| POLICY TITLE: Quality Service Reviews | | PAGE 1 OF 7 |
|---|---|---|
| | **CHILD AND FAMILY SERVICES AGENCY**<br>**Approved by:** **Roque Gerald**<br>Agency Director<br>**Date:** **September 9, 2010** | **REVISION HISTORY:** |
| **LATEST REVISION:**<br>July 29, 2010 | **EFFECTIVE DATE:**<br>September 9, 2010 | |

| | |
|---|---|
| **I. AUTHORITY** | All applicable federal and District of Columbia laws, rules, and regulations, including D.C. Official Code § 4-1371.01 *et seq.)* (2006 Supp.), the LaShawn Modified Final Order (November 18, 1983), and the *LaShawn A. v. Fenty* Amended Implementation Plan (February 2007). |
| **II. APPLICABILITY** | All Agency staff, contracted agency staff and contracted personnel. |
| **III. RATIONALE** | Prior to the Quality Service Review, the Child and Family Services Agency (CFSA) assessed case practice primarily through record reviews and quantitative analysis. While case record reviews provide meaningful information about documentation of activities and compliance with policies and timeframes, CFSA determined the need for a more comprehensive analysis of case practice.<br><br>The Quality Service Review examines case practice, systems, and outcomes for individual children and families to identify strengths and areas in need of improvement. Together, quantitative and qualitative data provide a deeper understanding of family dynamics and needs, and of service delivery and system performance.<br><br>The goal of the Quality Service Review is to identify patterns in quality of care that will inform the social worker and supervisor along a continuum to improve social work practice and the quality of services to children and families. The QSR also serves to inform system improvements and is a method to gain input from relevant stakeholders (for example, providers, parents, and youth). |
| **IV. POLICY** | It is the policy of CFSA to employ quality assurance and continuous quality improvement processes in tandem with quantitative analysis to sustain best practices and a high performing service delivery system. An essential component of the continuous quality improvement process is the Quality Service Review (QSR).<br><br>CFSA has aligned tenets of the agency-wide Practice Model – which outlines values, guiding principles and practice protocols (engagement, teaming, assessing, case planning, supervision, and training) – with QSR indicators (child status, parent/caregiver status, and system performance) to measure the level of quality in service provision. |

| | |
|---|---|
| **V. CONTENTS** | **A.** Planning<br>**B.** Conducting the QSR<br>**C.** Following-up on the QSR |
| **VI. ATTACHMENTS** | **A.** Quality Service Review Fact Sheet<br>**B.** Case Contact Sheet<br>**C.** QSR Protocol Summary<br>**D.** Example of QSR Scoring Protocol |
| **VII. PROCEDURES** | **Procedure A: Planning the QSR**<br><br>1. Case Selection and Notification<br>a. The Quality Service Review staff determines which CFSA and/or private agency cases will be scheduled for a Quality Service Review at least eight weeks prior to the scheduled review.<br>b. The Quality Service Review staff notifies the CFSA or private agency supervisor and program manager/program director by electronic mail that a case (or cases) within their unit has been selected for a QSR. QSR staff also sends to supervisors and program managers/directors information that outlines the QSR process. *(See Attachment A: Quality Service Review Fact Sheet)*<br>c. Using FACES.net management reports, QSR staff places the selected cases from the identified social worker's caseload in random order and uses the top three to create the sample list for the review.<br>d. At least six weeks prior to the scheduled review, the QSR supervisor contacts the CFSA and/or private agency supervisor by telephone to discuss the cases selected for the QSR. The QSR Supervisor verifies that the social worker identified is still assigned to the specific case and that each case will remain open prior to and during the review. If neither can be verified, the QSR Specialist selects the next case on the random case list. The QSR supervisor also schedules an information meeting (or conference call) involving the supervisor and social worker(s) and discusses the QSR process, including the roles and responsibilities of the supervisors and social workers (see below).<br>e. Following the call, the QSR Specialist shall forward the list of cases to be reviewed to the supervisor and social workers via electronic mail along with the Case Contact Sheet (see *Attachment B: Case Contact Sheet*). This sheet asks for the name and contact information for all team members, service providers and supports that have been involved in the case for at least the most recent six months. Information on the Case Contact Sheet will be used to schedule participants for interviews for the QSR. The assigned social worker shall complete a Case Contact Sheet for each selected case and submit via electronic mail the completed document to the QSR Specialist for review prior to the initial information meeting. |

2. Social Worker/Supervisor Information Meeting
   a. At least four weeks prior to the scheduled review, the information meeting (or conference call) is held with the social worker and supervisor.
   b. All affected social workers and the supervisors must be present.
   c. During the meeting, the QSR Specialist shall discuss the QSR purpose, process and protocols with the social worker and supervisor to prepare them for the upcoming review. The QSR Specialist shall also review the QSR Protocol Summary (*Attachment C*) with the social worker and supervisor explaining the indicators that will be rated as part of the review. The QSR Specialist, in conjunction with the social worker and supervisor, will determine the date(s) that each case will be scheduled for QSR review. The social worker and supervisor receive notification that they shall attend a de-briefing session at the end of all interviews.

3. Identification of Participants for Interviews
   a. During the two-day review, interviews should be conducted with the following persons, at minimum, when applicable:
      i. Social worker
      ii. Child (generally of school-age). Questions for the child or youth are age-appropriate, even for a child that is not of school-age.
      iii. Both parents (unless parental rights have been relinquished or TPR, deceased or whereabouts unknown)
      iv. Caregivers for children who are in out-of-home care. Examples include: foster parent(s), kinship care providers, group home and/or residential treatment staff.
      v. Teacher/school personnel (e.g. special education coordinator, guidance counselor, etc.)
      vi. Assistant Attorney General (AAG)
      vii. Guardian ad Litem (GAL)

   *Note: Social worker interviews are scheduled first. Face-to-face interviews are preferred for the focus child and parents/caregivers.*

   b. The social worker and the family may identify additional persons to be interviewed that could include the therapist/psychiatrist, relatives, household members and friends who play a significant role in the child's life, additional service providers, etc. The social worker and the QSR Specialist shall jointly determine the final list of interviewees, based on their relevance to the case and current participation with the child and family.
   c. The QSR Specialist shall review the Case Contact Sheets with the social worker to ensure that all relevant case participants have been identified and included, and that their contact information is accurate.

4. Scheduling and Coordination
   a. At least three weeks prior to the QSR, the QSR Staff will use the Case Contact Sheets to reach out to the people listed to schedule face-to-face and telephone interviews with them for the QSR.

| | |
|---|---|
| | b. Parents/legal guardians have the option of opting out of a QSR during the initial scheduling telephone conversation. For those families that decline to participate, the QSR Team will move on to the next case in the sample. (The QSR Staff will then work with the social worker to prepare the Case Contact Sheet for the next case selected.)<br><br>c. The QSR Specialist shall compile review packets for each review team prior to the start of interviews. The review packets shall include the last case plan, recent court orders, court reports, case contact notes from the last three months, the most recent version of the QSR Protocol, case profile and rating sheets, recommendations/next step documents, outlines for conducting debriefing meetings and writing of the case summary, etc.<br><br>d. The QSR unit responds to all requests made by service providers for signed consents in order to participate in the QSR. The QSR unit shall work with the social worker and parent/legal guardian to secure a signed release authorizing service providers to release information to the QSR as needed. |
| | **Procedure B: Conducting the QSR**<br><br>1. Reviewers<br><br>a. In addition to the QSR Specialists, the QSR unit draws on experienced staff from other divisions within CFSA as well as outside agencies to serve as reviewers during the QSR process.<br><br>b. Staff from CFSA, the private agencies and other stakeholders (for example, the Department of Mental Health, the Healthy Families/Thriving Communities Collaboratives, the Center for the Study of Social Policy, independent contractors, the Foster and Adoptive Parent Advocacy Center, the Citizen's Review Panel, etc.) shall contact the QSR unit to be placed on the list for training on the QSR process. QSR staff notifies the individuals on the list when the training is available (at minimum once per year for internal and external staff, and "refresher" courses for those previously trained).<br><br>c. The two-day formal training (classroom) is designed around the QSR model to enable participants to conduct independent, objective and evidence-based assessments based on information obtained during the review.<br><br>d. At the conclusion of the training, participants are presented with a calendar of upcoming QSRs. Participants are asked to tentatively select a date(s) of QSRs when they will be available to be a reviewer.<br><br>e. A member of the QSR staff contacts members of the "reviewer pool" approximately six to eight weeks prior to a scheduled QSR to determine availability and interest in participating in the QSR. |

f. In addition to QSR staff, other reviewers are designated as lead reviewers based on completion of the QSR certification process. Newly trained reviewers shall participate as “shadow reviewers”. Lead reviewers team with a partner/shadow reviewer to conduct assessments of the quality of services and social work practices by applying a structured protocol designed specifically for the CFSA QSR. Non-CFSA staff are required to sign a statement of confidentiality prior to reviewing a case which is filed with the QSR Unit Supervisor.

g. The reviewers are responsible for reviewing cases, conducting interviews, completing the protocol, debriefing with the social worker and supervisor, collaboratively developing next steps on a case and writing up a constructive case summary.

h. While reviewers are responsible for protecting confidentiality, they are also responsible for reporting special situations, particularly as related to mandated reporting requirements. These situations must be brought to the attention of the QSR Supervisor and/or Manager, immediately, for guidance and follow up in reporting.

i. Any safety concerns are to be immediately discussed with the QSR Supervisor for appropriate follow up.

2. Protocol

a. A protocol has been designed for the QSR (*see Attachment B: QSR Protocol Summary*). It measures the current status of the child in key life areas, the status of the parent/caregiver, and performance of system of care practices and services. The Protocol shall be updated by QSR staff, as needed.

b. The protocol has a very specific rating scale, which is defined for each category (see *Attachment D: Example of QSR Scoring Protocol*). As some ratings may not perfectly fit the circumstances of the case, an interpretive rating scale is used to score each area of measurement.

3. Focus of the Review

a. The focus of the QSR is on a target child and the service system as related to the child, based on the case activity over the past 12 months. Reviewers must gather historical data and information (from the information in the packet and from the hard copy of the case record provided by the social worker) about the case to use as a frame of reference when considering the current status of the case.

b. Child, Parent and Caregiver status indicators are rated based on status over the past 30 days (with the exception of the Stability in Home and School, and Permanency Prospects indicators under the child status).

c. System status indicators are rated based on case activities over the past 90 days.

4. Interviews
   a. Interviews with case participants are to last approximately one hour and can be conducted at the participants' homes, offices, school or other arranged locations. Interviews can also be conducted by phone if the person is unwilling or unable to meet in person.
   b. Interviews for each case will occur over one and a half days.

5. Rating of Cases
   - Upon completion of the interviews, each review team will rate the case using the protocol rating system. Reviewers must use evidence gathered during the interviews to support each rating.

6. Debriefing
   a. At the conclusion of the two day case review, each social worker and supervisor will participate in a case specific "debriefing" with the reviewers.
   b. The purpose of this debriefing is to assure that the reviewer's perception of the case is factually accurate and to offer suggestions that might be considered to improve case outcomes.
   c. During this session, the reviewers will provide feedback regarding the strengths and practice challenges that were identified during the review.
   d. Reviewers, in collaboration with the social worker and supervisor, will identify 3-5 next steps to address challenges and/or improve case outcomes that can be completed and measured within a 60-day timeframe.
   e. Reviewers will fill out the "next steps" document and have the supervisor and social worker sign and provide copies to each.
   f. A date for the 60-day follow-up should be identified prior to the close of this meeting.

7. Development of Case Summaries
   a. Each review team will write a case summary that provides:
      i. a summary of the child and parent/caregiver status,
      ii. a summary of system performance,
      iii. a six-month projected status, and
      iv. next steps.
   b. These summaries will also include specific examples of factors relating to the status ratings. The recommended next steps shall include suggestions to improve case practice and quality service delivery.
   c. The final case summary should be three-five pages in length and forwarded to the social worker, supervisor and program manager/program director by the lead reviewer. Case summaries shall be made available to other team members, upon request.
   d. The final case summary is due one week following the conclusion of the QSR.

## Procedure C: Follow-Up on the QSR

1. <u>60-Day Follow-up</u>
   a. Two months after the QSR, a QSR Specialist will meet with the social worker and supervisor to evaluate the status of the recommended next steps and the impact their implementation has made on case progress.
   b. The QSR Specialist shall complete a narrative of the activities associated with each recommendation and/or next step, including any outcomes.
   c. The QSR Specialist shall forward the narrative to the social worker, supervisor and program manager/program director.

2. <u>Analysis</u>
   a. Upon completion of the reviews, the QSR Specialist collects the scored protocols and case summaries and completes the data analysis.
   b. The ratings obtained from the protocols will help identify the areas of strength and those in need of practice development.
   c. These figures will be calculated and analyzed, then supported by the documentation from the case summaries.
   d. The Quality Service Review Specialist will also record and analyze the data from the 60-day follow-up.

3. <u>Feedback</u>
   a. The QSR Specialist provides a summary to the Program Manger/Program Director and Supervisor containing a discussion of common trends, strengths and challenges in the cases reviewed, and a tally of the percentage of the next steps that have been completed upon the completion of the 60-day follow-up..
   b. The Program Manager/Program Director of the unit where the cases were reviewed presents the QSR findings and subsequent actions to CFSA senior management within three to twelve months of the end of the QSR.
   c. The QSR staff presents findings to stakeholders, as required, and through the Annual QSR Report, which is posted on the agency's website.
   d. The presentations may include examples or supportive evidence; however, at no time will any identifiable information be disclosed.

# Quality Service Review

## Fact Sheet

Quality Improvement Administration

### What is a Quality Service Review (QSR)?

- Proven process for developing best practices and refining the service delivery system
- Innovative case study technique based on guided professional appraisal
- Close review of selected daily frontline practice and performance
- Helps to identify what's working or not working for children and families
- Qualitative assessment of Practice Model principles

### How does CFSA conduct a QSR?

- Cases are randomly selected for each social worker for review.
- Parents (or youth over 18) are asked to participate. If they say no, another case is selected from that social worker.
- Teams interview case participants (child, birth parents, extended family, foster parents, social workers, therapists, teachers, attorneys, and others).
- QSR team debriefs social worker and supervisor on findings through individual and unit meetings.
- QIA engages senior managers in developing an action plan for implementing findings.
- QIA presents findings to CFSA and selected external stakeholders twice a year.

### What information do QSR reviewers explore?

- **Case activity, past three months**
- **Child status**: Safety, stability, well being, development, progress toward permanence
- **Parent/Caregiver status**: Physical and emotional support of child, participation in decision making, progress to closure
- **Service System Performance**: Engagement of child and family, coordination/leadership, service team structure and functioning, assessment and understanding of case, case planning, implementation of case plan, Family Court interface, family connections, path to permanency

### What happens with the information gathered by reviewers during the QSR?

- Confidentiality is maintained.
- Feedback is given without sharing who provided the information.
- Case information that is shared outside of the unit in reports or oral presentations is stripped of identifiers.
- Review teams identify strengths and areas in need of improvement for each case and for CFSA's service delivery system as a whole.
- Review teams provide detailed feedback to social workers and supervisors.
- The QSR unit works with senior management to develop an action plan based on findings.
- Overall results are provided to CFSA and others through presentations and a written report.

## If QA chooses one of my cases for review, what's my role?

**Social Workers:**

- Provide case record for review and ensure FACES is up to date
- Inform family, foster parents, and service providers of the QSR and that they will be interviewed
- Participate in an interview at the start of the QSR (1 hour)
- Participate in a debriefing/feedback meeting with reviewers (1 hour)
- Discuss follow-up of next steps after 60 days (30 minutes)

**Supervisors:**

- Support full participation of social workers.
- Participate in debriefings for each case (1 hour each)
- Discuss follow-up of next steps after 60 days (30 minutes each)

**Administrators and Program Managers:**

- Support full participation of social workers and supervisors.
- Provide additional insight on problematic cases, when needed

## What happens after the QSR?

- After the QSR is conducted, reviewers and social workers agree upon 3-5 next steps.
- Reviewers will return after 60 days to assess whether or not the recommendations were followed and whether or not they helped the case
- Follow-up will be done via FACES research and a meeting with the social worker and supervisor
- Concerns and/or successes will be shared with the supervisor

## Contacts

For more information about the QSR, contact:

- **John Vymetal-Taylor**, Quality Assurance Program Manager, (202) 727-2799, John.Vymetal-Taylor@dc.gov
- **Candice Greenidge,** Supervisory QSR/Case Practice Specialist, (202) 727-3646, Candice.Greenidge@dc.gov
- **Maureen Williams-James,** QSR/Case Practice Specialist, (202) 727-3306, Maureen.WJames@dc.gov
- **Danike' Grant,** QSR/Case Practice Specialist, (202) 727-3085, Danikec.Grant@dc.gov
- **Sophia Malone,** QSR/Case Practice Specialist, (202) 727-3602, Sophia.Malone@dc.gov
- **Kim Shirriel,** QSR/Case Practice Assistant, (202) 727-3357, Kim.Shirriel@dc.gov

# GOVERNMENT OF THE DISTRICT OF COLUMBIA
## Child and Family Services Agency

## Case Contacts Sheet

Child Name: _____ FACES Client #: _____ Case Name: _____ FACES Case #: _____

Child Sex: _____ Child Age: _____

Social Worker: _____ Cubicle/Room #: _____

Office Phone #: _____ Cell #: _____

Supervisor: _____ Phone #: _____ Office #:_____

Review Dates: Debriefing Date/Time:

| | Name | Address | Phone Number(s) | Notes |
|---|---|---|---|---|
| Current Caregiver/ Foster Parent | | | | |
| Focus Youth | | | | |
| Birth Mother | | | | |
| Birth Father | | | | |
| Other Family Member/Friends | | | | |
| School Teacher or Day-care Provider | | | | |
| Guardian ad Litem (GAL) | | | | |
| Therapist/ MH Professional (Psychiatrist) | | | | |
| DMH Case Manager / Family Support Worker | | | | |
| Other CFSA participant (FTM, DV, SA, Family SW, investigator) | | | | |
| Community Representative (Collaborative/ Church/other) | | | | |
| Mentor/Tutor/ Coach. Etc. | | | | |
| Assistant Attorney General (AAG) | | | | |
| Mother's Attorney | | | | |
| Father's Attorney: | | | | |
| Other: | | | | |

# QSR PROTOCOL SUMMARY

The tool used to conduct Quality Service Reviews is a protocol designed by a company called Human Systems and Outcomes. The protocol provides a professional appraisal of the following areas in a case:

- Child Status
- Parent/Caregiver Status
- System Performance

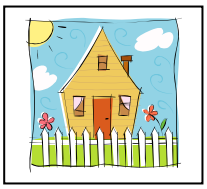
Each area is divided into subsets that give a vivid snapshot of the current status of the focus child and all the systems working toward the goal of achieving safety, permanency, and ensuring the child's well-being.

## Child Status Indicators: (assessed over the past 30 days)

### Living & Well-being

- ***Safety of the child/others*** – Is the child safe from injury? Are others safe from the child? Is the child free of abuse, neglect, and sexual exploitation?

- ***Stability*** – To what degree is the child's daily learning, living, and work arrangements stable and free from risk of disruption? To what degree are known risks being substantially reduced?



- ***Permanency Prospects*** – Is the child living with caregivers who the child, parents/caregivers, and other stakeholders believe will endure until the child becomes independent?

- ***Health/Physical Well-Being*** – Is the child in good health? To what degree are the child's basic physical needs being met? To what degree are the child's health care/maintenance needs being met?

- ***Emotional/Behavioral Well-Being*** – To what degree is the child symptom free of anxiety, mood, thought, or behavioral disorders that interfere with their ability to function daily?

### Developing Life Skills

- ***Academic Status*** – Is the child learning, progressing, and gaining essential functional capabilities at a rate commensurate with his/her age and ability?

- ***Responsible Behavior (over age 14)*** – To what degree is the child or youth making responsible choices that are self-protective and respectful to others? To what degree does the child engage in age-appropriate social interactions and self-regulations, follow simple directions and generally behave similarly to other children the same age, and generally accept and facilitate daily routines?

- ***Life Skills Development*** – To what degree has the child been making progress toward developing essential life skills? To what degree is the youth demonstrating a developing ability to live safely and function successfully without outside supervision?

## Parent/Caregiver Status Indicators (past 30 days):

- ***Physical and Emotional Support of the Child*** – To what degree are the parents (or caregiver with whom the child is residing) willing and able to provide the child with the needed assistance for successful daily living? To what degree are the parents/caregivers making efforts to support the child? Are the child's primary caregivers in the group home or facility supporting the education and development of the child on a daily basis?

- ***Participation and Engagement*** – To what degree are the child's parent and/or caregiver on-going participants in decisions made about education, treatment, and supportive services necessary to meet safe case closure conditions?

- ***Progress To Safe Case Closure*** – To what degree is the birth family or resource family making progress toward meeting safe case closure requirements?

## Practice Performance Indicators (past 90 days):

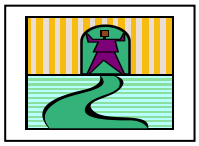
**<u>Performance of Core Practice Functions</u>**

- ***Family Engagement*** – To what degree have efforts been made to include the child, mother, father, and any other family members or caregiver, and to increase participation in the process? Are the child, parent/caregiver, and family active participants in service planning? Are interveners building a trust-based working relationship with the child and family?

- ***Coordination & Leadership*** – To what degree is there a single point of coordination and leadership necessary for convening and facilitating an effective service team and decision-making process for the child and family?

- ***Team Formation and Functioning*** – To what degree have the "right people" formed a working team that meets, talks, and plans together? To what degree do members of the service team collectively function as a unified team?

- ***Assessment & Understanding*** – To what degree is the child's and family's situation understood by the service team? Does the team have knowledge of family strengths, needs, risks, and underlying issues? Is this understanding reflected in safe case closure requirements and selected change strategies?



- ***Pathway to Safe Case Closure*** – To what degree does everyone involved in the case clearly understand the permanency goal, including any concurrent planning and timelines set for reaching permanency? Are reasonable efforts being made to achieve permanency and inform the parents of progress and consequences of not meeting necessary requirements on time?

- ***Case Planning Process*** – Does the case planning process strategically focus on the purposes, paths, and priorities of intervention necessary to achieve specific results and functional outcomes for the child/family? Are efforts of all providers unified through coordinated planning activities? Are results tracked and plans adjusted as the family's situation changes?

- ***Implementation*** – How well are the actions, timelines, and resources planned for each of the issues being implemented to help the parent/family meet conditions necessary for safety, permanency, and case closure and to help the child achieve and maintain adequate daily functioning at home and school?

- ***Family Connections*** – When children and families are temporarily living away from each other, are family connections being maintained through visits and other means, unless compelling reasons exist for keeping them apart?

**Attributes and Conditions of Practice**

- ***Post-Permanency Supports*** – To what degree is the family/older youth being connected to informal supports that will assist them in maintaining well-being, safety, permanence, independence, after case closure?

- ***Family Court Interface*** –Are all parties working together, both before and during hearings, towards the same goals and outcomes to achieve the permanency goal? Who is making recommendations for services, timelines, and goals – an individual or the team as a whole? Are the parent/caregiver and child receiving adequate legal representation?

- ***Medication Management*** – Is the use of psychotropic medications for the person necessary, safe, and effective? Does the person have a voice in medication decisions and management? Are routine screenings occurring for the side effects and treatment administered as needed?

# EXAMPLE OF QSR SCORING PROTOCOL

## Protocol Scoring

Reviewers score indicators based on a six-point scale. Table 1 presents the "QSR Interpretive Guide for Child Status" as an example. The scale runs from **1—adverse** status—to **6—optimal** status. After scoring, the protocol provides two options for viewing findings:

- By **zones**—**Improvement**, **Refinement**, or **Maintenance**—or
- By **status**—**Acceptable** or **Unacceptable**.

The QSR is a qualitative tool, and the review sample is not representative, making it impossible to generalize findings. However, findings do offer insights into ways to improve practice. Information in the case stories is the primary source for areas we identify as strengths and challenges.

**Table 1: Example of QSR Scoring Protocol**

**QSR Interpretive Guide for Child Status**

| *Zones* | *Scoring* | *Status* |
|---|---|---|
| **MAINTENANCE**<br>Status is favorable. Maintain and build on a positive situation. | 6 = OPTIMAL<br>Best or most favorable status for this child in this area (taking age and ability into account). Child is doing great! Confidence is high that long-term goals or expectations will be met. | **ACCEPTABLE** |
| | 5 = GOOD<br>Substantially and dependably positive status for the child in this area, with an ongoing positive pattern. This status level is consistent with attainment of goals in this area. Situation is "looking good" and likely to continue. | |
| **REFINEMENT**<br>Status is minimal or marginal, possibly unstable. Make efforts to refine situation. | 4 = FAIR<br>Status is minimally or temporarily sufficient for child to meet short-term goals in this area. Status is minimally acceptable at this time but may be short term due to changes in circumstances, requiring adjustments soon. | |
| | 3 = MARGINAL<br>Status is marginal/mixed, not quite sufficient 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**<br>Status is problematic or risky. Act immediately to improve situation. | 2 = POOR<br>Status has been and continues to be poor and unacceptable. Child seems to be "stuck" or "lost" and is not improving. Risks may be mild to moderate. | **UNACCEPTABLE** |
| | 1 = ADVERSE<br>Child status in this area is poor and getting worse. Risks of harm, restrictions, exclusion, regression, and/or other adverse outcomes are substantial and increasing. | |