use relapse tendencies, which may be reduced but not eliminated with treatment, requires that the youth develop and use active coping strategies and skills to function effectively in daily settings. Similarly, good practice requires that targeted problem behaviors and substance use patterns be paired with functional replacement behaviors that offer the youth new strategies and pro-social skills to rely on in daily settings as problem behaviors and substance use are being reduced and eliminated. The focus of this indicator is placed on the progress being made by the youth in building and using coping skills and/or functional replacement behaviors in daily settings as troublesome symptoms, problem behaviors, or substance use is being reduced via treatment intervention.

Effective treatment response includes reduction in targeted symptoms/behaviors/drug use with concurrent improvement in use of coping skills and self-management. With the reduction of symptoms and problem behaviors and drug abstinence, the youth is expected to build and demonstrate increasingly successful use of coping skills, functional replacement behaviors, and/or self-management strategies in daily settings. Baseline measures should be taken on targeted coping skills or targeted replacement behaviors to provide a basis for subsequent comparisons and tracking over time. Application of this indicator to a youth being reviewed requires that:

1. One or more psychiatric symptoms, problem behaviors and/or substance use issues causing functional impairments have been identified and targeted for reduction or elimination via planned treatment intervention(s). For each symptom or behavior, one or more targeted coping skills or replacement behaviors has been set for acquisition and demonstration.
2. Baseline information on the nature, frequency, and severity of the symptoms or problem behaviors or drug use was taken and is being used for subsequent database comparisons to track frequencies and intensities over time. Baseline information on presentation and use of each targeted coping skill or replacement behavior was taken and is being used to track acquisition and use concurrently with the reduction of psychiatric symptoms, problem behaviors or substance use behaviors.
3. Planned treatment interventions, including skill acquisition, have been delivered for a period of 60 days or longer.
4. Current (within the past 30 days) tracking information (quantitative or anecdotal or both) is available for examination by the reviewer to use as a basis for rating this indicator. [Missing tracking information will be reflected in the rating process.]

The purpose of this review is to determine the youth's progress in acquiring and using coping skills and/or functional replacement behaviors. The reviewer should use the scale provided to report the degree of progress made in daily coping and/or use of functional replacement behaviors reported by informants and records. The reviewer should examine change over the past six months [or since the targeted treatment intervention began, if less than six months]. If multiple targets are being treated and tracked, the reviewer should focus on the targeted coping skills or functional replacement behaviors that are most important and useful to the youth and others when rating this indicator.

Progress Review 2: Improved Coping/Self-Management

If treatment interventions (e.g., medications, psychotherapy, behavioral management and training techniques) are being used without data-driven tracking and adjustment, this practice deficit should be reflected, as appropriate to the case circumstances and impact, in the ratings made for assessment, service implementation, tracking and adjustment, medication management, and effective results. This indicator does not apply to a youth for whom no psychiatric symptoms, problem behaviors or substance use issues are being or have been targeted for treatment intervention using acquisition of coping skills or functional replacement behaviors within the past six months.

Probes: Determine from Informants, Observations, Plans, and Records

1. Have one or more psychiatric symptoms, problem behaviors or substance use issues been targeted for coping skill acquisition or functional replacement behaviors within the past six months? What role has the youth or caregiver played in identifying the symptoms, behaviors or drug use patterns that are of concern? What role has the youth or caregiver played in identifying the coping skills or replacement behaviors that he or she will learn? How are targeted coping skills and replacement behaviors building on the youth's personal strengths?
2. Was specific baseline data collected on each coping skill or replacement behavior at the time it was selected for treatment intervention? Is it available for review? How has this data been used to track acquisition and use in this case? Did the youth or caregiver have a role in collecting and reporting the baseline data? Have data been consistently collected?
3. Have targeted coping skills or replacement behaviors been tracked via data collection over time and linked to each targeted symptom or behavior? Did the youth or caregiver have a role in collecting and reporting use of coping skills and replacement behaviors? Are these skills and behaviors building on the youth's personal strengths?
4. To what degree have the targeted coping skills or replacement behaviors been gained and used via treatment intervention(s) over the past six months? What is the youth's or caregiver's perspective on the youth's use of coping skills and replacement behaviors? Are they enhancing the youth's personal strengths?

Description and Rating of the Youth's Progress

Description of the Progress Observed for the Youth

Rating Level

- **Optimal Progress.** The youth is demonstrating positive gains in coping skills, functional replacement behaviors, and/or self-management abilities in daily settings above expectation, based on the youth's daily functioning at home, in school and in community settings and activities. Parents, caregivers and teachers report and tracking data collected on the frequency of skill use provide evidence of optimal progress toward achievement of planned intervention goals related to the targeted behaviors. **6**
- **Good Progress.** The youth is demonstrating positive gains in coping skills, functional replacement behaviors, and/or self-management abilities at expectation, based on the youth's daily functioning at home, in school and in community settings and activities. Parent, caregivers and teacher reports and tracking data collected on the frequency of skill use provide evidence of good progress toward achievement of planned intervention goals related to the targeted behaviors. **5**
- **Fair Progress.** The youth is demonstrating positive gains in coping skills, functional replacement behaviors and/or self-management abilities near expectation, based on the youth's daily functioning at home, in school and in community settings and activities. Parents, caregivers and teacher reports and tracking data collected on the frequency of skill use provide evidence of minimally adequate to fair progress toward achievement of planned intervention goals related to the targeted behaviors. **4**
- **Marginally Inadequate Progress.** The youth is demonstrating limited or inconsistent gains in coping skills, functional replacement behaviors, and/or self-management abilities below expectation, based on the youth's daily functioning at home, in school and in community settings and activities. Parents, caregivers and teachers may describe somewhat inadequate progress toward achievement of planned intervention goals related to the targeted behaviors. Tracking data available may be somewhat limited, inconsistent, or dependent on anecdotal statements with somewhat limited information based on tracked skill acquisition. **3**



Progress Review 2: Improved Coping/Self-Management

Description and Rating of the Youth's Progress

Description of the Progress Observed for the Youth	Rating Level
<ul style="list-style-type: none"> Poor Progress. The youth is performing well below expectation in gaining coping skills, functional replacement behaviors, and/or self-management abilities. Tracking data available may be very limited, inconsistent, or totally dependent on anecdotal statements with little or no information based on tracked skill acquisition and use. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">2</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> Regression. The youth is regressing in the areas targeted for skill acquisition or functional behavior replacement. Quantitative tracking data on skill acquisition and use may be entirely missing with treating professionals relying only on sketchy anecdotal information, possibly obtained from persons who are unreliable or who have had very little contact with the youth in the settings where skills are to be used. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">1</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> Not Applicable. This youth has not received treatment interventions for targeted coping skills or functional replacement behaviors within the past six months. Therefore, this indicator does not apply to this youth at this time. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; margin-right: 5px;">NA</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>





Progress Review 3: School/Work Progress

Focus Measure

SCHOOL/WORK PROGRESS: To what degree has the youth demonstrated adequate progress, consistent with the youth's age and ability, in his/her assigned academic or vocational curriculum or work situation? [Last 6 months or since enrollment or employment if less than 6 months.]

Core Concepts

The central focus for this progress indicator is determining if the youth is progressing in acquiring the skills and abilities offered in the educational setting or in employment. The youth is expected to be attending school regularly and at a frequency necessary to benefit from instruction and meet requirements for promotion, skill acquisition, course completion and, ultimately, graduation. The educational or vocational program should be the least restrictive, most appropriate placement, consistent with the youth's age and ability. The youth should be actively and consistently participating and making progress in the instructional processes and activities necessary to acquire expected skills and competencies. For a youth with or without an IEP, progress reports and report cards should document the youth's advancement in acquiring skills and meeting course requirements. Instruction should address maintaining and improving the youth's reading, writing and comprehension abilities. He or she should be receiving the behavioral interventions and supports he or she needs to maintain engagement and benefit from instruction.

If the youth has completed or dropped out of school and is working, then progress in satisfying expectations of the employer and making career advancement are the focus of rating progress in this review. If the youth is not in school and not working, then this review does not apply. Application of this indicator to a youth being reviewed requires that:

1. The youth is engaged in an educational or vocational curriculum or work situation.
2. Information about the youth's performance in the curriculum or work situation during the time of enrollment or employment is available for examination by the reviewer. Such information may include teacher reports, grades, and academic or vocational assessments.
3. Current information about the youth's performance in the curriculum or work situation is available for examination by the reviewer. Such information may include teacher reports, grades, and academic or vocational assessments made within the past month.
4. The reviewer is able to determine the expected and actual pace and level of change that has occurred over the past six months or since enrollment or employment. Teacher or employer reports gathered via interviews may be relied upon by the reviewer in making a determination and rating for this indicator. [Missing progress information will be reflected in the rating process.]

The purpose of this review is to determine the pace and extent of the youth's progress [relative to expectation] made in educational achievement, vocational skill progression, or improving work skills and competencies demonstrated on the job occurring over the past six months or since enrollment or employment, if less than six months. The reviewer should gauge expectation levels for the youth's progress on IEP goals, curriculum content to be covered, course syllabus, and recent tests, progress reports and grades, taking into account any special accommodations made for the special needs of the student or alternative goals set in the IEP, when applicable. The expectations of teachers or employers should be considered also when rating this indicator. The reviewer should use the scale provided to report the degree of progress made by this youth over the past six months, or since enrollment or employment if less than six months. The reviewer should examine change over the past six months, if possible. If instruction and training are being provided without progress assessment, reporting, and feedback, this practice deficit should be reflected, as appropriate to the case circumstances and impact, in the ratings made for Assessment & Understanding, Matching Interventions to Needs, Adapting and Adjustment, and Outcomes & Goals.

This indicator does not apply to a youth for whom no educational, vocational, or employment activities have been conducted over the past six months. Special circumstances that account for this learning opportunity deficit should be explained by the reviewer in the oral and written case reports. If the youth is currently hospitalized and not engaged in an education program, then the review should focus on the progress achieved in the education program prior to hospitalization.

NOTE: *Youth Status Review 8: Education Status, focuses on the current status at the time of review while Progress Review 3: School/Work Progress, focuses on progress made over the past six months or since enrollment or employment, if less than six months.*



Progress Review 3: School/Work Progress

Determine from Informants, Observations, Plans, and Records

For youth enrolled in an education or vocational program:

1. Does the youth's most recent progress report indicate that he/she is making progress toward IEP goals, if applicable, or advancing in the course requirements?
2. Does the youth's most recent grade report indicate he or she is making progress in the regular curriculum?
3. Is the youth's reading level known and are reading, writing and comprehension included in the youth's education program? Is the youth making progress in these?
4. Are the positive behavioral interventions included on the IEP or in an accommodation plan helping the youth perform and make progress?
5. Are the accommodations, modifications and services on the IEP or other school-based plan used in the youth's classes, and they are helping the youth perform at expectations and make progress?
6. Is the youth receiving the supplemental aids and services needed to remain in the general education classroom and make progress? Are they making a positive difference?
7. Is the youth meeting requirements for grade-level promotion, course completion and graduation?
8. Has the care coordinator advocated for the family in meeting with school personnel concerning the youth's behavioral issues and progress or lack of progress in the education program, if indicated?

For youth in employment

1. What pace and level progress was expected and accomplished over the past six months in this employment situation? What information is available to support the degree of progress made? How has this information been used by interveners involved with this youth and family? To what degree is the progress achieved consistent with expectations?
2. What supports and services have been provided to the youth to help him/her maintain employment? How confident is the care planning team that the youth will maintain employment?

Description and Rating of the Youth's Progress

Description of the Progress Observed for the Youth Rating Level

- **Optimal Progress.** The 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 progress reports and report cards]. 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

H School
H Work

- **Good Progress.** The youth/youth is making good and consistent rates and levels of progress in most areas [as measured from an earlier performance baseline and/or from progress reports and report cards]. 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

School
Work

- **Fair Progress.** The 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 progress reports and report cards]. 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

School
Work

- **Marginally Inadequate Progress.** The youth is making limited or inconsistent rates and levels of progress in some key areas [as measured from an earlier performance baseline and/or progress reports and report cards]. 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

H School
H Work





Progress Review 3: School/Work Progress

Description and Rating of the Youth's Progress

Description of the Progress Observed for the Youth	Rating Level
<ul style="list-style-type: none"> • No Progress. The youth is making little or no progress in many important areas [as measured from an earlier performance baseline and/or from progress reports and report cards]. - OR - He/she is not making progress in satisfying expectations of an employer necessary for maintaining employment and making career advancement. 	<div style="background-color: black; color: white; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">2</div> H School H Work
<ul style="list-style-type: none"> • Regression. The youth is regressing in some key areas [as measured from an earlier performance baseline and/or from progress reports and report cards]. - OR - He/she is having significant problems in satisfying expectations of an employer necessary for maintaining employment. 	<div style="background-color: black; color: white; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">1</div> School Work
<ul style="list-style-type: none"> • Not Applicable. EITHER: This youth is in a highly restrictive or highly specialized treatment setting where school/work progress cannot be appropriately delivered or assessed. - OR - The youth has not participated in an educational, vocational, or employment situation at a level necessary to expect progress to have occurred over the past six months. 	<div style="background-color: black; color: white; padding: 5px; display: inline-block; font-weight: bold; font-size: 1.2em;">NA</div> H School H Work







Progress Review 4: Progress Toward Meaningful Relationships

Focus Measure

MEANINGFUL RELATIONSHIPS: To what degree is this youth making adequate progress in developing and maintaining meaningful relationships with family members/caregivers, same age peers, and other adult supporters [at home, at school, and in the community] over the past six months?

Core Concepts

The central focus of this indicator is determining that the youth is forming meaningful, appropriate relationships with family members, peers and other adults. A youth who has special needs (e.g., a serious emotional disability) and/or who may have experienced damaging or disruptive life circumstances (e.g., maltreatment in a birth home resulting in multiple placements in foster homes or treatment facilities) often faces serious difficulties in developing and maintaining meaningful relationships. For this reason, the care planning team for such a youth may target specific goals, interventions, supports, and activities to help the youth develop positive, enduring relationships with family members, same age peers, and other supportive adults (e.g., teacher, coach, mentor, scout leader, tutor, foster parent). To make progress in social integration and relationship development, the youth should have access to the same social and extracurricular activities as his/her non-disabled peers. Such activities include school-sponsored events and other organized activities for recreational or enrichment purposes. A youth having greater social challenges may require a mentor, life coach, "big brother," or more intensive or specialized support person for a period of time.

The focus of this review is on recent progress made by the youth in forming and maintaining meaningful relationships with family members and in increasingly socially integrated settings and groups. This review applies to a youth for whom treatment goals have been aimed at developing positive and enduring relationships. If the youth is not working toward such goals, then this review indicator does not apply. Application of this indicator to a youth being reviewed requires that:

1. The youth has been engaged in goal-directed efforts to develop and maintain meaningful relationships over the past six months.
2. Information about the youth's relationship patterns from six months ago is available for examination by the reviewer. Such information may include self-report of the youth as well as statements made by teachers, therapists, court counselors, or parents.
3. Current information about the youth's current relationship patterns and social activities is available for examination by the reviewer. Such information may include self-report of the youth as well as statements made by others who know the youth well.
4. The reviewer should be able to determine the expected and actual pace and level of change that has occurred over the past six months. Informant reports gathered via interviews may be relied upon by the reviewer in making a determination and rating for this indicator. [Missing progress information will be reflected in the rating process.]

The purpose of this review is to determine the pace and extent of the youth's progress [relative to expectation] made in developing and maintaining meaningful relationships demonstrated in daily settings and social groups over the past six months. The reviewer should gauge expectation levels for the youth's progress based on planned goals and on the perspectives offered by the youth and others who know the youth and his/her situation well. The reviewer should use the scale provided to report the degree of progress made by this youth over the past six months. The reviewer should examine and rate the change in the youth's relationships over the past six months.

NOTE: *Status Review 5. Emotional & Behavioral Well-being includes quality of relationships at the time of the review while Progress Review 4: Progress Toward Meaningful Relationships, focuses on progress made in relationship building over the past six months.*

Determine from Informants, Observations, Plans, and Records

1. Has this youth been engaged in a goal-directed relationship development and maintenance effort over the past six months? What has been the nature of the activities intended to allow these relationships to develop? Have they been successful? What do the youth and his/her family report about the progress made in this area?
2. How are the youth's relationships with his/her parents or caregiver, school peers and other adults developing? Does the youth have friends at school? Is the youth involved in school, church or other community activities that offer the opportunity for making friendships and developing social connections? Is there at least one caring adult involved in the youth's life?





Progress Review 4: Progress Toward Meaningful Relationships

3. What pace and level of relationship development and maintenance progress was expected and accomplished over the past six months? Who are the persons with whom this youth has meaningful, supportive social connections?
4. What information is available to support the degree of progress made? How confident are you (the reviewer) in the accuracy of this information? How has this information been used by interveners involved with this youth and family? Have any changes in the composition of the care planning team been made as a result of new relationships the youth has developed?
5. To what degree is the progress achieved consistent with expectations?

Description and Rating of the Youth's Progress

Description of the Progress Observed for the Youth	Rating Level
<ul style="list-style-type: none"> ◆ Optimal Progress. The youth has made excellent progress over the past six months in developing and maintaining positive relationships with various family members (or substitute caregivers), age peers, and other adults in the youth's daily settings and activities. For a youth with a history of serious emotional/behavioral challenges and/or disruptive life circumstances, this represents excellent progress. All of these relationships are being made and experienced in increasingly socially integrated settings and social activities. 	<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 1.2em;">6</div> <ul style="list-style-type: none"> Q Family/Caregiver Q Peers Q Other Adults
<ul style="list-style-type: none"> ◆ Good Progress. The youth has made good and substantial progress over the past six months in developing and maintaining positive relationships with various family members (or substitute caregivers), age peers, and other adults in the youth's daily settings and activities. For a youth with a history of serious emotional/behavioral challenges and/or disruptive life circumstances, this represents good progress. Many of these relationships are being made and experienced in increasingly socially integrated settings and activities. 	<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 1.2em;">5</div> <ul style="list-style-type: none"> Q Family/Caregiver Q Peers Q Other Adults
<ul style="list-style-type: none"> ◆ Fair Progress. The youth has made minimally adequate to fair progress over the past six months in developing and maintaining positive relationships with some family members (or substitute caregivers), age peers, and other adults in the youth's daily settings and activities. For a youth with a history of serious emotional/behavioral challenges and/or disruptive life circumstances, this represents minimally adequate to fair progress. Some of these relationships are being made and experienced in increasingly socially integrated settings and social activities. 	<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 1.2em;">4</div> <ul style="list-style-type: none"> Q Family/Caregiver Q Peers Q Other Adults
<ul style="list-style-type: none"> ◆ Marginally Inadequate Progress. The youth has made limited or inconsistent progress in developing and maintaining positive relationships with few family members (or substitute caregivers), age peers, and other adults in the youth's daily settings and activities. For a youth with a history of serious emotional/behavioral challenges and/or disruptive life circumstances, this represents limited, inadequate progress. Few of these relationships are being made and experienced in increasingly socially integrated settings and social activities. 	<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 1.2em;">3</div> <ul style="list-style-type: none"> Q Family/Caregiver Q Peers Q Other Adults
<ul style="list-style-type: none"> ◆ Poor or No Progress. The youth has made little or no progress in developing and maintaining positive relationships with any family members (or substitute caregivers), age peers, and other adults in the youth's daily settings and activities. For a youth with a history of serious emotional/behavioral challenges and/or disruptive life circumstances, this represents a disappointing lack of progress. Possibly, none of these relationships are being made and experienced in increasingly socially integrated settings and social activities. 	<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 1.2em;">2</div> <ul style="list-style-type: none"> Q Family/Caregiver Q Peers Q Other Adults
<ul style="list-style-type: none"> ◆ Regression. The youth has lost positive relationships with family members (or substitute caregivers), age peers, and other adults in the youth's daily settings and activities. 	<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 1.2em;">1</div> <ul style="list-style-type: none"> Q Family/Caregiver Q Peers Q Other Adults
<ul style="list-style-type: none"> ◆ Not Applicable. The youth does not have a goal to develop and maintain meaningful relationships in his/her individualized care plan; therefore, this review is deemed not applicable. - OR - The youth may be recently and temporarily hospitalized, placed in residential treatment or detention, served through a home-bound arrangement where development of relationships with the family/caregiver, peers or other adults is restricted. 	<div style="background-color: black; color: white; padding: 2px; text-align: center; font-weight: bold; font-size: 1.2em;">NA</div> <ul style="list-style-type: none"> Q Family/Caregiver Q Peers Q Other Adults



Progress Review 5: Overall Well-Being & Quality of Life

Focus Measure

OVERALL WELL-BEING & QUALITY OF LIFE: To what degree: • Do the youth and family report [and changes in their daily functioning, relationships, living arrangements, vision of the future and goals attest to] an increase in positive strengths, general well-being and quality of life in key areas. • Does the family and youth's description of their current well-being and quality of life match their vision of these qualities in key areas?

Core Concepts

The central focus of this progress review is determining from the family and youth's perspectives whether or not they are now experiencing positive change in daily functioning and hope for the future.

Note: Reviewers should consider a variety of factors when evaluating improved well-being because it is a subjective interpretation. Quality of life can include commonly accepted expectations, community/cultural norms and differences, and a variety of personal factors. What might constitute a good quality of life often varies by age and level of ability, as well as gender, cultural and personal preferences.

Some of the generally accepted principles of overall well-being are:

- Basic needs for food, shelter and belonging are met;
- Meaningful social relationships;
- Opportunities to grow, develop and learn;
- Good physical and emotional health;
- Control over one's environment;
- Having supports from one's family;
- Having the ability to contribute to the community.

This indicator requires the reviewer to identify aspects of life that have changed in positive ways for the youth and his/her family with regard to daily functioning, relationships, living arrangements, educational environment, and goals/vision for the future. The central concern for this indicator is determining to what extent the youth and his/her family perceive that their life situation has improved over the past six months.

Note: The targeted increases in coping skills, identifying and using personal strengths, acquiring and using functional replacement behaviors and self-management addressed in Progress Indicator 2 are essential to improving overall well-being. Progress Review 5 addresses whether the overall well-being and circumstances for the youth and family have improved over the past six months.

The goal of the care planning process is to help a youth and his/her family build their capacity to live safely and to function successfully and independently, thereby achieving improved well-being and a more satisfying quality of life following services. When these capacities are demonstrated and sustained over time, the need for outside support ends or is diminished significantly. Indicators that a youth and family are building necessary capacities include:

- Knowing and using key life skills in solving basic problems related to daily living.
- Knowing and using the strengths of the youth and other family members to create a more positive, supportive and optimistic environment.
- Taking control of one's needs, issues, and assets and having clear life plans for the future.
- Linking with informal, natural supports and resources in the extended family, neighborhood, and community.
- Reducing social isolation and building social networks that create supports, linkages, and opportunities.
- Setting and achieving important life goals (e.g., vocational training, high school graduation, GED, post-secondary education).
- Finding ways to meet fundamental needs (e.g., income, housing, transportation, health care, food, child care).
- Establishing and maintaining trusting and supportive relationships among family members and supporters.
- Forming and relying on a sustainable support network independent of agency funding or supervision.
- Knowledge of services generically available in the community that can be used to support the youth and other members of the family.



Progress Review 5: Overall Well-Being & Quality of Life

Determine from Informants, Observations, Plans, and Records

1. Are the youth and the family gaining competence in learning, navigating, and relying upon community resources, their own social networks, their own problem-solving abilities, personal strengths and knowledge of their community? Are they gaining and using core independent living and life skills?
2. Are the youth and the family linking with informal and natural supports and resources in the extended family, neighborhood, spiritual community, and/or larger cultural community?
3. Are the youth and family developing and maintaining sustainable, positive, long-term relationships and social connections with others?
4. Is the family finding acceptable ways to meet fundamental living needs (e.g., income, housing, transportation, health care, food, child care)? Is the family forming and relying on sustainable support networks that are independent of public agencies providing supervision and support? Are they advancing in education and employment opportunities and developing meaningful and achievable future plans?
5. Is the family seeking and maintaining affordable housing? Does the youth have transition plans for supported housing/living arrangements, if applicable?
6. Is progress towards independence at a level where supervision can be reduced? Supports faded? Case closed?
7. Do the youth and family perceive that their overall well-being/quality of life has improved over the past six months? Does the vision statement the family generated during the care planning process match current circumstances?

Description and Rating of the Youth's Progress

- Timeframe covers the past six months or since the case was opened if less than six months
- Progress measures the difference observed between the status of the youth/family six months ago and their status at the time of review.
- Family includes substitute caregivers who may be adoptive, kinship, guardian or foster parent.

Description of the Progress Observed for the Youth and Family	Rating Level
<ul style="list-style-type: none"> • Optimal Progress. The youth/family has been making excellent progress over the past six months in: (1) developing and using personal strengths in building life skills and problem solving (2) developing long-term supportive relationships, (3) gaining core independent living/life skills, (4) developing community supports and networks, (5) advancing education and employment opportunities, and (6) developing meaningful and achievable future plans. The family is making excellent progress in finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary. 	<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">6</div> Youth Family
<ul style="list-style-type: none"> • Good Progress. The youth/family has been making good and substantial progress in: (1) developing and using personal strengths in building life skills and problem solving (2) developing long-term supportive relationships, (3) gaining core independent living/life skills, (4) developing community supports and networks, (5) advancing education and employment opportunities, and (6) developing meaningful and achievable future plans. The family is making good progress in finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary. 	<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">5</div> Youth Family
<ul style="list-style-type: none"> • Fair Progress. The youth/family has been making minimally adequate to fair progress in: (1) developing and using personal strengths in building life skills and problem solving (2) developing long-term supportive relationships, (3) gaining core independent living/life skills, (4) developing community supports and networks, (5) advancing education and employment opportunities, and (6) developing meaningful and achievable future plans. The family is making fair progress in finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary. 	<div style="background-color: black; color: white; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">4</div> H Youth H Family





Progress Review 5: Overall Well-Being & Quality of Life

Description and Rating of the Youth's Progress

Description of the Progress Observed for the Youth and Family	Rating Level
<ul style="list-style-type: none"> <p>• Marginally Inadequate Progress. The youth/family has been making limited or inconsistent progress in: (1) developing and using personal strengths in building life skills and problem solving (2) developing long-term supportive relationships, (3) gaining core independent living/life skills, (4) developing community supports and networks, (5) advancing education and employment opportunities, and (6) developing meaningful and achievable future plans. The family is making marginal progress in finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and youth care, if necessary.</p> 	<div style="background-color: black; color: white; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">3</div> <p>H Youth H Family</p>
<ul style="list-style-type: none"> <p>• Poor Progress. The youth/family has been making slow, inadequate progress in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achievable future plans. The family is making little progress in finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary.</p> 	<div style="background-color: black; color: white; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2</div> <p>Youth Family</p>
<ul style="list-style-type: none"> <p>• No Progress. The youth/family has been making no progress in: (1) developing long-term supportive relationships, (2) gaining core independent living/life skills, (3) developing community supports and networks, (4) advancing education and employment opportunities, and (5) developing meaningful and achievable future plans. The family is making no progress in finding ways to meet fundamental needs; e.g., income, housing, transportation, health care, food, and child care, if necessary.</p> 	<div style="background-color: black; color: white; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">1</div> <p>Youth Family</p>
<ul style="list-style-type: none"> <p>• Not Applicable. The youth is age 18-21, therefore the "Family" may be NA depending on their presence and involvement with the youth at this time.</p> 	<p>Family</p>



Section 5

PrAcTicE PErForMANcE INDicATors

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Practice Review 1: Engagement

Focus Measure

ENGAGEMENT . To what degree • Have the youth's and family's perspectives, choices and preferences been elicited and understood during the assessment and planning processes? [Does the family understand the teaming and wraparound process?](#) • Are individuals representing the youth and family's natural supports members of the care planning team? [Has the family selected the members of the team?](#) • How effectively are the care coordinator and the care planning team developing and maintaining a respectful, trust-based working relationship and partnership with the youth and family? • To what extent are team members focusing on the youth's and family's strengths and needs?

Core Concepts

The central focus of this review is on the diligence shown by the care planning team in taking actions to engage and build rapport with the youth and family and overcome barriers to the family's participation. Emphasis is placed on providing options and informed choices so that the resulting care plan reflects the values and preferences of the youth and family. Direct and ongoing involvement of the youth and family in assessment, planning interventions, choosing providers, tracking progress, making modifications, and evaluating outcomes is the goal. Success in the provision of services depends on the quality and durability of relationships between providers and the youth and family. To be successful the care planning team must:

- Engage the youth and family meaningfully in all aspects of the care planning process;
- Recognize their strengths, values, choices and preferences, focusing on developing positive attributes and addressing needs in order to build a positive regard and a trust-based relationship;
- Invite the youth/family to create a vision statement about their future; and
- When appropriate and/or necessary, thoughtfully and respectfully conclude the relationship when circumstances require change or the intervention goals are achieved.

Engagement strategies should be culturally-responsive. In some situations, they will balance family-driven and strength-based practice principles with use of protective authority. Best practice teaches that service providers should:

1. Approach the family from a position of respect and cooperation;
2. Engage the family around strengths as well as concerns for the health, safety, education, and well-being of the youth;
3. Focus on youth and family strengths (e.g., personal strengths, culture, traditions, and values) as building blocks for services;
4. Help the family achieve a clear understanding of their strengths, needs as well as risk for the youth and/or family;
5. Help the family define a vision of the future, what it can do for itself and where the youth and family need help;
6. Engage the youth and family in decision making about the choice of interventions and the reasons why a particular intervention might be effective. This must include discussion of the logistics of getting to and participating in interventions in a manner that is practicable and feasible for the family. It may be necessary for the team to change the meeting time, location, participation, and process to help a family participate.

Determine from Informants, Observations, Plans, and Records

1. What outreach and engagement strategies are service providers using to build a working partnership with the youth, family and community supports? [Does the participation and communication of team members suggest engagement and investment in the teaming and wrap around process?](#)
2. Are special accommodations needed and made to encourage and support participation and partnership [between team members?](#)
3. Do all members of the team identify, acknowledge and support the use of family strengths.
4. How well engaged are the youth and family in the care planning process at this time? If there are barriers to the family's full engagement, has the care coordinator explored alternatives with the team to increase the family's engagement, such as a Family Partner or other team member engaging the family?
5. Do the youth and family report being treated with dignity and respect? Do they feel like they are an equal part of their team, and that their voices and choices are heard? Do they have a trust-based working relationship with those providing services?
6. How are the youth and family involved in the ongoing assessment of their needs, circumstances, and progress? Are the youth and family routinely engaged to participate in the monitoring and any needed modifications of their care plan?
7. Is the planning and implementation process youth/family-centered and responsive to this family's particular cultural values and needs? Do the child and family routinely participate in evaluating the service process?



Practice Review 1: Engagement

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed	Rating Level
<ul style="list-style-type: none"> Optimal Engagement Efforts. The care coordinator and team have been extremely effective in developing and maintaining a respectful, trust-based relationship and partnership with the youth and family. Members of the care planning team have made diligent efforts to elicit the youth's and family's perspectives, choices and preferences during the assessment and care planning process. The youth, as appropriate to his/her age, and family members are full, effective, and ongoing partners in assessment, planning interventions, choosing providers, tracking progress, making modifications, and evaluating outcomes. Engagement efforts are made consistently and persistently over time. 	6 <input type="checkbox"/>
<ul style="list-style-type: none"> Good Engagement Efforts. Family members and other persons involved in the service process report and the record shows that the team has a strong, respectful partnership with the family, and that the care coordinator actively works to make arrangements so that the family can be full participants. Team members and the family both report that the family and the youth, as appropriate to his/her age, are fully engaged and satisfied members of the team. Engagement efforts are an important part of ongoing practice. 	5 <input type="checkbox"/>
<ul style="list-style-type: none"> Minimally Adequate to Fair Engagement Efforts. Persons involved in the service process, including family members, report and the record shows that the team's relationship with the youth and family is minimally adequate. The youth's and family's perspectives and preferences have been recognized at a nominal level. Although some outreach efforts have been used to engage the family, a respectful, trust-based relationship and partnership is minimally in place. 	4 <input type="checkbox"/>
<ul style="list-style-type: none"> Marginally Inadequate Engagement Efforts. The efforts made by the care coordinator and team to engage the youth and family in the care planning process have been minor. The youth and family report that little or no sincere effort has been made to elicit their perspectives and preferences. Although the relationship is not disrespectful, there is not a trust-based working relationship or partnership. The family may be unengaged because of dissatisfaction with the system. Limited or inadequate outreach efforts have been made. The team members may not know why the family will not engage in the process or have made assumptions that may not be accurate about the actual situation. 	3 <input type="checkbox"/>
<ul style="list-style-type: none"> Poor Engagement Efforts. The efforts made by the care coordinator and team to engage the youth and family in the care planning process have been deficient. The youth and family are not participating in the in the care planning process even to a limited degree. The youth and family may report having a poor or possibly conflicted relationship with service providers. 	2 <input type="checkbox"/>
<ul style="list-style-type: none"> No Engagement Efforts. Service planning and decision-making activities are conducted at times and places or in ways that prevent or severely limit effective youth and family participation. Decisions are made without the knowledge or consent of the parents, the caregivers, or the youth. Services may be discontinued because of failure to show or comply. Appropriate and attractive alternative strategies, supports, and services are not offered. Important information may not be provided to parents or caregivers. Procedural or legal safeguards may be violated. 	1 <input type="checkbox"/>



PrAcTicE REviEw 2: CuLTurAL REspoNsivENEss

Focus Measure

CULTURAL RESPONSIVENESS: To what degree • Does the care planning process demonstrate understanding and respect for and build upon the values, preferences, beliefs, culture and identity of the youth and family? • Do the care planning process and supports identify and include family preference for traditional healers, religious and spiritual resources, natural supports and/or bilingual services? • Are cultural resources accessed to understand the youth and family needs as appropriate? • If needed, are specialized supports and services being made culturally appropriate through special accommodation in the engagement, assessment, planning and service delivery processes?

Core Concepts

The key focus of this review is to determine whether the care planning process and resulting interventions are appropriately responsive to the broad range of cultural needs that may be encountered. Cultural responsiveness involves a set of strategies used by practitioners to reduce disparities and individualize the service process to improve the goodness-of-fit between the youth and family and providers in the care planning and intervention process. Many families may require simple adjustments due to differences between the family and providers. These simple adjustments are a routine part of engagement, assessment, planning and service provision. However, specialized supports and services may be required when a youth and family speak a language other than English and/or their cultural identity is aligned with values, preferences and beliefs that differ from other members of the care planning team. The care planning process must recognize and respect family traditions, child-rearing customs, holidays, beliefs and other cultural differences and respond with specialized accommodations in order to successfully engage, assist and support the youth and family. Cultural responsiveness is concerned with reducing the disparities between the youth and his/her family and the care planning process through specialized accommodations so that core issues and needs can be identified and addressed.

Determine from Informants, Observations, Plans, and Records

1. Has the care planning team identified any language, racial, ethnic, spiritual, religious, sexual identity, disability or other cultural issues that may require specialized accommodation for this youth or his/her family?
2. Does the youth's or family's language and/or culture require an interpreter or other specialized service provider?
3. Is the assessment process being performed in ways that are appropriate and respectful of the youth's and family's culture, values, preferences and beliefs?
4. Do the members of the care planning team recognize and respect the youth's and family's cultural differences?
5. Is there a match between the service provider's cultural background and the youth and family, or is the service provider sufficiently knowledgeable about the cultural issues that will be relevant to this youth and family?
6. Has the care planning team explored natural supports for this family that match the youth and family's cultural background?
7. Are cultural differences including sexual identity, impeding working relationships or results with this youth or family?



PrAcTicE REviEw 2: CuLTurAL REspoNsivENEss

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Youth and Family	Rating Level
<ul style="list-style-type: none"> • Optimal Cultural Responsiveness. Persons involved in the care planning process demonstrate full and complete respect and understanding of the youth and family's values preferences, beliefs, culture and identity. This respect is evident throughout the engagement, assessment, planning and service provision process. Specialized accommodations are provided whenever and wherever needed. Assessments are culturally appropriate and limitations or potential cultural biases are recognized. Service providers are fully knowledgeable about issues related to the youth's identified culture; treatment planning and service delivery are shaped appropriately. Other natural supports important to the youth's culture are included in service planning and delivery. Translation and/or specialized services are always available for this youth and family. 	<p style="text-align: center;">6</p> <p>Youth Family</p>
<ul style="list-style-type: none"> • Good Cultural Responsiveness. The youth 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 in 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 youth's identified culture and arrange for knowledgeable supervision for treatment planning and service delivery. Other natural supports important to the youth's culture are acknowledged and information is obtained from them. Translation and/or specialized services are generally available for this youth and family. 	<p style="text-align: center;">5</p> <p>Youth Family</p>
<ul style="list-style-type: none"> • Fair Cultural Responsiveness. The youth and family's cultural identity is recognized and providers acknowledge this to some extent 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. The care planning team may acknowledge other natural supports important to the youth's culture and may work with the youth and family to integrate those supports. Translation and/or specialized services are usually available for this youth and family. 	<p style="text-align: center;">4</p> <p>Youth Family</p>
<ul style="list-style-type: none"> • Marginal Cultural Responsiveness. The youth and family's cultural identity is recognized and providers acknowledge that assessment, treatment planning, or services are not culturally responsive, and they are seeking to improve these processes for this youth and family. There may be evidence of cultural accommodations by providers in some cases, although it is limited or inconsistent for this youth. Limited or inconsistent translation and/or specialized services are only sporadically available for this youth and family. 	<p style="text-align: center;">3</p> <p>H Youth H Family</p>
<ul style="list-style-type: none"> • Poor Cultural Responsiveness. The youth and family's cultural identity is not recognized in the service process. Inappropriate assessment, treatment planning, or service delivery processes ignore youth or family cultural beliefs and customs. If needed, translation or other specialized services may be limited or difficult to secure. 	<p style="text-align: center;">2</p> <p>H Youth H Family</p>
<ul style="list-style-type: none"> • Adverse Cultural Responsiveness. There is no evidence of cultural recognition or accommodation by service providers. The youth 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 youth or family cultural beliefs and customs. Missing, inadequate, or misleading translation and/or specialized services are adversely affecting practice efforts with this youth and family. 	<p style="text-align: center;">1</p> <p>H Youth H Family</p>
<ul style="list-style-type: none"> • Not Applicable. The youth and/or family does not identify any cultural or linguistic needs relevant for service system performance when asked by a service provider. If the youth is age 18-21, "family" may be NA depending on the presence and involvement with the youth at this time. 	<p style="text-align: center;">NA</p> <p>H Youth H Family</p>



Practice Review 3: Teamwork

Focus Measure

- **TEAM FORMATION** Has a care planning team that meets, talks, and plans together formed with this youth and family? • Does the team have the skills, family knowledge, and abilities necessary to organize effective services at convenient times for this youth and family, given the complexity of their situation? • Is the team collectively aware of the strengths, cultural background and needs of the child and family? • Has the family agreed to the care planning team membership? • Are all of the team members committed to the family through informal and formal relationships? • Is the team composition complete?
- **TEAM FUNCTIONING** - Do members of the care planning team collectively function as a unified team in planning and implementing needed services and supports and evaluating results? • Do the decisions and actions of the team reflect a coherent pattern of effective teamwork and collaborative problem solving that is benefitting the youth and family as revealed in present results? • Does the team communicate with each other on a regular basis and when there are any changes in the youth or family's situation? • Are the youth and family's preferences and choices reflected in the team's actions?

Core Concepts *[This review focuses on the structure and performance of the youth and family's care planning team.]*

Team Formation. The team should be composed of family members, the youth, the care coordinator, interveners, and other persons identified by the family. Parents/caregivers, professionals, paid service providers, faith leaders, teachers, school counselors and other friends and supporters who make up the youth and family's natural support system may comprise a care planning team for the youth and family. Broad team representation may be recommended to assure that a necessary combination of technical skills, cultural knowledge, and personal interests and contributions are formed and maintained for the youth and family. The youth's primary care physician and the prescribing physician or psychiatrist should be part of the team.

Team Functioning. Collectively, the team should have the technical and cultural competence, family knowledge, authority to act on behalf of funders and to commit necessary resources, and the 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 youth/family. Team functioning and decision-making processes should be consistent with the principles of family-driven, strengths-based practice, [wraparound phases and practice](#) and system of care operating principles. Team members should be good communicators and skilled in collaborative problem solving, providing effective services, and achieving positive results with the youth and family. Team members need to understand and respect each other's perspectives while sharing accountability for outcomes.

Evidence of effective team functioning lies in its performance over time and in the results it achieves with the youth 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 youth and family to critical resources all derive from the functioning of the care planning team. Present child status, family participation and perceptions, identification of the youth and family's needs, and achievement of effective results are important indicators of team functioning.

For youth in Intensive Care Coordination, the Care Coordinator facilitates team formation and functioning for a family and youth. Maintaining communication with team members, tracking follow-through on commitments, detecting what's working and what's not, problem solving, and discerning when to call the team back together are responsibilities of the team facilitator. For youth not in ICC, the care coordination functions of coordination, collaboration and consultation are expected and are carried out by the service provider.

Determine from Informants, Observations, Plans, and Records

1. Are parents/caregivers partners along with professionals and others in planning and guiding services? Are persons with similar backgrounds to the family members of the team? Did the youth and/or family have the opportunity to identify natural supports [and providers](#) for team membership?
2. Is the family satisfied with the functioning of the team? Can the youth or family request a team meeting at any time? Is there a sense that the family has a lead role on the team? Are the family and youth's perspectives well represented on the team?
3. Does the team have a common understanding of the youth's and family's strengths and needs? Do treatment goals and objectives reflect the values of the family? Are all parties, including the youth, fully aware of how the youth and family are progressing?
4. Do team members commit and ensure dependable delivery of services and resources at times that are convenient for the youth/family? Are all members of the team kept fully informed of the status of the youth and family and the implementation of planned services?



Practice Review 3: Teamwork

5. Are team decisions coherent in design with efforts across all service agencies involved with the youth and family? Does the team have and use informal resources, natural supports and generic services as appropriate to planned goals and case closure requirements, strategies, and activities? Is the team able to prioritize goals and actions?
6. Is the care coordinator trained in team facilitation and is he/she appropriately facilitating the team's work? Do team actions and decisions reveal a pattern of consistent and effective problem solving for this youth and family? Does the team communicate and/or re-convene when problems arise, new information becomes available or circumstances change?

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Youth and Family's Care Planning Team Rating Level

- **Optimal Teamwork.** FORMATION: An excellent care planning team that meets, talks, and plans has formed with this youth and family. The team has the skills, family knowledge, and abilities necessary to organize effective services and supports for a youth/family of this complexity and cultural background. The family has contributed to identifying members of the team. All team members have demonstrated a commitment to the family through formal or informal relationships. FUNCTIONING: Care planning team members collectively function as a fully unified and consistent team in planning and implementing services and evaluating results. Actions and communications reflect the family's preferences, needs and choices and an excellent pattern of effective teamwork and collaborative problem solving that is optimally benefiting the youth and family. The family is fully involved in and a core member of the team.

6

H Formation
H Functioning
- **Good Teamwork.** FORMATION: The care planning team is a good, dependable working team that meets, talks, and plans together. The team has good and necessary skills, family knowledge, and abilities necessary to organize effective services for a youth and family of this complexity and cultural background. The family has been encouraged to identify members of the team from their natural support system. FUNCTIONING: Team members generally function as a substantially unified and consistent team in planning services and evaluating results. Actions and communications consistently reflect a substantially coherent pattern of effective teamwork and generally collaborative problem solving that is generally benefiting the youth and family. The family is fully involved in the team.

5

H Formation
H Functioning
- **Minimally Adequate to Fair Teamwork.** FORMATION: The care planning team is a minimally adequate to fair working team that meets, talks, and plans together. The team has a few but not all of the necessary skills, family knowledge, and abilities necessary to organize effective services for a youth and family of this complexity and cultural background. The family may not have been invited or encouraged to identify members of the team from their natural support system. FUNCTIONING: team members may function as a somewhat unified and consistent team in planning services and evaluating results. Actions usually reflect a fairly coherent pattern of effective teamwork and somewhat collaborative problem solving that is at least minimally benefiting the youth and family.

4

H Formation
H Functioning
- **Marginally Inadequate Teamwork.** FORMATION: The care planning team is a marginal working group that occasionally meets, talks, and plans together. The group has limited or inconsistently used skills, family knowledge, and abilities necessary to organize effective services for a youth and family of this complexity and cultural background. The team may not include persons from the family's natural support system. FUNCTIONING: Members may function as a somewhat splintered and inconsistent group in planning services and evaluating results. Actions of the group usually reflect a somewhat incoherent pattern of teamwork and limited collaborative problem solving that is seldom benefiting the youth and family. The family is only marginally involved in the team.

3

H Formation
H Functioning
- **Poor Teamwork.** FORMATION: The care planning team may seldom meet, talk, and plan together. Persons involved with the family may have few or inconsistently used skills, family knowledge, and abilities necessary to organize effective services for a youth and family of this complexity and cultural background. The team may not include persons from the family's natural support system. FUNCTIONING: Interveners may function independent of the youth/family and/or in isolation of other team members in planning services and evaluating results. Actions reflect an infrequent or rare pattern of teamwork or collaborative problem solving. This situation may limit benefits for the youth and family. Family may not be involved in all aspects of the team.

2

H Formation
H Functioning
- **Absent or Adverse Teamwork.** EITHER: There is no evidence of a functional team for this youth and family with all interveners working independently and in isolation from one another. - AND/OR - The actions and decisions made by the group are inappropriate, adverse, and/or antithetical to the guiding principles of family-centered practice and system of care integration and coordination of services across agencies for the youth and family.

1

Formation
Functioning



Practice Review 4: Assessment & Understanding

Focus Measure

YOUTH: To what degree • Have the members of the care planning team worked together with the family and the youth to identify the youth's strengths, underlying issues, needs, risks and preferences? • What needs must be addressed for the youth to function more effectively in daily settings and activities? • What must change for the youth to have better overall well-being and improved quality of life? • How does the youth define "success"?

FAMILY: To what degree • Does the care planning team have a "big picture" understanding of this family? • Is the team working in partnership with the family to identify the youth's strengths, underlying issues and what needs must be addressed for the youth to achieve improved emotional and behavioral health and better functioning? • Does the team have a sense of what it would take for this family to meet this youth's needs? • Does the team have an understanding of the family's "vision" for this youth? • Has the team identified community resources and informal supports that could become part of the care plan? [Was a home based assessment completed?](#)

Core Concepts

The central focus of this review is determining that all relevant and current information about the youth and family has been gathered and synthesized resulting in a complete and full understanding of their current situation. Assessment and understanding are ongoing processes that inform the choice of intervention strategies and techniques and necessary supports needed to bring about necessary change. As appropriate to the situation, a combination of clinical, functional, educational, and informal assessment techniques should be used to determine the strengths, underlying issues, needs, risks and future goals of the youth and family. A clinical assessment and a CANS should be available for all youth. Once gathered, the information should be analyzed and synthesized to form a functional assessment [and/](#) or "big picture understanding" of the youth and family. Assessment techniques, both formal and informal, should be appropriate for the youth's age, ability, developmental level, gender or gender identity, culture, religion, language or system of communication, and social ecology.

Assessment should be seen as a continual process as children and family needs do not stand still. New assessments should be performed promptly when planned goals are met or are not being met, when emergent needs or problems arise, or when changes are necessary. Continuing assessment and understanding direct modifications in strategies, services, and supports for the youth and family as conditions change. Maintaining a useful big picture understanding is a dynamic, ongoing process.

Determine from Informants, Observations, Plans, and Records

1. How well do the care coordinator and team understand this youth and family? Do the care coordinator and team know why this youth and family is receiving services and what it will take to reach successful outcomes? Do they know what works or has not worked in the recent past for this youth and family? Are the effects of current situations and past traumas understood with regard to their impact on the youth's behavior?
2. How well are the strengths, underlying issues, needs, risks, and preferences of the youth and family known and understood by those on the team? How well does the team understand what may be required for: situational stability, safety, skill development and behavior change for daily functioning in essential life activities and roles, concurrent alternatives to permanency, sustainable supports, independence from system involvement, successful transitions and life adjustments, permanency, and achieving clearly specified outcomes?
3. How well are the youth and family stressors and underlying issues recognized and understood? How are these matters understood within the context and culture of this youth and family? Current and past situations and events to be considered include:
 - Earlier life traumas and disruptions
 - Subsistence challenges of the family
 - Developmental delays or disabilities
 - Co-occurring disabling conditions
 - Recent tragedy, loss, victimization
 - Recent life transitions and adjustments to new conditions
 - Learning problems affecting school performance
 - Risks of harm, abuse, or neglect
 - Court-ordered requirements/constraints
 - Physical and/or behavioral health and psychiatric concerns
 - Problems of attachment and bonding
 - Extraordinary caregiver burdens
4. What observations, data, formal assessments, or evaluations have been obtained? What results were obtained through the CANS and how have these results been used? Have the strengths identified in the CANS been transferred to care planning? Have appropriate formal assessment instruments been used? Is formal assessment information current? If needed, is there a current psychological and/or psychiatric assessment available?

Practice Review 4: Assessment & Understanding

5. Have assessments been conducted in natural settings including the home and during everyday activities? Have assessment facts been interpreted to form a useful understanding? Is there evidence that assessment is a dynamic, continuous learning process for the family and team?
6. Are the youth's and family's strengths understood in a useful manner that informs decisions about what works and what to do next? Is enough known about the youth's strengths that they can be incorporated in the care plan and used as a foundation for scaffolding known skills to other arenas?
7. Has the ongoing assessment and understanding process resulted in a long-term view for the youth and family leading to independence from service system involvement and supports?
8. Has the youth received an assessment for suicide risk, especially if there is a history of suicidal ideation, plans or attempts?

Description and Rating of Practice Performance

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

- **Optimal Assessment and Understanding.** YOUTH. The members of the care planning team have worked in partnership with the youth and family to identify and assess the youth's strengths, underlying issues, needs, risks and preferences. There is an in-depth understanding of exactly what must change for the youth to function effectively in daily settings leading to improved well-being and quality of life. All relevant formal assessment information is current and available, including a CANS and clinical assessment. FAMILY. The care planning team has an accurate "big picture" understanding of this family. The team is working in partnership with the family to identify the youth's strengths, underlying issues and needs. The team and family have formed an understanding of what it will take for this family to meet this youth's needs. The team understands the family's vision for this youth.

6
Youth
Family
- **Good Assessment and Understanding.** YOUTH. The members of the care planning team have a general understanding of the youth's strengths, underlying issues, needs, risks and preferences. There is an evolving understanding of what must change for the youth to function effectively in daily settings leading to improved well-being and quality of life. Most relevant formal assessment information is current and available, including a CANS and clinical assessment. FAMILY. The care planning team has growing understanding of this family. The team is working to identify the family's strengths, context and needs. The team is developing an understanding of what it will take for this family to meet this youth's needs. The team is making efforts to understand the family's vision for this youth.

5
Youth
Family
- **Fair Assessment and Understanding.** YOUTH. The members of the care planning team are attempting to understand the youth's strengths, underlying issues, needs, risks and preferences. There is minimal understanding of what must change for the youth to function effectively in daily settings leading to improved well-being and quality of life. Some relevant formal assessment information is current and available, including a CANS and clinical assessment. FAMILY. The care planning team is making efforts to understand this family. The team has a minimal understanding of the family's strengths, context and needs. The team has a nominal understanding of what it will take for this family to meet this youth's needs. The team has made minimal effort to understand the family's vision for this youth.

4
H Youth
H Family
- **Marginally Inadequate Assessment and Understanding.** YOUTH. The youth's functioning and support system are marginally understood. Information necessary to understand the youth's strengths, needs, and underlying issues is limited and occasionally updated. FAMILY. The family context and dynamics are minimally understood. The team has little understanding of what it will take for this family to meet this youth's needs. The team's efforts to understand the family's vision for this youth have been limited.

3
Youth
Family
- **Poor, Incomplete or Inconsistent Assessment and Understanding.** YOUTH. Knowledge of the youth's functioning and support system may be obsolete, erroneous, or inadequate. Information necessary to understand the youth's strengths, needs, and underlying issues is absent or outdated. FAMILY. The family context and dynamics are not understood. Uncertainties exist about present conditions, risks, and underlying needs requiring intervention or support. What is needed to effect changes in behavior or conditions may be confused or contradictory. Dynamic conditions may be present that could require a fundamental reassessment of the youth and family's situation.

2
Youth
Family



Practice Review 4: Assessment & Understanding

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Youth and Family	Rating Level
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- **Absent, Incorrect, or Adverse Assessment and Understanding.** YOUTH. Current assessments used for planned services are absent or incorrect. Glaring uncertainties and conflicting opinions exist about things that must be changed for needs and risks to be reduced and for the youth to function adequately in normal daily settings. A new and complete assessment must be made and used now for this case to move forward. FAMILY. Information about the family context, dynamics risks and needs may be erroneous. What changes are needed and what is needed to effect change is unclear and confused. A complete reassessment of the family's situation is warranted.
- **Not Applicable.** If the youth is age 18-21, then family may be NA depending on their presence and involvement with the youth at this time. The parents are no longer involved due to termination of parental rights, death of parent, incarceration, deportation, or other case circumstances. There is no kinship, foster, or adoptive family involved or the youth is placed or presently resides in a residential setting with no plan for reunification or adoption.

1
H Youth
H Family

NA
Family





Practice Review 5: Planning Interventions

Focus Measure

PLANNING INTERVENTIONS: To what degree • Is the planning process youth-guided and family-driven? • Are planned interventions and strategies strength-based, culturally competent, cognizant of safety and potential crises, effective and well reasoned? • Does the plan reflect the care planning team's in-depth understanding of the youth's needs derived from multiple sources of information, what it will take to meet those needs and what the benefits of meeting the needs are expected to be?

Core Concepts

The central focus for this review is determining if the care planning team has used due diligence in creating the ICP with the youth and his/her family. The planning process, which extends to identifying interventions, goals and outcomes and aligning interventions with the youth's and family's needs, must be done with thoroughness and with the family's full participation. As the family context constantly evolves, the planning process must be flexible, anticipatory and vigilant. Planning needs to bring clarity and accountability to actions. When multiple agencies are involved with the youth and family, there must be integration across plans.

Planning interventions, supports and strategies is based on a complete understanding with multiple inputs from the youth and family which include the current family context, the youth's and family's strengths, dynamic conditions and the youth's underlying needs that may be driving behavioral and emotional responses. This review focuses on how well interventions, supports and change processes reflect the full participation, input and preferences of the child and family, and [is in](#) the team-based approach. This review also rates how effectively the plan addresses key areas of planning and the care planning team's use of information gained through the engagement, assessment and understanding processes to select the most appropriate interventions and supports. Through engagement, the family reveals their view of the youth's needs and strengths as well as their perspectives and preferences. The intervention planning process acknowledges these and builds upon them with the goal of putting effective services in place. Similarly, engagement of the youth gives interveners another perspective on the youth's needs and underlying issues. Through the engagement and informal assessment processes, the care planning team forms a common view of what drives and maintains the youth's behaviors. These impressions, together with formal assessments, help the care planning team, in partnership with the youth and family, construct interventions that build on strengths and are tailored to the youth and family's specific needs, preferences and vision of success.

The service array through which interventions are delivered may include, in-home therapy, family support, in-home behavioral services, therapeutic mentoring services, out-patient services and intensive care coordination using a wraparound approach.

For the purpose of this review, core issues that frequently require consideration and attention are rated:

Symptom or Substance Abuse Reduction: The extent to which the reduction of the youth's presenting psychiatric symptoms associated with diagnoses such as mood and anxiety disorders, externalizing disorders, personality disorder, substance abuse, somatization, eating, cognitive or psychotic disorder are being addressed in care planning.

Behavior Changes: The extent to which the youth's presenting behaviors are understood and are being addressed in care planning.

Social Connections: The extent to which developing relationships with family members, friends, teachers and other persons, activities or organizations that would help the youth develop a sense of social belonging, dignity and self-esteem are being included in the intervention planning process.

Risk/Safety Planning: A plan for the family to provide stability in crisis [or risky](#) situations is developed at the initiation of intensive care coordination services and reviewed periodically, and after an encounter with the mobile crisis intervention team.

Recovery or Relapse: For youth who are abusing alcohol or substances, interventions address the recovery process and prevention of relapse.

Transitions, Including Transitions to Independence: The extent to which any transitions occurring within the past 90 days or anticipated in the next 90 days are reflected in intervention planning.

The care planning team specifies the strategies, actions, resources, timelines, and persons who are accountable for helping in the change process. Various agencies, including schools, in and supporting a change process have their respective plans. The expectation here is that representatives of participating agencies are actively and collaboratively supporting change efforts for the family or youth in coordination with each other. The focus of review is placed on the vitality and intelligence of the planning process as a whole, not any single written "plan."

Practice Review 5: Planning Interventions

Determine from Informants, Observations, Plans, and Records

1. What areas of symptom, behavior, support or transition does the care plan address for intervention? Are the areas targeted for intervention those that the youth and family have identified as needs and strengths? Are specific intervention and support strategies as well as outcomes included in the care plan? Do strategies reflect an understanding of this youth's needs and underlying issues? Do strategies connect presenting behaviors to past trauma or current circumstances that underlie behaviors or symptoms? Have the engagement and informal assessment processes in addition to formal assessments been used to form this youth's care plan?
2. Which agencies are/should be involved with each of the intervention strategies? Are they all at the table in developing and adjusting care plans? Are goals/strategies aligned across agencies and plans for this youth and family? Do the therapeutic interventions reflect effective practices? Is the provider competent in delivering effective practices, e.g., fidelity assurance, knowledge of contraindications, measurable objectives?
3. Do planning details offer the following for each change strategy:
 - Statement of the youth's needs or underlying issues
 - Statement of the goal to be achieved
 - Description of the strategies to be used, including effective strategies, as well as strategies that build and extend the youth's strengths
 - Action steps, persons accountable and expected completion dates
4. How well are strategies linked to specific actions for change? How well is coherence and consistency being achieved in the planning process? How well do the combination and sequence of strategies, services, and actions fit the youth and family situation and build on their strengths, including their language and culture, expressed preferences and perspectives?
5. To what degree is daily practice actually driven by the planned change strategies? Does the planning process have a sense of urgency in working toward successful family independence and timely case closure?
6. Is a care plan complete and available to all who need to know, including the family? Does the care plan coordinate with the strengths and needs assessment?

Description and Rating of Practice Performance

NOTE: *The reviewer applies rating scale criteria to each area in which intervention strategies are planned to achieve outcomes for this youth. Areas for rating are: (a) reduction of psychiatric symptoms or substance use; (b) behavior changes; (c) social connections; (d) risk/safety planning; (e) recovery or relapse; and/or (f) transitions, including transition to independence. Each applicable intervention area is rated.*

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

Rating Level

- **Optimal Planning.** An excellent, well reasoned, continuous planning process that is youth- guided and family-driven is being fully used to design intervention specifications that address core issues. Strategies reflect the care planning team's in-depth understanding of the youth's needs and strengths. Planning provides for precise use of intervention strategies, actions, timelines, and an accountable person for each change strategy used in the change process for achieving desired outcomes, stability, sustainability, and case closure. Where necessary, strategies are fully aligned and actions well integrated across providers and funding sources. Daily practice is being fully driven by the planning process, bringing a great sense of clarity, direction, and urgency to actions to achieve outcomes and goals. The care planning team reconvenes when there is a crisis, change in situation, or request by the family, youth, or team members.

6

- Q a. Sym/SA reductn
- Q b. Behav. changes
- Q c. Social connet.
- Q d. Risk/Safety plan.
- Q e. Recovery/relapse
- Q f. Transition/indep

- **Good Planning.** A generally well-reasoned, ongoing planning process that is largely informed by the youth and family's preferences and perspectives is being used to design intervention specifications that address core issues. Strategies reflect the care planning team's understanding of the youth's needs and strengths. Planning provides for use of intervention strategies, actions, timelines, and an accountable person for each change strategy used in the change process for achieving desired outcomes, stability, sustainability, and case closure. Where necessary, strategies may be aligned and actions generally integrated across providers and funding sources. Daily practice is being substantially driven by the planning process, bringing a good sense of clarity, direction, and urgency to actions to achieve outcomes and goals. Plans are routinely adjusted when there is a change in situation.

5

- Q a. Sym/SA reductn
- Q b. Behav. changes
- Q c. Social connet.
- Q d. Risk/Safety plan.
- Q e. Recovery/relapse
- Q f. Transition/indep



Practice Review 5: Planning Interventions

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for Applicable Strategy Areas for Intervention	Rating Level
<ul style="list-style-type: none"> Fair Planning. A somewhat reasoned, periodic planning process that is somewhat reflective of the family and youth's preferences and perspectives is being at least minimally used to design intervention specifications that address core issues. Planning provides for minimally adequate to fair use of intervention strategies, actions, timelines, and an accountable person for each change strategy used in the change process for achieving desired outcomes, stability, sustainability, and case closure. Where necessary, strategies may be somewhat aligned and actions fairly integrated across providers and funding sources. Daily practice is being somewhat driven by the planning process, bringing a fair sense of clarity, direction, and urgency to actions to achieve outcomes and goals. Plans are generally adjusted according to a schedule. 	<p style="text-align: center;">4</p> <ul style="list-style-type: none"> Q a. Sym/SA reductn Q b. Behav. changes Q c. Social connet. Q d. Risk/Safety plan. Q e. Recovery/relapse Q f. Transition/indep
<ul style="list-style-type: none"> Marginally Inadequate Planning. A marginally reasoned, somewhat inadequate planning process is being used inconsistently to design intervention specifications that address core issues. Planning provides for somewhat inadequate use of intervention strategies, actions, timelines, and an accountable person for each change strategy used in the change process for achieving desired outcomes, stability, sustainability, and case closure. Where necessary, strategies may be inconsistently aligned and actions inadequately integrated across providers and funding sources. Daily practice is limited or inconsistent in driving the planning process, bringing a muddled sense of clarity and lack of urgency to actions to achieve outcomes and goals. Plans are sometimes adjusted. 	<p style="text-align: center;">3</p> <ul style="list-style-type: none"> Q a. Sym/SA reductn Q b. Behav. changes Q c. Social connet. Q d. Risk/Safety plan. Q e. Recovery/relapse Q f. Transition/indep
<ul style="list-style-type: none"> Poor Planning. A poorly reasoned, inadequate planning process is generally failing to provide or design intervention specifications that address core issues. Planning provides for poor use of intervention strategies, actions, timelines, and an accountable person for each change strategy used in the change process for achieving desired outcomes, stability, sustainability, and case closure. Strategies may not be aligned and actions not integrated across providers and funding sources. Daily practice is not driving the planning process, bringing no sense of clarity or urgency to actions to achieve outcomes and goals. The team meets sporadically and not all team members are present. 	<p style="text-align: center;">2</p> <ul style="list-style-type: none"> Q a. Sym/SA reductn Q b. Behav. changes Q c. Social connet. Q d. Risk/Safety plan. Q e. Recovery/relapse Q f. Transition/indep
<ul style="list-style-type: none"> Absent or Misdirected Planning. EITHER: No clear planning process is operative at this time. - OR - Planning activities are substantially misdirected, conflicting, or insufficient in thought or detail to drive an effective intervention and change process. 	<p style="text-align: center;">1</p> <ul style="list-style-type: none"> Q a. Sym/SA reductn Q b. Behav. changes Q c. Social connet. Q d. Risk/Safety plan. Q e. Recovery/relapse Q f. Transition/indep
<ul style="list-style-type: none"> Not Applicable. If the youth's ICP does not address one or more of the listed planning areas, then that planning area does not apply at this time for this youth. 	<p style="text-align: center;">NA</p> <ul style="list-style-type: none"> Q a. Sym/SA reductn Q b. Behav. changes Q c. Social connet. Q d. Risk/Safety plan. Q e. Recovery/relapse Q f. Transition/indep





Practice Review 6: Outcomes & Goals

Focus Measure

OUTCOMES & GOALS: To what degree • Are there stated, measurable, coordinated, and understood outcomes and goals for the youth and family that address needs and specify strengths development, desired behavior changes, sustainable natural supports, and other attributes necessary for the youth and family to achieve improved functioning across life domains, well-being and quality of life? • To what extent do the goals and outcomes reflect the family's vision of success for the youth? [Goals and outcomes guiding interventions over the past 90 days]

Core Concepts

This central focus of this review is on the specification, clarity and use of outcomes and goals that must be attained by the youth and when appropriate the family to achieve stability, improved functioning and emotional well-being, and other results necessary for the youth to succeed at home, at school and in the community. A stated set of goals that can be measured enables the youth, family, and interveners to know when progress is being made toward desired outcomes. The intent is that all members of the care planning team including the youth and family [have contributed to developing and](#) know the goals and outcomes toward which they are collectively working in partnership with the child and family. Clear statements of specific outcomes and goals to be achieved are necessary to guide interventions and the change process. These statements frame a long-term vision for change and guide the work of the team. The goals and outcomes should reflect the family's vision of success for the youth.. Goals or necessary outcomes for a youth and family with extensive and/or complex needs might include: (1) situational stability, (2) safety and management of risks, (3) skills and behaviors for daily functioning in essential life activities and roles, (4) sustainable supports and understanding of most effective strategies to reduce symptoms, (5) resiliency/coping for youth, (6) recovery/relapse prevention for older youth, (7) improved self-sufficiency and independence from system involvement, (8) successful transitions and life adjustments

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

Determine from Informants, Observations, Plans, and Records

1. Are outcomes for achieving behavior change, stability, improved functioning, symptom management, sustainable supports, transitions, crisis response, recovery and relapse prevention and overall improved well-being clearly specified and understood by all involved? Do the goals and outcomes reflect the family's vision of success for this youth? Are the family and youth's preferences and perspectives well represented? Does the team understand the outcomes to be achieved that will help define whether or not the child or youth will continue to need behavioral health services?
2. If this youth and family is involved with child protective services and/or juvenile court (probation/parole), have the interveners, working in partnership with the youth and family, defined conditions for timely completion of court requirements, supported the achievement of necessary behavior changes, resolved outstanding legal requirements or constraints and any other conditions for achieving family independence? How well is the parent supported and helped to understand these conditions? Do goals reflect family strengths and preferences in strategies and approaches to the necessary changes?
3. If this youth is involved with child welfare, is the permanency goal for this youth understood by all members of the care planning team? Conversely does the child welfare case manager understand mental health treatments that must be provided and supported to achieve improved functions and outcomes.
4. For an older youth, is there a long-term guiding view in planning services and providing supports that provides for the youth's transition to independent living, new housing, and adequate income as appropriate to the youth's capacities?
5. If the youth is age 14 years or older, is there a planned trajectory that guides his/her transition from school to work, to independent/supported living, and to any necessary adult services? Do goals incorporate the conditions necessary for independence from supports and services that have been set for this youth and used in planning services? Will the youth's current trajectory likely lead to greater independence, social integration, and community participation?

Practice Review 6: Outcomes & Goals

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Youth	Rating Level
<ul style="list-style-type: none"> Optimal Specification of Outcomes & Goals. An excellent set of well-reasoned and well-specified ending outcomes and improvements for the youth and family is fully known, understood, and supported by all involved. These goals are diligently used to guide intervention and change, and they accurately reflect the family's vision of success for this youth. Commensurate with the youth and family situation and encompassing all interests involved in the intervention process, the scope and detail of the end outcomes and requirements fully fits the scope and nature of change to be accomplished by the youth and family, including satisfaction of court requirements. The outcome and end requirements are fully reflective of the understood youth/family situation and what must change for the intervention process to be concluded successfully. Interveners are coordinating their change requirements, strategies and interventions used to achieve necessary results and outcomes for the youth and family. 	6 <input type="checkbox"/>
<ul style="list-style-type: none"> Good Specification of Outcomes & Goals. A good and sufficient set of well-reasoned and well-specified ending outcomes and improvements for the youth and family is substantially known, understood, and supported by all involved. These goals are substantially used to guide intervention and change, and they reflect the family's vision of success for this youth. Commensurate with the youth and family situation and encompassing all interests involved in the intervention process, the scope and detail of the end outcomes and requirements substantially fits the scope and nature of change to be accomplished by the youth and family, including satisfaction of court requirements. These outcomes and end requirements are generally reflective of the understood youth/family situation and what must change for the intervention process to be concluded successfully. Interveners are making efforts to coordinate their change requirements, strategies and interventions used to achieve necessary results and outcomes for the youth and family. 	5 <input type="checkbox"/>
<ul style="list-style-type: none"> Fair Specification of Outcomes & Goals. A minimally adequate to fair set of ending outcomes and improvements for the youth and family is somewhat known, understood, and supported by those involved. These goals are at least minimally used to guide intervention and change, and they are somewhat reflective of the family's vision of success for this youth. Somewhat commensurate with the youth and family situation and encompassing most interests involved in the intervention process, the scope and detail of the end outcomes and requirements minimally fits the scope and nature of change to be accomplished by the youth and family, including satisfaction of court requirements. These outcomes and end requirements are at least minimally reflective of the youth/family situation and what must change for the intervention process to be concluded successfully. Efforts to coordinate change requirements across agencies may be minimal. 	4 <input type="checkbox"/>
<ul style="list-style-type: none"> Marginally Inadequate Specification of Outcomes & Goals. A marginal, somewhat inadequate set of ending outcomes and improvements for the youth and family is somewhat known and understood by some of those involved. These goals are limited and inconsistent in guiding intervention and change. Somewhat inconsistent with the youth and family situation and encompassing only some interests involved in the intervention process, the scope and detail of the end outcomes and requirements inadequately fits the scope and nature of change to be accomplished by the youth and family, including satisfaction of court requirements. These outcomes and end requirements are limited in their reflection of the youth/family situation and miss some important aspects of what must change for the intervention process to be concluded successfully. Efforts to coordinate change requirements across agencies are minimal. 	3 <input type="checkbox"/>
<ul style="list-style-type: none"> Poor Specification of Outcomes & Goals. A poorly reasoned, inadequate or incomplete set of ending outcomes and improvements for the youth and family is confusing for those involved. These goals are insufficient for guiding intervention and change. Major gaps exist in defining outcomes or reflecting important legal requirements that must be resolved before the intervention process can be concluded. Efforts to coordinate change requirements across agencies are lacking. 	2 <input type="checkbox"/>
<ul style="list-style-type: none"> Absent, Ambiguous, or Adverse Specification of Outcomes & Goals. There is no common direction, outcome, or requirement to guide services that is accepted and used by those involved in the intervention and change processes. The future trajectory is obscure or ambiguous and interveners may be working in isolation with divergent or conflicting intentions. Goals may not address key outcomes or other requirements that would apply to determine readiness for closure. Conflicting goals and tacit expectations, if implemented, could lead to poor results or possible adverse consequences for the youth or family. There may be no effort to coordinate change requirements across agencies. 	1 <input type="checkbox"/>

Practice Review 7: Matching Interventions to Needs

Focus Measure

MATCHING INTERVENTIONS TO NEEDS: To what degree • Are therapeutic and educational services, and supports assembled into a holistic and coherent mix that is uniquely matched to the youth/family's identified needs and preferences? • Do the youth and family feel the services and supports are assembled in a way that "makes sense" and that they will be engaged in? • Do the combination of supports and services fit the youth and family needs and situation so as to maximize potential results and benefits while minimizing conflicting strategies and inconveniences? • Are services and supports addressing the goals of the care plan?

Core Concepts

The central focus of this review is determining that all planned elements of therapy, assistance and support for the youth and family fit together into a sensible combination and sequence that is individualized to match their identified needs and preferences. Behavioral health services should be integrated with services through schools and other child-serving systems to form a cohesive fit for the family. The goodness-of-fit between the mix/match of supports and services and the youth and family's needs and situation creates the opportunity and ability of the youth and family to participate in and receive maximum benefit from the service process. A poor match between interventions and needs generally represents poor planning and a waste of resources. When interventions are matched to needs, programs, services, and supports can be better 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. Optimization of services requires the removal of agency barriers to resources, preventing the use of conflicting or contradictory strategies, and the minimization of inconveniences and life disruptions for the youth and family. Matching interventions to needs [and strengths](#) is promoted by expanding the range of choices exercised by the youth and family concerning strategic goals and selection of supports and services, providers, schedules, and locations. The use of community resources as well as the family's natural supports, e.g., extended family, church affiliations, should be used to complete and extend formal services.

Determine from Informants, Observations, Plans, and Records

1. To what extent did the youth/family exercise choices and preferences in the selection of interventions, service providers, delivery schedules, and locations?
2. How well does the current mix of services match the youth/family needs, situation and expressed preferences? Is the level of intensity, duration, coordination and continuity commensurate with what is required for successful and sustained change?
3. Are change strategies matched to both needs and desired outcomes and goals?
4. Are services integrated where appropriate? Are community resources and the family's natural supports integrated into the array of supports?
5. Are all participating programs and agencies, [including schools](#), supporting the selected interventions and strategies? Are the primary care physician and the prescribing psychiatrist participating in the process of matching interventions to needs?
6. Are the efforts of all interveners coordinated through a unified process? Are service providers adequately trained, prepared, coordinated and supervised? Is clinical supervision adequate given the complex needs this youth and family present?
7. Have any contradictory strategies of multiple interveners been removed? Is the team identifying with the youth and family intervention strategies that are working as well as those that are not?
8. Have scheduling inconveniences been minimized?
9. Do the youth/family report satisfaction with the mix, match, and fit of supports and services? Are the family's and youth's natural supports included?
10. Have supports and services been modified over time to yield a workable mix and match for the youth/family?
11. Are the current mix of supports and services producing expected results?



Practice Review 7: Matching Interventions to Needs

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Youth	Rating Level
<ul style="list-style-type: none"> ● Optimal Matching Interventions to Needs. All necessary supports and services are assembled into a holistic and coherent service process resulting in an excellent fit between the youth/family needs and situation and the service mix. Youth/family preferences are clearly reflected in the assembly of supports and services. Interventions are fully integrated across school and/or providers. Positive, long-term results are being produced and the youth/family report no conflicting service strategies or inconveniences that cause hardship. 	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px 10px; font-weight: bold; margin-right: 5px;">6</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>
<ul style="list-style-type: none"> ● Good Matching Interventions to Needs. Essential supports and services are assembled into a holistic and sensible service process resulting in a workable fit between the youth/family needs and situation and the service mix. Many youth/family preferences are accommodated in the assembly of supports and services. There is good integration of interventions across providers. Positive results are being produced and the youth/family report few conflicting service strategies or inconveniences that cause hardship. 	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px 10px; font-weight: bold; margin-right: 5px;">5</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>
<ul style="list-style-type: none"> ● Fair Matching Interventions to Needs. Basic supports and services are assembled into a sensible service process resulting in a minimally acceptable fit between the youth/family needs and situation and the service mix. Some youth/family preferences are considered in the assembly of supports and services. There is good integration of interventions across providers. Some positive results may be produced and the youth/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. 	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px 10px; font-weight: bold; margin-right: 5px;">4</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>
<ul style="list-style-type: none"> ● Marginal Matching Interventions to Needs. Limited supports and services are partially or inconsistently assembled into the service process. The fit between the youth/family needs and situation and the service mix is limited or services are insufficient. Few youth/family preferences are considered in the assembly of supports and services. Attempts are made to integrate services across providers, but the services continue to be provided without any sensible linking. Few, if any, positive results may be produced. The youth/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. 	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px 10px; font-weight: bold; margin-right: 5px;">3</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>
<ul style="list-style-type: none"> ● Poor Matching Interventions to Needs. Any supports and services are poorly assembled into a service process. The fit between the youth/family needs and situation and the service mix is poor or services are inadequate to meet identified needs. Youth/family preferences have little, if any, influence in the selection of supports and services. No positive results may be produced. Services are provided with no consideration of the other services and supports the child/family is receiving. The youth/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. 	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px 10px; font-weight: bold; margin-right: 5px;">2</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>
<ul style="list-style-type: none"> ● Adverse Matching Interventions to Needs. Few, if any, supports and services may be provided or may not be assembled into a sensible process. The fit between the youth/family needs and situation and the service mix is adverse or services are grossly inadequate. Youth/family preferences did not influence the selection of supports and services. Services strategies are in conflict with each other. Youth/family status may be poor and worsening. The youth/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. 	<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: black; color: white; padding: 5px 10px; font-weight: bold; margin-right: 5px;">1</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </div>



Practice Review 8: Coordinating Care

Focus Measure

COORDINATING CARE: To what degree • Is there single point of coordination and the leadership necessary for convening and facilitating effective [family change wraparound](#) planning and service decision processes for the youth and family? • Are the functions and responsibilities of the care coordinator well-executed and consistent with principles of care that are strength-based, individualized, child-centered, family-focused, community-based, multi-agency and culturally competent?

Core Concepts

The central focus of this indicator is whether there is adequate leadership and coordination of services across all team members and agencies. A single point of coordination, integration, and leadership is necessary to plan, implement, monitor, modify/adjust, and evaluate essential service functions and results for the family, regardless of the number of agencies involved. If the youth receives Intensive Care Coordination (ICC) services, the care coordinator provides this coordinating function. The care coordinator facilitates team formation and functioning for a family and youth, maintaining communication with team members, tracking follow-through on commitments, detecting what's working and what's not, problem solving, and discerning when to call the team back together. Whether or not youth are in ICC, their care is expected to be coordinated, aligned with treatment plans, monitored, and adjusted as needed. For this indicator, the term care coordinator is used to describe the person designated to provide this function, no matter what service or service combination the child is receiving.

The person providing care coordination for any service should have the necessary skills to perform essential functions with the family and manage the complexity of the case. The coordinator should convene meetings to analyze and synthesize assessment information, plan interventions, assemble supports and services, monitor implementation and results, and adapt and make adjustments when needed. The coordinator should be able to set-up, facilitate, and follow-up on meetings conducted on behalf of the family. The coordinator's work schedule should afford the opportunity to adequately manage services for the youth and family. When several agencies and providers are involved with a youth and family, collaboration and negotiation may be necessary to achieve and sustain a coordinated and effective service process.

For youth in ICC, the care coordinator organizes a home-based assessment and individualized, child-centered, family-focused, team-based, [wraparound](#) planning process with full involvement of the child, family and community supports. The care coordinator assures that the care plan is reviewed when there is a change in another EOHHS agency's plan and quarterly by the care planning team.

Determine from Informants, Observations, Plans, and Records

1. Is there a single point of care coordination and leadership for intervention planning and implementation and for linking the agencies, service providers, and voluntary resource persons involved in implementing the care plan? Do all involved in the service process, including family members, have a common understanding of the plan?
2. Where indicated, are supports and services being integrated and coordinated across all intervening agencies (e.g., child welfare, mental health, special education, juvenile justice) involved with this youth and family? Are services, supports, and transitions being arranged and executed as necessary to fully implement the agreed individual care plan on a timely and effective basis to achieve the goals of the youth and family?
3. Is there a mechanism for identifying emerging problems and initiating appropriate responses and adjustments in the care planning and implementation processes? Is there adequate communication so that all parties know the current status of the youth and family?
4. Is the care coordinator able to handle the complexities presented by this youth and family? Does the care coordinator receive adequate clinical, supervisory, and administrative support in fulfilling this essential role?
5. If the youth receives ICC, has the care coordinator facilitated an individualized, child-centered, family-focused team-based planning process? Is the care plan reviewed quarterly by the Care Planning team through a dynamic and thoughtful process? Is the Care Plan updated by the team as needed addressing transitions and discharge planning specific to the youth's needs?
6. For multi-agency involved youth, are representatives of EOHHS agencies part of the ICC team, and if there are changes in other EOHHS plans, is the Care Plan reviewed and adjusted as necessary?
7. If the youth receives ICC or in-home therapy, has the care coordinator disseminated the original [Risk and Safety Plan crisis plan](#), to all appropriate service providers and the family? Has the care coordinator updated [the Risk and Safety Plan and crisis intervention strategies plan](#) after each subsequent [crisis presentation](#)?



Practice Review 8: Coordinating Care

8. Is there communication and coordination of interventions with the school [in the care plan](#)? If the youth receives ICC, has the care coordinator established a pattern of regular communication with the youth's school [as indicated n the care plan](#)?
9. Does the care coordinator have sufficient ability to press accountable parties to meet requirements and commitments of the service provision responsibilities?
10. Do the care coordinator and all participants in the youth/family change process collectively share a sense of accountability for achieving desired results for this youth/family's goals [for independence](#)?
11. Is there communication and coordination of interventions with the outpatient therapist? With the PCP? (as needed)

Description and Rating of Practice Performance

Practice Performance Situation Observed for the Youth and Family

Rating Level

- Optimal: Excellent Care Coordination.** There is a highly effective single point of coordination and leadership for the youth/family's team, supports, services, and results. The care coordinator (working in collaboration with the youth, family, and other providers) fully leads, plans, secures, assembles, schedules, coordinates, monitors, and adapts supports and services by achieving desired results for this youth/family. Supports and services are fully integrated across settings and providers and are consistently timely, appropriate, effective, and satisfying to the youth/family. Problem-solving efforts to achieve full ICP implementation are excellent.

6
- Good: Dependable, Effective Care Coordination.** There is a generally effective single point of coordination and leadership for the youth/family's services and results. The care coordinator (working in collaboration with the youth, family, and other providers) usually plans, secures, assembles, schedules, coordinates, monitors, and adapts supports and services by achieving desired results for this youth/family. Services are generally integrated across settings and providers and are usually timely, appropriate, effective, and satisfying to the youth/family. Problem-solving efforts to achieve ICP implementation are good.

5
- Fair: Minimally Adequate Care Coordination.** There is a minimally adequate single point of coordination and leadership for the youth/family's services and results. The care coordinator (working in collaboration with the child, family, and other providers) minimally plans, secures, assembles, schedules, coordinates, monitors, and adapts some but not all aspects of supports and services and team communication. Services are minimally integrated across settings and providers and are sometimes timely, appropriate, and satisfying to the youth/family but some are not. Problem-solving efforts to achieve ICP implementation are minimally adequate to fair.

4
- Marginal: Somewhat Inadequate Care Coordination.** There is limited coordination of services with little leadership for service delivery and results. The care coordinator (possibly working independently of the youth, family, and other providers) may lack plans to secure, assemble, schedule, coordinate, monitor, and adapt supports and services. Services may be somewhat fragmented across settings and providers. Breakdowns in services may occur occasionally. Problem-solving efforts may be limited or underpowered.

3
- Poor: Fragmented, or Inconsistent Care Coordination.** There is a substantially inadequate coordination of services for this youth/family. The care coordinator (working independently of the child, family, and other providers) may lack plans and is unable to secure, assemble, schedule, coordinate, monitor, and adapt needed supports and services. Services are substantially fragmented across settings. Breakdowns may be frequent and risks may not be adequately managed for the youth/family. Problem-solving efforts are poor, inconsistent, or not in keeping with family-centered practice.

2
- Adverse: Absent or Misdirected Care Coordination.** There is no single point of coordination and leadership for the youth/family's services and results. Needed services may be absent or fragmented. The needs of the family may not be addressed for periods of time, leaving the family at elevated risk of harm or poor downstream outcomes. Problem-solving efforts are not in evidence or efforts made are inappropriate or adverse in effect.

1



Practice Review 9: Service Implementation

Focus Measure

SERVICE IMPLEMENTATION: To what degree • Are the intervention strategies, techniques, and supports specified in the youth's individualized care plan (ICP) being implemented with sufficient intensity and consistency to achieve expected results? • Are implementations timely and competent? • Are treatment providers receiving the support and supervision necessary for adequate role performance? • Are members of the care team accountable to each other in implementing their own parts of the care plan, as well as how the plan is being implemented in whole?

Core Concepts

The central focus for this review is determining if the ICP is being implemented with fidelity. The processes for implementing supports and services for the youth and his/her caregivers should meet the following conditions:

- The strategies, supports, services and activities in the youth's ICP and other related service plans are being implemented in a timely, competent, and dependable manner, consistent with system of care principles and as specified in the Plan.
- The services, supports and interventions are of sufficient intensity and consistency necessary to meet priority needs, reduce risks, address treatment needs, facilitate successful transitions, and achieve adequate daily functioning.
- Persons working directly with the youth and family are receiving any necessary supports and regular 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 youth. Experience gained is used to refine implementation. Barriers to implementation are coming back to the team for additional problem-solving, situation understanding, and family input.

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

Determine from Informants, Observations, Plans, and Records

1. Are the supports and services in the youth's care plan being implemented in a timely and competent manner? What do the team members including the family say [about the services and implementation](#)?
2. Are the supports and services consistently provided at a level of intensity and duration to get desired results?
3. Are any urgent needs met in ways that protect the health and safety of the youth or, where necessary, protect others from the youth?
4. Are all the youth's service providers (e.g., care coordinator, therapist, tutor, mentor) receiving supports and supervision necessary for them to adequately perform the roles they play in the youth's life so that symptoms and risks are reduced, functioning is improved, and desired outcomes are achieved by the youth? Are any systemic barriers to implementation of services for the youth being addressed by managers?
5. 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 youth and his/her caregivers?
6. Are there any barriers to receiving treatment services or to getting good results?
7. Are the services the youth is receiving from his/her primary care physician coordinated with mental health services? Are primary care physicians receiving consultation in areas with limited psychiatric coverage?

Practice Review 9: Service Implementation

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Youth and Family	Rating Level
<ul style="list-style-type: none"> • Optimal Service Implementation. An excellent pattern of service implementation shows that all planned strategies, supports, and services set forth in the ICP are fully implemented in a timely, competent, and consistent manner. High quality services are being provided at levels of intensity, duration and continuity necessary to meet priority needs, manage risks, and yield desired results. Providers are receiving excellent support and regular supervision in the performance of their roles. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">6</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Good Service Implementation. A good and substantial pattern of service implementation shows that all important planned strategies, supports, and services set forth in the ICP are well implemented in a timely, competent, and consistent manner. Good quality services are being provided at levels of intensity, duration 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. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">5</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Fair Service Implementation. A fair pattern of service implementation shows that the strategies, supports, and services set forth in the ICP 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. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">4</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Marginal Service Implementation. A somewhat limited or inconsistent pattern of service implementation shows that most of the strategies, supports, and services set forth in the ICP are being implemented, but with problems in timeliness, competence, and/or consistency. Some of the services and 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. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">3</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Poor Service Implementation. A poor pattern of service implementation shows that many of the strategies, supports, and services set forth in the ICP are not being implemented adequately. Few of the services in the care plan are being implemented and/or of they are of poor quality 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. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">2</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Absent or Adverse Service 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, incoherent 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. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">1</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>

Practice Review 10: Availability & Access to Resources

Focus Measure

AVAILABILITY & ACCESS TO RESOURCES: To what degree: • Are the supports, services, and resources (both informal and formal) necessary to implement the planned interventions and strategies available to be used and implemented in a timely manner? • Are any flexible supports and unique service arrangements (both informal and formal) necessary to meet the youth's individual needs available and accessible?

Core Concepts

The central focus of this review is determining whether access to interventions, services and supports specified in the youth's care plan is smooth, and whether resources are sufficient and readily available to be implemented as specified in the care plan. Supports, services and interventions specified in the care plan should be available when needed. The services need to be provided with adequate frequency, intensity and competency to meet the requirements of the care plan and to meet the needs of the youth and family. To respond to unique needs, supports may have to be created or assembled in special arrangements. Such unique and flexible support arrangements surround a youth in his/her home or school setting so as to avoid placement in more restrictive settings away from home and school. Examples of typical services include out-patient therapy, in-home therapy, intensive care coordination or wraparound, behavior management and monitoring, family support and training through Family Partners and therapeutic mentoring. 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 youth 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 the power to produce desired results, be available for use as needed, and be culturally compatible with the needs and values of the family. Specialized and tailor-made supports and services should be developed or purchased only when necessary to supplement rather than supplant readily available natural supports and services of a satisfactory nature. Unavailable resources should be systematically identified to enable the network to meet the need.

Determine from Informants, Observations, Plans, and Records

1. Are any services, supports or interventions specified in the care plan not available at this time?
2. Were any services delayed in the last ninety days or were services such as therapy interrupted? Are they sustainable as needed over time? Has staff turnover interrupted services without an adequate or seamless transition? Are there missing services and/or supports? Is the youth on a waiting list for services such as a medication or psychiatric evaluation? Has the youth or family been denied services?
3. Have informal, natural supports been developed or uncovered and used at home and in the community as a part of the service process? Is the team taking steps to locate or develop or advocate for previously unknown or undeveloped resources? Is the combination of supports and services used for/by this family dependable and satisfactory from their point of view?
4. To what extent are the family's natural supports, 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?
5. Is the team taking steps to locate or develop or advocate for previously unknown or undeveloped resources? Is the youth on a waiting list for services such as a medication or psychiatric evaluation? Is turnover in staff causing the delay for services?
6. Did practitioners on the youth/family's team have appropriate service options from which to choose when selecting recommended professional services? Did the family have appropriate and preferred options from which to choose when selecting providers of specified supports and services?
7. Has the service team taken steps to identify resource gaps and notify the necessary parties and management? Are there other barriers to service access? Have specialized treatments and modalities (e.g., for eating disorders, trauma or problematic sexual behaviors) been made available as necessary within a reasonable commute?
8. Are "curbside consultations" between primary care/pediatricians and psychiatrist occurring as a means of meeting medication management and other care coordination goals?

Practice Review 10: Availability & Access to Resources

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Youth and Family	Rating Level
<ul style="list-style-type: none"> • Optimal Resources. An excellent array of supports and services is helping the youth and family reach optimal levels of functioning necessary for them to make progress toward outcomes and ending requirements. 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 <input type="checkbox"/>
<ul style="list-style-type: none"> • Good Resources. A good and substantial array of supports and services is helping the youth and family reach favorable levels of functioning necessary for them to make progress toward outcomes and ending requirements. 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 <input type="checkbox"/>
<ul style="list-style-type: none"> • Fair Resources. A fair array of supports and services is available to the family to reach minimally acceptable levels of functioning necessary for them to make fair progress toward outcomes and ending requirements. 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 taken any steps. 	4 <input type="checkbox"/>
<ul style="list-style-type: none"> • Marginally Inadequate Resources. 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 <input type="checkbox"/>
<ul style="list-style-type: none"> • Poor Resources. 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 <input type="checkbox"/>
<ul style="list-style-type: none"> • Absent or Adverse Resources. Few, if any, necessary 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 youth and family may lack a functioning service team. 	1 <input type="checkbox"/>

Practice Review 11: Adapting & Adjustment

Focus Measure

ADAPTING & ADJUSTMENT: To what degree • Are those involved checking, monitoring and following-up on service implementation, progress, changing family circumstances, and results for the youth and family? • Is the care coordinator keeping the team updated, checking on timely follow-through, helping to get problems in service delivery resolved, and bringing the team back together when necessary? • If there is a known crisis or breakdown in a plan strategy, is the team reconvened to evaluate the response to the crisis and/or make adjustments to the interventions? • Do team members communicate to discuss treatment fidelity, barriers, what strategies are/are not working, and what to do next? • Are interventions adjusted in response to progress made, changing needs, and knowledge gained?

Core Concepts

The central focus of this review is determining that on going tracking of implementation quality and consistency is occurring with adjustments made that keep interventions on track, check progress, identify emergent needs and problems, and modify services in a timely manner. Adapting and adjustment provide the "learning" and "change" processes that make the treatment process "smart" and, ultimately, effective for the youth and family.

Intervention strategies, supports, and/or services 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. Individual interveners are responsible for monitoring progress in their areas and bringing their individual sets of information to the team forum for larger scale discussion, evaluation and adjustment. The care coordinator plays a central role in tracking and adjusting intervention strategies, services, and supports. The care coordinator actively assists the youth and family in obtaining medical, educational, social and therapeutic services and monitors the delivery of these services. The care coordinator supports team members in applying the knowledge gained through ongoing assessments, engagement, monitoring, and periodic evaluations to adapt strategies, supports, and services. The care coordinator re-convenes the care planning team when circumstances change, there is a crisis or new and essential information becomes available resulting in an updated care plan.

The frequency and intensity of the monitoring and adjustment process should reflect the pace, urgency, and complexity of youth needs, family context and recent events. It should be a dynamic and authentic process. This learning and change process is necessary to find what works for the youth and caregiver. Learning what works is a continuing process. Getting successful near-term results that lead to desired outcomes depends on a thoughtful planning and adjustment process.

Determine from Informants, Observations, Plans, and Records

1. Is there a designated person who is actively responsible for coordinating and following the implementation of the care plan? How often is the status of the youth and family monitored or reviewed?
2. Are there collectively known "triggers" for reviewing the status of the youth and family and adjusting the care plan? Are members of the team that work with the child or youth on a daily or regular basis aware of medications and how they should be monitoring behavioral changes and/or side effects? Has the youth and family been engaged in monitoring strategies when appropriate?
3. How are treatment progress and the youth's well-being monitored by the care coordinator and team (e.g., face-to-face contacts, telephone contact, and meetings with the family, youth, service providers; reviewing reports from providers)? When things are not going well for the child and family, does the care coordinator have access to supervision and/or clinical consultation?
4. How are implementation of treatment and service processes being tracked? Is progress or lack of progress being identified, noted and communicated among team members?
5. Are detected problems being reported and addressed promptly? To whom? When there are barriers to implementing a particular strategy, is the care coordinator assisted through supervisory supports?
6. Are changing needs and new problems being identified and acted on? By whom?
7. Is there a clear and consistent pattern of successful adaptive service changes that have been made in response to results?



Practice Review 11: Adapting & Adjustment

8. Are interventions modified as goals are met? Are strategies modified if no progress is observed? [Is this process supported by documented changes in the care plan?](#)
9. Are intervention strategies, supports, and services updated as goals are met? Are necessary plans and service authorizations updated or revised if no progress is observed?
10. How do the care coordinator and team communicate, document update, and modify intervention strategies?

Description and Rating of Practice Performance

Description of the Practice Performance Situation Observed for the Youth and Family	Rating Level
<ul style="list-style-type: none"> • Optimal Adapting and Adjustment Process. Intervention strategies, supports, and services being provided are highly responsive and appropriate to changing conditions. Continuous or frequent monitoring, tracking, and communication of youth status and service results to the team are occurring. The care coordinator and team are collectively and proactively aware of situations for this youth and family that would require reconvening of the team to adjust strategies. 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 youth and family. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">6</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Good Adapting and Adjustment Process. Intervention strategies, supports, and services being provided are generally responsive to changing conditions. Frequent monitoring, tracking, and communication of youth status and service results are occurring. The care coordinator and team are generally aware of how often and what situations for this youth and family will require reconvening of the team to adjust strategies. Generally successful adaptations are based on a basic knowledge of what things are working and not working for the youth and family. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">5</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Minimally Adequate to Fair Adapting and Adjustment Process. Intervention strategies, supports, and services being provided are minimally responsive to changing conditions. Periodic monitoring, tracking, and communication of youth status and service results are occurring. Usually successful adaptations to supports and services are being made. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">4</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Marginally Inadequate Adapting and Adjustment Process. Intervention strategies, supports, and services being provided to the youth and family are partially responsive to changing conditions. Occasional monitoring and communication of youth status and service results are occurring. Limited or inconsistent adaptations are based on isolated facts of what is happening to the youth and family. Their status may be adequate in some areas but unacceptable in others. Mild to moderate problems are present. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">3</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Fragmented or Shallow Adapting and Adjustment Process. Poor Intervention strategies, supports, and services may be provided to the youth and family and may not be responsive to changing conditions. Rare or shallow monitoring, poor communications, and/or an inadequate service team may be unable to function effectively in planning, providing, monitoring, or adapting services. Few sensible modifications may be planned or implemented. Youth and family status may be poor in several areas. Serious ongoing problems continue unresolved. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">2</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>
<ul style="list-style-type: none"> • Absent, Non-operative, or Misdirected Adapting and Adjustment Process. Intervention strategies, supports, and services may be limited, undependable, or conflicting for the youth and family. No monitoring or communications may occur and/or an inadequate team (inadequate structure or functioning) may be unable to function effectively in planning, providing, monitoring, or adapting services. Current supports and services may have become non-responsive to the current needs of the youth and family. Youth and family status may be generally poor or worsening. Serious and worsening problems persist without adequate attention or effective resolution. 	<div style="display: flex; align-items: center;"> <div style="background-color: black; color: white; padding: 2px 5px; font-weight: bold; margin-right: 5px;">1</div> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>



Practice Review 12: Transitions & Life Adjustments

Focus Measure

TRANSITIONS & LIFE ADJUSTMENTS: To what degree • Is the current or next life change transition for the youth being planned, staged, and implemented to assure a timely, smooth, and successful adjustment during the transition and after the change occurs? • Are transitional staging plans/arrangements being made/implemented to assure a successful transition and life adjustment in daily settings? • If the youth is returning to home and school following acute hospitalization or temporary placement in foster care, residential treatment, or detention are necessary supports working effectively for the youth and family? • Is there ongoing follow-along support and monitoring to adjust supports as needed? • If the youth is over age 14, is step-wise planning in place to assure a successful transition to young adulthood?

Core Concepts

The central focus for this review is determining that changes in the youth's daily settings are anticipated, when possible, planned, and implemented to ensure successful adjustment. A family moves through many life transitions over the course of a lifetime. Children start school and change schools several times between kindergarten and high school. Emancipated youth enter adult life. Transitions can be a tenuous time for children and youth with serious emotional disturbances. They may move in and out of treatment settings and often experience more transitions than other children and youth that have fewer challenges. Adults parenting minor children may lose them temporarily to the foster care system. Reunification becomes a major transition and life adjustment for the parent and child/youth. Adults lose parents and life partners and children lose grandparents and other family members, requiring major life changes and adjustments. When the youth has achieved the goals on the individual care plan, the care coordinator, in collaboration with the youth, family and care planning team, develops a transition plan for stepping down or terminating services. Requirements for future success have to be anticipated, determined and provided in advance of a change to achieve later success in transition and life adjustments. The requirements for future success should be used in setting transition goals and in planning supportive services during the adjustment phase following transitions.

Staging and coordination across service settings, schools and providers is essential, especially when a youth is served temporarily in a setting away from his/her home, such as a residential treatment facility, [CBAT](#) or hospital. Individual transition plans, problem-solving assistance, and supports may have to be provided. Special arrangements or accommodations may be required for success in returning to a setting or a new setting. Follow-along monitoring may be required through an adjustment period. Special coordination efforts may be necessary to prevent breakdowns in services and to prevent any adverse effects transition activities may have on the youth. To be effective, transition plans and arrangements have to produce successful transitions as determined after the change in settings actually occurs. The youth, family and care coordinator need to be closely involved in the planning and execution of transition plans and activities.

Determine from Informants, Observations, Plans, and Records

1. Is a major transition anticipated within the next few months? Have the care coordinator and family identified the youth's next critical transition? If so, what transition plans are being made to accomplish a smooth adjustment? How are the transitional activities and events being carefully staged and arranged across settings, time, providers, and funding sources? Has the youth had a voice in creating the individualized transition plan?
2. For young children exiting an early intervention program, what plans are in place for entry into a preschool program or childcare? How will the transition be monitored? What supports are in place at home and in the new program that will support the child and family until the adjustment has been determined successful?
3. For a child with serious emotional disturbance who enters childcare for the first time, how will the child, family and childcare staff be supported through the child's transition and adjustment? For a young child entering kindergarten from home or from a special preschool program or childcare, what individualized transition plans have been made?
4. For youth in the child welfare system, do permanency plans for this youth indicate that the child protection agency is using or is considering using trial home visits to facilitate transition from out-of-home care for family reunification? If so, how are the youth's mental health and/or addiction treatment staff coordinating efforts to ensure a safe, smooth, and successful reunification?
5. If this youth has a history of difficult transitions between treatment settings and especially following discharge from hospitalization, [CBAT](#) or incarceration, how is this knowledge being used to improve transitions for this youth? Is this youth currently experiencing adverse consequences of a recent transition or change in placement? If so, what are the reasons and what is being done about it?



Practice Review 12: Transitions & Life Adjustments

6. If a transition is imminent, is a well-staged individualized transition plan or articulation process currently being implemented for this youth? If the goals on the individualized care plan have been met, has a transition plan for a reduced level of service or case closure been developed in collaboration with the youth, family and care planning team?
7. If the youth is transitional age (18-21) what plans are in place for transition to adult services, if appropriate? Does the plan(s) include job training, employment, and independent or semi-independent living? Has a Chapter 688 referral to an adult services agency been made?
8. For what period of time, such as 60-90 days, will the youth be closely monitored following a transition affecting his or her living arrangement or school to track the youth and those supporting the youth through the life change and adjustment process? How will the predictable "honeymoon" and near-term "crises" of adjustment that often attend the movement and life adjustment process for a youth be monitored?

Description and Rating of Practice Performance

Description of the System Performance Situation Observed for the Youth

Rating Level

- **Optimal Transitions.** The youth's current/next transition has been implemented/planned consistent with the youth's recovery goals. What the youth should know, be able to do, and have as supports to be successful after the transition occurs are being developed now. If a transition to another setting or return to home and school is imminent, all necessary arrangements for supports and services with persons in the receiving settings are being made to assure that the youth is successful following the move. The youth was a full participant in developing the individualized transition plan. If the youth has made a transition or return to a previous setting within the past six months, the youth is fully stable and successful in his/her daily settings. If the youth is fourteen or older, services and supports are fully developed to assure a successful transition into young adulthood.

6
- **Good Transitions.** The youth's next transition has been identified and discussed. What the youth should know, be able to do, and have as supports to be successful are planned and being addressed. If a transition to another setting or return to home and school is imminent, essential arrangements for supports and services with persons in the receiving settings are being made to assist the youth during and after the move. The youth participated in developing the individualized transition plan. If the youth has made a transition or return to a previous setting within the past three months, the youth is generally stable and successful in his/her daily settings. If the youth is fourteen or older, services and supports are somewhat developed to assure a successful transition into young adulthood.

5
- **Minimally Adequate to Fair Transitions.** The youth's next transition has been identified. What the youth should know, be able to do, and have as supports to be successful are known and being used for planning. If a transition to another setting or return to home and school is imminent, basic arrangements for supports and services with persons in the receiving settings are minimally in place to assist the youth during and after the move. The youth had some involvement in developing the individualized transition plan. If the youth has made a transition or return to a previous setting within the past 30 days, the youth is stable in his/her daily settings and is not at risk of disruption due to transition problems. If the youth is fourteen or older, the team has identified and is beginning to plan for some of the services and supports that they youth will need to better prepare for young adulthood.

4
- **Marginally Inadequate Transitions.** The youth's next transition has been identified. What the youth should know, be able to do, and have as supports to be successful have not been assessed and no plans have been made. If a transition to another setting or return to home and school is imminent, few or partial arrangements for supports and services with persons in the receiving settings are in place to assist the youth during and after the move. The youth may have had some involvement in developing the individualized transition plan. If the youth has made a transition or return to a previous setting within the past 30 days, the youth is experiencing mild transition problems in his/her daily settings and is at low risk of disruption. If the youth is fourteen or older some members of the team may be beginning to think about transition to adulthood, but the necessary supports and services have not yet been identified.

3
- **Poor Transitions.** The youth's next transition has not been addressed. If a transition to another setting or return to home and school is imminent, inadequate arrangements for supports and services with persons in the receiving settings are in place to assist the youth during and after the move. The youth may have had some involvement in developing the individualized transition plan. If the youth has made a transition or return to a previous setting within the past 30 days, the youth is experiencing substantial transition problems in his/her daily settings and is at moderate to high risk of disruption. If the youth is fourteen or older, no supports or services have been identified, and the team is not aware that transition supports are a necessary part of their role.

2





Practice Review 12: Transitions & Life Adjustments

Description and Rating of Practice Performance

Description of the System Performance Situation Observed for the Youth	Rating Level
--	--------------

- | | | | |
|---|---|---|--|
| <p>• Adverse Transitions. The youth's next transition has not been considered. If a transition to another setting or return to home and school is imminent, arrangements for supports and services with persons in the receiving settings are not in place to assist the youth during and after the move. If the youth has made a transition or return to a previous setting within the past 30 days, the youth is experiencing major transition problems in his/her daily settings and is at high risk of disruption. Inappropriate or harmful transition strategies are in place for youth entering young adulthood.</p> | <table style="border-collapse: collapse;"> <tr> <td style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">1</td> <td style="border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></td> </tr> </table> | 1 | |
| 1 | | | |
- | | | | |
|---|--|----|--|
| <p>• Not Applicable. Identification efforts reveal no evidence of needs to be addressed for transition planning for this youth at this time. This review indicator is deemed not applicable to this youth.</p> | <table style="border-collapse: collapse;"> <tr> <td style="background-color: black; color: white; padding: 2px 5px; font-weight: bold;">NA</td> <td style="border: 1px solid black; width: 30px; height: 20px; margin-left: 5px;"></td> </tr> </table> | NA | |
| NA | | | |





Practice Review 13: Responding to Crises & Risk and Safety Planning

Focus Measure

RESPONDING TO CRISES & SAFETY PLANNING: To what degree • Is there timely provision of effective planning, supports and services to safely prevent or safely manage any recurring or significant behavioral, health, or safety crises for the focus youth and family? Has the Risk and Safety plan been developed and modified(as needed) during the treatment episode?

Core Concepts

The central focus of this review is whether the youth, caregivers, and service providers (care team) have developed a Risk and Safety Plan and if there is timely access to crisis management supports necessary to detect the onset of an episode, respond on a timely basis, and effectively protect those involved from foreseeable and preventable harm. Some youth receiving behavioral health services have recent histories of episodes in which a behavioral, health, or safety crisis has occurred and for whom risk and safety plans and crisis prevention and management services are required to protect the youth's life, from harm and/or support their well-being. A behavioral crisis is one in which the youth presents behaviors that put himself or others at risk of harm. Crises are marked by intense feelings of disempowerment. A youth who suffers recurrent major depressive episodes, including a history of recent suicide attempts, would require a Risk and Safety Plan and crisis prevention and management services. A safety crisis is a situation in which another person through intention and action or inaction puts the focus youth at risk of injury, psychological or physical harm or death. There are also contextual issues for youth that need to be considered such as when a parent in a violent domestic relationship may be unable keep children safe, and a crisis prevention plan and use of protective capacities and strategies may be needed.

The potentially recurrent and risky nature of such situations requires advance planning, and may require surveillance or monitoring of the youth, preparation of the youth and other reliable persons in that youth's life to recognize and respond to early signs of an new episode, and taking preplanned actions to keep the youth and/or others safe as the episode unfolds. If the youth receives intensive care coordination or in-home therapy services, a Risk and Safety Plan crisis plan is developed at the onset of services and reviewed and refined regularly and after each use. The family, mobile crisis unit and other interveners, including the school, must be aware of the crisis plan which is intended to be used so that calling 911 or the fire or police departments when there is a behavioral or safety crisis are used only when absolutely necessary, using mobile crisis services as needed.

Providing a crisis management capacity requires an individualized planned risk, safety and crisis response capability designed specifically for the youth that can be activated and implemented immediately at the onset of an episode. Arisk safety and crisis response capability has to be prepared in advance, be made a part of the care plan or other appropriate crisis response plan, and have prepared persons in the youth's daily settings to be ready to implement the crisis response plan and a follow-along mechanism that tracks the youth and family through the crisis period. The urgency and significance of an emerging need or problem should be met with a timely and commensurate service response. Significant change in clinical status or sudden emotional loss, suicidality and self-endangerment for youth with depression and bipolar disorders, behavior health disorders require a high and constant level of surveillance.

Crisis services are provided in a broad array of settings. Crisis response goes beyond addressing the immediate situation, but also looks at the response of systems to reduce the risk of recurrent crisis and provide interventions that reduce the clinical and social problems that often ensue as a result of the crisis. A response should meaningfully address the actual issues underlying the cause of a crisis.

Determine from Informants, Observations, Plans, and Records

1. Does the youth have recent or recurring situations where he/she presents risk to self or others? If risk is recurring, is there a Risk and Safety Plan crisis plan, with including any known effective strategies? Does the plan address strategies that can be used by people in the youth's environment that will provide behavioral supports that will de-escalate the situation and prevent the use of any aversive techniques?
2. Does this youth have a crisis-Risk and Safety plan with a prevention/intervention plan that covers both daytime and after hours? If so, how was it designed? What is the monitoring or surveillance plan? Is there an alert procedure and crisis response plan for this youth specified in the care plan or other relevant service documents in addition to the Risk and Safety Plan? Who is to respond to what cues using what strategies? Does the plan include any advance directives set by the youth or family? Are the people who would send the alert and implement the crisis response plan aware of and ready to fulfill their assigned responsibilities? Does the youth's school have a copy of the plan?
3. Are crisis management services available when and as needed and provided in the least restrictive manner? Are responses to crises reflective of understanding the youth's and family's personal preferences, goals and strengths? Do the responses help the youth feel safe and regain a sense of control? Do the responses reflect a shared in responsibility between interveners and the youth and family? Does the intervention reflect an understanding of the youth's trauma history, and is it designed to minimize further trauma? Is adequate time spent with the youth/family when he or she is in active crisis and afterwards? Are crisis interventions aligned with the youth's culture, gender, race,

age, sexual orientation and communication needs?



Practice Review 13: Responding to Crises & Safety Planning

4. Have the alert and [risk/safety/crisis](#) management processes been used in the past six months for this youth or caregiver? If yes, did they work effectively? Were such services timely given the urgency of the situation? Following any crisis, was the crisis plan evaluated for effectiveness and adjusted as necessary?

Description and Rating of Practice Performance

Note: This indicator is applicable to all youth who receive intensive care coordination or in-home therapy services whether or not a crisis event has occurred in the last six months.

Description of the Practice Situation Observed for the Youth	Rating Level
<ul style="list-style-type: none"> Optimal Response to Crisis & Safety Planning. All appropriate people in the focus youth's daily living, learning, work, and therapeutic settings are fully prepared to recognize early indicators of the onset of a crisis episode and to implement the alert, crisis intervention, and follow-along provisions of a well-tested and effective crisis plan for the youth. Detection, alert steps, crisis intervention, and follow-along processes, if used in the past six months, performed in an excellent, reliable, and effective manner. 	6 <input type="checkbox"/>
<ul style="list-style-type: none"> Good Response to Crisis & Safety Planning. Key people in the focus youth's daily living, learning, work, and therapeutic settings are generally prepared and ready to recognize early indicators of the onset of a crisis episode and to implement the alert, crisis intervention, and follow-along provisions of the youth's plan. Plan provisions have been successfully tested via simulation or, if used in the past six months, worked reliably and acceptably well. 	5 <input type="checkbox"/>
<ul style="list-style-type: none"> Fair Response to Crisis & Safety Planning. Some people in the focus youth's daily living, learning, work, and therapeutic settings are minimally prepared to recognize early indicators of the onset of a crisis episode and to implement the alert, crisis intervention, and follow-along provisions of the youth's plan. Plan provisions are periodically reviewed with people responsible for implementation. If used recently, the crisis response was at least minimally successful in managing risks and keeping people safe. 	4 <input type="checkbox"/>
<ul style="list-style-type: none"> Marginally Inadequate Response to Crisis & Safety Planning. Some people in the focus youth's daily living, learning, work, and therapeutic settings are somewhat unprepared to recognize early indicators of the onset of a crisis episode and to implement the alert, crisis intervention, and follow-along provisions of the youth's 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 <input type="checkbox"/>
<ul style="list-style-type: none"> Poor Response to Crisis & Safety Planning. Key people in the youth's daily living, learning, work, and therapeutic settings are not adequately prepared to recognize early indicators of the onset of a crisis episode and to implement the alert, crisis intervention, and follow-along provisions of the youth's plan. - 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 <input type="checkbox"/>
<ul style="list-style-type: none"> Absent and/or Adverse Response to Crisis & Safety Planning. Key people in the youth's daily living, learning, work, and therapeutic settings are unprepared or unwilling to recognize early indicators of the onset of a crisis episode and to implement the alert, crisis intervention, and follow-along provisions of the youth's plan. - OR - A crisis plan and response are necessary for this youth but currently do 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 <input type="checkbox"/>
<ul style="list-style-type: none"> Not Applicable. The focus youth no history of psychiatric, behavioral or medical crises or safety breakdowns within the youth's daily settings over the past six months, and the youth's condition or situation clearly does not indicate the need for a crisis plan; therefore, this indicator does not apply at this time. 	NA <input type="checkbox"/>







Section 6

OVERALL PATTERNS

1. Overall Child/Youth Status	100
2. Overall Caregiver Status	101
3. Overall Child/Youth Progress Pattern	102
4. Overall Practice Performance	103
5. Six-Month Prognosis	104





OVERALL CHILD AND FAMILY DOMAIN

OVERALL CHILD/YOUTH STATUS

There are eight child/youth indicators to be rated in the areas of Child/Youth Status. Each review produces a finding reported on a 6-point rating scale. An "overall rating" for each section is based on THE REVIEWER'S HOLISTIC IMPRESSION OF THE APPLICABLE INDICATORS. This overall ratings answer these questions:

Overall, how is the child/youth doing now?

The reviewer considers the unique issues and present context for THIS CHILD/YOUTH to arrive at the two overall status ratings. (1) Begin by marking the rating value for each status review item on the "roll-up sheet" being prepared for submission. (2) In formulating the overall rating, disregard any indicators deemed not applicable in forming the holistic impression. (3) Give weight to those applicable indicators judged to be most important at this time for this child/youth. (4) By focusing on the applicable indicators and judging which ones have the greatest importance to the child/youth at this time, determine an "overall rating" based on your general impression of the child's status. (5) Mark the boxes indicating your overall ratings below. Report these rating values on the roll-up sheet prepared for this child/youth. The reviewer should remember that an overall rating cannot be higher than the highest rated indicator nor lower than the lowest rated indicator. It should be reflective of the trend or pattern observed among indicators with added weight to those of greater importance to the child/youth at the time of review. The added weight given in this overall formulation must be explained by the reviewer in the oral and written reports provided for this child/youth.

Child/Youth Status Indicators [30-day pattern]						
Status Indicators	Improve		Refine		Maint	NA
Child/Youth	1	2	3	4	5	6
1. Stability						
a. Home	LJH		LJH		LJH	
b. School	H H		H H		H H	☐
2. Safety:						
a. School	H H		H H		H H	☐
b. Home	L L		L L		L L	
c. Community	LJH		LJH		LJH	
3. Behavioral risk:						
a. Risk to self	H H		H H		H H	☐
b. Risk to others	H H		H H		H H	☐
4. Permanency	L L		L L		L L	
5. Emot. & Beh. well-being			LJHHHH			
6. Education status						
a. Attendance	LH		L L		L L	☐
b. LRE	LH		L H		L L	☐
c. Beh. supports	H H		H H		H H	☐
d. Transition planning	H H		H H		H H	☐
e. Care coordinator	H H		H H		H H	☐
7. Living arrangement	LJH		LJH		LJH	●
8. Health/Phy. well-being			LJHHHHH			
OVERALL C/Y STATUS	LJH		LJH		LJH	



Overall CAREGIVER STATUS Domain

CAREGIVER STATUS SCORING PROCEDURE

There are four parent/caregiver indicators to be rated in the area of Parent/Caregiver Status. Each review produces a finding reported on a 6-point rating scale. An "overall rating" for each section is based on THE REVIEWER'S HOLISTIC IMPRESSION OF THE APPLICABLE INDICATORS. This overall ratings answer these questions:

Overall, how is the parent/caregiver doing now (in these areas)?

The reviewer considers the unique issues and present context for THIS PARENT/CAREGIVER to arrive at the overall status ratings. (1) Begin by marking the rating value for each status review item on the "roll-up sheet" being prepared for submission. (2) In formulating the overall rating, disregard any indicators deemed not applicable in forming the holistic impression. (3) Give weight to those applicable indicators judged to be most important at this time for this parent/caregiver. (4) By focusing on the applicable indicators and judging which ones have the greatest importance to the parent/caregiver at this time, determine an "overall rating" based on your general impression of the parent's status and/or substitute caregiver's status. (5) Mark the boxes indicating your overall ratings below. Report these rating values on the roll-up sheet prepared for this parent/caregiver. The reviewer should remember that an overall rating cannot be higher than the highest rated indicator nor lower than the lowest rated indicator. It should be reflective of the trend or pattern observed among indicators with added weight to those of greater importance to the child and parent/caregiver at the time of review. The added weight given in this overall formulation must be explained by the reviewer in the oral and written reports provided for this child/youth.

Caregiver Status Indicators [30-day pattern]							
Status Indicators	Improve		Refine		Maint		NA
	1	2	3	4	5	6	
Caregiver							
1a. Support of c/y	H	H	L	L	L	L	<input type="checkbox"/>
a. Mother	H	H	L	L	L	L	<input type="checkbox"/>
b. Father	H	H	L	L	L	L	<input type="checkbox"/>
c. Sub. caregiver	H	H	L	L	L	L	<input type="checkbox"/>
1b. Group C'giver							<input type="checkbox"/>
2. Special Challeng	H	H	L	L	L	L	<input type="checkbox"/>
a. Mother	H	H	L	L	L	L	<input type="checkbox"/>
b. Father	H	H	L	L	L	L	<input type="checkbox"/>
c. Sub. caregiver	H	H	L	L	L	L	<input type="checkbox"/>
3. Voice & choice	H	H	L	L	L	L	<input type="checkbox"/>
a. Mother	H	H	L	L	L	L	<input type="checkbox"/>
b. Father	H	H	L	L	L	L	<input type="checkbox"/>
c. Sub. caregiver	H	H	L	L	L	L	<input type="checkbox"/>
d. Youth age 12-17	H	H	L	L	L	L	<input type="checkbox"/>
e. Youth age 18-21	H	H	L	L	L	L	<input type="checkbox"/>

Caregiver Status Indicators [30-day pattern]							
Status Indicators	Improve		Refine		Maint		NA
	1	2	3	4	5	6	
Caregiver							
4. Satisfaction:							
a. Mother							
1. Needs	L	J	H				<input type="checkbox"/>
2. Services	L	J	H				<input type="checkbox"/>
3. Participation	L	J	H				<input type="checkbox"/>
b. Father							
1. Needs	L	J	H				<input type="checkbox"/>
2. Services	L	J	H				<input type="checkbox"/>
3. Participation	L	J	H				<input type="checkbox"/>
c. Sub. caregiver							
1. Needs	L	J	H				<input type="checkbox"/>
2. Services	L	J	H				<input type="checkbox"/>
3. Participation	L	J	H				<input type="checkbox"/>
d. Youth	L	J	H				<input type="checkbox"/>
1. Needs	L	J	H				<input type="checkbox"/>
2. Services	L	J	H				<input type="checkbox"/>
3. Participation	L	J	H				<input type="checkbox"/>
e. Group hm/RTF Participation	L	J	H				<input type="checkbox"/>
	L	J	H				<input type="checkbox"/>
OVERALL CAREGIVER STATUS	L	J	H				<input type="checkbox"/>
a. Mother	L	L	L	L	L	L	<input type="checkbox"/>
b. Father	L	J	H	L	J	H	<input type="checkbox"/>
c. Sub. caregiver	L	J	H	L	J	H	<input type="checkbox"/>
d. Youth	L	L	L	L	L	L	<input type="checkbox"/>
e. Group C'giver	L	J	H	L	J	H	<input type="checkbox"/>



Overall Child/Youth Progress Patterns

OVERALL CHILD/YOUTH PROGRESS SCORING PROCEDURE

There are five indicators to be conducted in the area of Child/Youth Progress. Each review produces a finding reported on a 6-point rating scale. An "overall rating" of Child/Youth Progress is based on THE REVIEWER'S HOLISTIC IMPRESSION OF THE CHILD'S RECENT CHANGES ON APPLICABLE INDICATORS. Each child's situation is unique and, to assess the overall progress, a reviewer must consider where the child began to where the child is now. The reviewer should recognize that consistently high performance in a domain may not show much change over time but is still a good outcome. (1) Begin by transferring the rating value for each progress indicator from the protocol pages to the roll-up sheet having the display presented 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 child. (4) Focusing on those applicable indicators having the greatest importance to the child at this time, determine an "overall rating" based on your general impression of the child's recent progress. (5) Mark the box indicating your overall rating on item #6 on the roll-up sheet. Report this rating value on the oral and written reports prepared for this child/youth.

The reviewer should remember that an overall rating cannot be higher than the highest rated indicator nor lower than the lowest rated indicator. It should be reflective of the trend or pattern observed among indicators with added weight to those of greater importance to the child and parent/caregiver at the time of review. The added weight given in this overall formulation must be explained by the reviewer in the oral and written reports provided for this child/youth.

Child/Youth Progress Indicators [180-day pattern]							
Progress Indicators	Improve		Refine		Maintain		NA
	1	2	3	4	5	6	
CHANGE OVER TIME							
1 Reduction of problems							
a. Psych./beh. symptoms	H	H	H	H	H	H	●
b. Substance use	H	H	H	H	H	H	◐
2. Improved coping/self-mgt.	H	H	H	H	H	H	◑
3 School/work progress							●
a. School	H	H	H	H	H	H	●
b. Work	H	H	H	H	H	H	◐
4 Meaningful relationships							●
a. Family/caregiver	H	H	H	H	H	H	●
b. Peers	H	H	H	H	H	H	◐
c. Other adults	H	H	H	H	H	H	◑
5 Well-being/Quality of life							●
a. Youth	H	H	H	H	H	H	●
b. Family	H	H	H	H	H	H	●
OVERALL C/Y PROGRESS	H	H	H	H	H	H	





OVERALL SYSTEM PERFORMANCE DOMAIN

OVERALL PRACTICE PERFORMANCE SCORING PROCEDURE

There are 13 **practice function indicators** in the area of Practice Performance. Each review produces a finding reported on a 6-point rating scale. An "overall rating" of practice performance is based on THE REVIEWER'S HOLISTIC IMPRESSION OF THE APPROPRIATE EXECUTION OF PRACTICE FUNCTIONS AND THE DILIGENCE IT SHOWS IN RESPONSE TO THIS CHILD AND FAMILY. Consider the fidelity with which each practice function is carried out and whether the intent of the function is being achieved. Overall, is the system taking the necessary actions to appropriately address the individual factors for this child/youth and family that must be addressed if this child/youth and family are to make progress toward positive outcomes? (1) Begin by transferring the rating value for each progress review item from the protocol exam pages to the portion of the roll-up sheet containing the display presented below. (2) Disregard any indicators deemed not applicable in forming the holistic impression. (3) **Give weight to those practice performance indicators judged to be most important at this time for this child and family.** (4) Focusing on those applicable indicators having the greatest importance to the child and family at this time, determine an "overall rating" based on your general impression of the practice performance. (5) Mark the box indicating your overall rating on the roll-up sheet. The reviewer should remember that an overall rating cannot be higher than the highest rated indicator nor lower than the lowest rated indicator. It should be reflective of the trend or pattern observed among indicators with added weight to those of greater importance to the child and parent/caregiver at the time of review. The added weight given in this overall formulation must be explained by the reviewer in the oral and written reports provided for this child/youth.

System/Practice Performance [90-day pattern]							
Indicator Zones	Improve		Refine		Maintain		NA
	1	2	3	4	5	6	
Practice Functions	LL	LL	LL	LL	LL	LL	
1. Engagement							
2. Cultural Responsiveness	LL	LL	LL	LL	LL	LL	
a. Youth	LL	LL	LL	LL	LL	LL	
b. Family							
3. Teamwork:	LL	LL	LL	LL	LL	LL	
a. Formation	LL	LL	LL	LL	LL	LL	
b. Functioning							
4. Assessment & understanding	LL	LL	LL	LL	LL	LL	
a. Youth	LL	LL	LL	LL	LL	LL	
b. Family							
5. Intervention planning	LL	LL	LL	LL	LL	LL	
a. Symptom/SA reduction	LL	LL	LL	LL	LL	LL	
b. Behavior changes	LL	LL	LL	LL	LL	LL	
c. Social connections	LL	LL	LL	LL	LL	LL	
d. Risk/Safety planning	LL	LL	LL	LL	LL	LL	
e. Recovery/relapse	LL	LL	LL	LL	LL	LL	
f. Transitions/independ.	LL	LL	LL	LL	LL	LL	

System/Practice Performance [90-day pattern]							
Indicator Zones	Improve		Refine		Maintain		NA
	1	2	3	4	5	6	
Practice Functions	LL	LL	LL	LL	LL	LL	
6. Outcomes & goals	LL	LL	LL	LL	LL	LL	
7. Matching interve. needs	LL	LL	LL	LL	LL	LL	
8. Coordinating care	LL	LL	LL	LL	LL	LL	
9. Service implementation	LL	LL	LL	LL	LL	LL	
10. Avail. & access to resources	LL	LL	LL	LL	LL	LL	
11. Adapting & adjustment	LL	LL	LL	LL	LL	LL	
12. Transitions & life adj.	LL	LL	LL	LL	HH	HH	
13. Responding crises/safety	LL	LL	LL	LL	HH	HH	
Overall Practice Performance	LL	LL	LL	LL	LL	LL	

Six-Month Prognosis

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

Determination of current child/youth 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 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 to a level lower than 4? Given this set of case facts plus the child's tendency patterns described in recent history, most reviewers would make an informed prediction that the case trajectory would be downward and that the child's status is likely to decline. One may "hope" for a different trajectory and a more optimistic situation, but **hope is not a strategy** to change the conditions that are likely to cause a decline. Based on the reviewer's six-month forecast for a case, the reviewer offers practical "next step" recommendations to alter an expected decline or to maintain a currently favorable situation over the next six months.

Based on what is known about this case and what is likely to occur in the near-term future, make an informed prediction of the forecast in this case. 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 child'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 maintain at a high level, improve to a higher level, remain about the same, or decline over the next six months? (check only one)

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



Section 7

Reporting Outlines

Oral Case Presentation Outline	106
Written Case Summary Outline	107



Reviewer's Outline for a 10-Minute Oral Case Presentation

Outline Elements

Reviewer's Notes

1. Core Story of the Youth and Family (3 minutes)

- Reason for services (Why are we involved with this /youth and family?)
 - Goals that focus interventions provided (What are we trying to achieve in the case?)
 - Strengths and needs of the youth and family
 - Services provided and by which agencies
-

2. Youth and Caregiver Status (3 minutes)

- Overall youth and caregiver status finding
 - Status rating patterns by "color/action zones"
 - Progress made over the past six months
 - Problems
-

3. System Practice and Performance (3 minutes)

- Overall system performance finding
 - Performance rating patterns by "color/action zones"
 - What's working now in this case
 - What's not working and why
 - Six-month forecast
-

4. Next Steps (1 minute)

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

Total Presentation Time (10 minutes)

Group Questioning of Presenter (3-5 minutes)



WRITTEn CASe REviEw SuMMARy

Youth/Caregiver Status Summary

Facts about the Youth and Family Reviewed

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

Persons Interviewed during this Review

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

Facts About the Youth and Family [About 100 words]

- Family composition and situation
- Agencies involved and providing services
- Reasons for services
- Services presently needed and received

Youth's Current Status [About 250 words]

Describe the current status of the youth and family using the status review findings as a basis. If any unfavorable status result puts the youth at risk of harm, explain the situation. Mention relevant historical facts that are necessary for an understanding of the youth 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.

Caregiver's Status [About 100 words]

Because the status of the youth 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 youth and maintain the integrity of the home.

Factors Contributing to Favorable Status

[About 100 words]

Where status is positive, indicate the contributions that youth 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 youth 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 youth 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 youth 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 not working adequately for this youth and family. Briefly explain the problems that appear to be related to the current failure of these functions.

Six-Month Forecast/Stability of Findings

[About 75 words]

Based on the current service system performance found for this youth, is the youth'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 youth 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.



