

Possible QSR Measurement Indicators

Listing of Suggested QSR Measurement Indicators Used in Child and Family Services

QSR FOCUSES ON PRACTICE AND RESULTS

The Quality Service Review (QSR) is an organizational intervention and system change process used for teaching, measuring, and improving front-line practice in child-serving agencies. The QSR protocol uses an in-depth case review method and practice appraisal process to find out how well focus children and their caregivers are benefiting from services received and how well locally coordinated services are assisting them to achieve necessary levels of well-being, daily functioning, and support needed to gain safety, well-being, and permanency for achieving safe case closure.

Each child/caregiver served is viewed as a unique “test” of the service system's practice performance. The case review process reveals the child's and caregiver's status and related system practice and performance results. Small, spot-check samples are used to produce local practice patterns for learning and next step action. QSR results are used to describe and rate the responsiveness and adequacy of practice functions operating in the lives of people receiving services. Results are presented orally in a story-based narrative to frontline staff serving these children and families. Narratives and quantitative ratings are shared with supervisors and program managers involved.

QSR PROTOCOL INDICATORS

Presented below is a set of status indicators often contained in a **QSR Protocol** applied to children and families receiving **child welfare and children's mental health services**. The Design Team assembled for the agency will determine the indicators to be selected or developed for use by the agency in its own working version of the protocol.

CHILD STATUS INDICATORS

Status indicators measure various dimensions of safety, permanency, and well-being for a focus child being reviewed. Status is determined for the most recent 30-day period, unless stated otherwise in the indicator. A status measure could be viewed as a desired outcome for a child who, at an earlier time, may have experienced significant difficulties in the area of interest.

- 1a. SAFETY - Exposure to Threats of Harm:** Degree to which:
 - The child is free of abuse, neglect, and exploitation by others in his/her place of residence, school, and other daily settings.
 - The parents and caregivers provide the attention, actions, and supports necessary to protect the child from known risks of harm in the home.
- 1b. SAFETY - Risk to Self/Others:** Degree to which the focus child:
 - Avoids self-endangerment.
 - Refrains from using behaviors that may put others at risk of harm. *[For a child age two years and older]*

- 3. STABILITY PATTERN -** Degree to which:
 - The focus child's daily living, learning, and work arrangements are stable and free from risk of disruptions.
 - The child's daily settings, routines, and relationships are consistent over recent times.
 - Known risks are being managed to achieve stability and reduce the probability of future disruption. *[Timeframe: past 12 months and next 6 months]*
 - 4. PERMANENCY PROSPECTS:** Degree of confidence held by those involved (focus child, parents, caregivers, others) that the focus child is living with parents or other caregivers who will sustain in this role until the focus child reaches adulthood and will continue onward to provide enduring family connections and supports in adulthood.
 - 5. LIVING ARRANGEMENT:** Degree to which:
 - [Consistent with age and ability] the focus child is in the most appropriate/least restrictive living arrangement, consistent with the child's needs for family relationships, assistance with any special needs, social connections, education, and positive peer group affiliation.
 - [If the child is in temporary out-of-home care] the living arrangement meets the child's needs to be connected to his/her language and culture, community, faith, extended family, tribe, social activities, and peer group.
 - 6. HEALTH:** Degree to which the focus child is achieving and maintaining his/her best attainable health status, given any disease diagnosis and prognosis that this child may have received.
 - 7. EMOTIONAL WELL-BEING:** Degree to which:
 - [Consistent with age and ability] the focus child is presenting adequate levels of emotional, cognitive, and behavioral development and adjustment, as evidenced by adequate adjustment, attachment, coping skills, and self-control.
 - The focus child is achieving an adequate level of functioning in daily settings and activities, consistent with age and ability. *[For a child age two years and older]*
 - 8a. EARLY LEARNING STATUS:** Degree to which:
 - The focus child's developmental status is commensurate with age and developmental capacities.
 - The child's developmental status in key domains is consistent with age- and ability-appropriate expectations. *[For a child under five years of age]*
 - 8b. ACADEMIC STATUS:** Degree to which the focus child [according to age and ability] is: (1) regularly attending school, (2) in a grade level consistent with age or developmental level, (3) actively engaged in instructional activities, (4) reading at grade level or IEP expectation level, and (5) meeting requirements for annual promotion and course completion leading to a high school diploma or equivalent. *[For a child age five years or older]*
- OVERALL CHILD STATUS:** • Based on review findings determined for Status Reviews 1–8 above, how well is the focus child presently doing?

CAREGIVER STATUS INDICATORS

When **concurrency** is operative in a child welfare case, these indicators are applied to the birth family caregiver with whom reunification is the permanency goal and to the focus parent/current caregiver who could be the permanency resource for family guardianship or adoption. Status findings on these indicators could be different for these two caregivers. Status is determined for the past 30-day period, unless stated otherwise in the indicator.

1a. PROTECTIVE CAPACITIES: Degree to which: • The parents or caregivers with whom the focus child is currently residing and/or returning are willing and able to provide the child with the protection, supervision, assistance, and support necessary for daily living and development. • Where necessary added supports are provided in the home to meet any special needs of the child and assist the caregivers, these required supports are reliably meeting the needs.

1b. GROUP CAREGIVER SUPPORT OF THE CHILD: Degree to which the focus child's primary caregivers in the group home or congregate care facility are supporting the child's education and development adequately on a consistent daily basis. *[This is applied for a child presently residing in a congregate care or residential treatment facility]*

2. FAMILY RESOURCES & SUPPORTS: The degree to which:

- **Income Adequacy:** The focus parent is accessing the economic supports for which he/she is eligible (e.g., TANF, SSI, WIC) and the income and economic supports adequately cover the family's living requirements (i.e., shelter, food, clothing, transportation, and health care/medicine, childcare) on a consistent basis to ensure stability.
- **Income Control / Self-Management:** The focus parent has skills sufficient for meeting the family's basic needs, managing income and other resources successfully, and maintaining a stable living arrangement.
- **Living Situation Adequacy and Stability:** The current living arrangement provides the focus parent and his/her family with sufficient space and adequate living conditions for stable and sustainable family functioning.
- **Informal Supports:** The focus parent is 1) securing adequate levels of informal supports provided by family, friends, neighbors, or other supporters who will help him/her manage adequately on an enduring basis and 2) engaged with an informal support system that assists him/her in meeting essential caregiving responsibilities.

3. ROLE & VOICE IN DECISIONS: Degree to which: • The child and caregivers are ongoing participants (e.g., having a significant role, voice, influence) in decisions made about family strengths, needs, services, supports, and results. *[Role and voice in recent meetings]*

OVERALL CAREGIVER STATUS: • Based on review findings determined for Status Reviews 1–3 above, how well is the focus parent presently doing?

PRACTICE PERFORMANCE INDICATORS

CORE PRACTICE FUNCTIONS

Presented below is a set of indicators used to determine the performance of core practice functions for the focus child and caregiver being reviewed. Core practice functions are applicable to all children and families receiving services. Practice performance is measured over the most recent 90 days of service.

1. ENGAGEMENT - Degree to which those working with the focus child and family are: • Developing and maintaining a mutually beneficial trust-based working relationship with the child and family. • Focusing on the child's and family's strengths and needs. • Being open, receptive, and willing to make adjustments in scheduling and meeting locations to accommodate family participation. • Offering transportation and child-care supports, where necessary, to increase family engagement and participation in treatment and support efforts.

2. TEAMWORK: Degree to which:

- **TEAM FORMATION** - (1) The "right people" for this child and family have formed a working group that meets, talks, and plans together. (2) The group has the skills, family knowledge, and abilities necessary to organize effective services for this child and family, given their level of complexity and their cultural background.
- **TEAM FUNCTIONING** - (1) Members of the child and family's team collectively function as a unified team in planning services and evaluating results. (2) The decisions and actions of the team reflect a coherent pattern of effective teamwork and collaborative problem solving that benefits the child and family as revealed in present results.

3. ASSESSMENT & UNDERSTANDING: Degree to which those involved with the child and family understand: (1) Their strengths, needs, risks, preferences, and underlying issues. (2) What must change for the child to function effectively in daily settings and activities and for the family to support and protect the child effectively. (3) What must change for the child/family to have better overall well-being and improved family functioning. (4) The "big picture" situation and dynamic factors impacting the child and family sufficiently well to guide intervention. (5) The outcomes desired by the child and family from their involvement with the system. (6) The path and pace by which permanency will be achieved for a child who is not living with nor returning to the family of origin.

4. LONG-TERM VIEW / FAMILY OUTCOMES & LIFE GOALS: Degree to which there are stated, shared, and understood permanency outcomes and functional life goals for the child and family that specify required protective capacities, desired behavior changes, sustainable supports, and other accomplishments necessary for the child and family to achieve adequate daily functioning, well-being, and greater self-sufficiency. *[Current goals guiding planned interventions over the past 90 days]*

5. **PLANNING:** Degree to which a well-reasoned, family-centered strategy planning process is used for achieving:
 - **Safety** by recognizing, controlling and managing threats of harm while building and sustaining protective capacities of the parents in the home and family situation.
 - **Permanency** by 1) Reunifying the child and parent, replacing the entering parent with another, or achieving independence for an older youth; and 2) Supporting and evaluating the stability and success of the child and family in a potentially permanent home to ensure family sustainability as a condition for safe case closure.
6. **NECESSARY SERVICE RESOURCES** - Degree to which:
 - Supports, services, and resources (home-based and school-based, where indicated) necessary to implement intervention strategies and sustain positive changes are available when needed for/by the child and family.
 - Any flexible supports and unique service arrangements (e.g., wraparound services) necessary to meet individual needs in the child's plans are available for use by the child and family on a timely, adequate, and convenient local basis.
 - Any unit-based (e.g., cognitive behavioral therapy) and placement-based resources (residential treatment) necessary to meet goals in the child's plans are available for use by the child and family on a timely and adequate basis.
7. **INTERVENTION ADEQUACY:** Degree to which change-related interventions, services, and supports being provided to the child and family have sufficient power (precision, intensity, duration, fidelity, and consistency) and beneficial effect to produce results necessary to achieve and maintain desired functional and supportive life goals and permanency outcomes set for this child and family.
8. **TRACKING AND ADJUSTMENT:** Degree to which those involved with the child and family are:
 - Carefully tracking the child's/family's intervention delivery processes, progress being made, changing family circumstances, and attainment of functional goals and well-being outcomes for the child and family.
 - Communicating (as appropriate) to identify and resolve any intervention delivery problems, overcome barriers encountered, and replace any strategies that are not working.
 - Adjusting the combination and sequence of strategies being used in response to progress made, changing needs, and knowledge gained from trial-and-error experience to create a self-correcting intervention process.

and addressed effectively by service providers. • Any child and family services are provided in a culturally appropriate manner consistent with the family's cultural and linguistic background.

2. **TRANSITIONS & LIFE ADJUSTMENTS** - Degree to which:
 - The currently unfolding or next life change and transition for the child is being planned, staged, and implemented to assure a timely, smooth, and successful adjustment for the person after the change occurs.
 - Transitional staging plans/arrangements are being made/implemented to assure a successful transition and life adjustment in daily settings.
 - [If the child is returning to home and school following temporary placement in foster care, residential treatment, or detention] the transition staging and life adjustment efforts are working effectively for the child and family.
 - There is follow-along support for the adjustment phase following the honeymoon stage to the point where adjustment is successful.
3. **MEDICATION MANAGEMENT** - Degree to which:
 - Any use of psychiatric/addiction control medications for this child/youth is necessary, safe, and effective.
 - The child/youth and parents have a voice in medication decisions and management.
 - The child/youth is routinely screened for medication side effects and treated when side effects are detected.
 - New atypical/current generation drugs have been tried, used, and/or appropriately ruled out.
 - The use of medication is being coordinated with other treatment modalities and with any treatment for any co-occurring conditions (e.g., seizures, diabetes, asthma, obesity).
4. **CRISIS MANAGEMENT** - Degree to which there is there timely provision of effective services to safely prevent or, if necessary, to safely manage any recurring behavioral, health, or safety crises for the focus child and family.

OVERALL PRACTICE PERFORMANCE: Based on findings for the applicable Practice Reviews above, how well is the service system working for the focus individual now?

SPECIALIZED PRACTICE FUNCTIONS (OPTIONAL)

Presented below is a set of indicators used to determine the performance of core specialized practices functions for the focus child and caregiver being reviewed. Specialized practice functions are applicable to some children and families receiving services at some points in the life of the case. Practice performance is measured over the most recent 90 days of service.

1. **CULTURAL COMPETENCE** - For the focus child and family, the degree to which:
 - Any significant cultural issues are being identified

RATING SCALES USED IN THE QSR

The QSR protocol uses a 6-point rating scale as a “yard stick” for measuring the situation observed for each indicator. [See the two rating scale displays presented on page 5.] The general timeframes for rating indicators are usually the past 30 days for status indicators and the past 90 days for practice performance indicators.

STATUS INDICATOR RATINGS

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

- **Level 6 - Optimal and Enduring Status.** The focus parent’s 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 in 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.
- **Level 5 - Substantially Good and Stable Status.** The focus parent’s 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 focus parent’s 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 focus parent’s 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 focus parent’s status situation has been substantially limited or inconsistent, being inadequate at some or many moments in time or in some essential aspect(s). The situation

may be dynamic with a probability of fluctuation or need for improvement at the present time. The observed pattern may have endured or may have been inadequate and unacceptable in the recent past and substantially inadequate.

- **Level 1 - Adverse or Poor and Worsening Status.** The focus parent’s status situation has been substantially inadequate and potentially harmful, with indications that the situation may be worsening at the time of review. The situation may be dynamic with a high probability of fluctuation 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 focus child/caregiver 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 focus child/caregiver 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 focus child/caregiver 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 focus child/caregiver 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 focus child/caregiver 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 inadequate. This level of inadequate performance warrants prompt attention and improvement.
- **Level 1 - Absent, Adverse, or Poor Worsening Performance.** The service system practice performance situation observed for the focus child/caregiver 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.

QSR Requires Leadership Involvement

Effective use of QSR for practice development, capacity building, and positive system change requires the understanding and commitment of leaders in various positions and locations in the agency. This includes supervisors, program managers, policy developers, practice trainers, resource developers, and executive leadership. QSR works to stimulate and support positive change when leaders own the process and actively use ongoing results to drive practice development and capacity-building efforts. Key aspects of such leadership involve:

- Setting and clarifying expectations about practice and results.
- Committing to modeling, mentoring, coaching of actual case practice.
- Building adequate, stable frontline capacities to support practice.
- Providing flexible funding and use of uniquely designed supports.
- Ensuring that every frontline worker has what is needed every day to succeed (in safety, permanency, well-being) with the most challenging children and families.

- Using meaningful measures (e.g., QSR) applied with safe, positive, frequent feedback for affirmation, instruction, and next-step planning.
- Focusing intensively, continuously on practice performance and using results to move changes forward using positive learning strategies.

Thus, success of any change effort depends on active, committed leadership.

Typical QSR Steps and Elements

QSR is designed to fit the interests, needs, and starting points of each agency. Once agency leaders are committed to understanding and using QSR for positive system change efforts, a design team process is used to create a local beginning version of the QSR protocol and process. Key stakeholders, members of the local community of practice, and end-users are represented on the design team. A beginning case review protocol is drafted and provided for technical review and revision. Local reviewer candidates are trained on the protocol. A database management program is created to compile and report case review findings. A small-scale pilot test is planned and conducted using the protocol. Expert mentors from other jurisdictions are used to model, mentor, and coach the inquiry and feedback processes for the local reviewer candidates. Case reviews are conducted using the protocol and focus group interviews are used to better conceptualize case review results from the local pilot site. Caseworker feedback sessions, grand-round teaching sessions for supervisors and practice champions, and a sum-up session are provided to test the processes and train local reviewers, participants, and leaders on the process and use of results for next step planning.

Putting Knowledge Gained to Good Use

Knowledge gained through the pilot test is used to refine the protocol, review process, database management and reporting system, and the next step strategies used to stimulate practice development and capacity-building efforts. These early processes are facilitated by consultants and mentors provided by Human Systems and Outcomes, Inc (HSO). Local capacities are developed and implemented to transfer the knowledge required to use QSR effectively from the developer to the local agency for ongoing use. Ongoing agency use includes building capacities to recruit, train, assign, supervise, and certify QSR reviewers to build a pool of qualified reviewers.

Other key elements include developing and implementing capacities for scheduling and conducting ongoing QSR reviews at service sites and then effectively facilitating feedback processes that stimulate action, follow-through, and review of results. A key use of QSR findings is the progressive refinement of the agency's practice model and provisions for training and support to implement the refinements.

Leadership involvement is essential for the strategic use of findings to direct resource development and capacity-building efforts to ensure that frontline staff members have what is needed every day to meet the needs of their most challenging children and families.

QSR Interpretative Guide for Status Indicator Ratings

**Maintenance
Zone: 5-6**

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

- 6 = **OPTIMAL & ENDURING STATUS.** The best or most favorable status presently attainable for this individual in this area [taking age and ability into account]. The individual is continuing to do great in this area. Confidence is high that long-term needs or outcomes will be or are being met in this area.
- 5 = **GOOD & CONTINUING STATUS.** Substantially and dependably positive status for the individual in this area with an ongoing positive pattern. This status level is generally consistent with attainment of long-term needs or outcomes in area. Status is "looking good" and likely to continue.

Acceptable
Range: 4-6

**Refinement
Zone: 3-4**

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

- 4 = **FAIR STATUS.** Status is at least minimally or temporarily sufficient for the individual to meet short-term needs or objectives in this area. Status has been no less than minimally adequate at any time in the past 30 days, but may be short-term due to changing circumstances, requiring change soon.

- 3 = **MARGINAL INADEQUATE STATUS.** Status is mixed, limited, or inconsistent and not quite sufficient to meet the individual's short-term needs or objectives now in this area. Status in this area has been somewhat inadequate at points in time or in some aspects over the past 30 days. Any risks may be minimal.

Unacceptable
Range: 1-3

**Improvement
Zone: 1-2**

Status is problematic or risky. Quick action should be taken to improve the situation.

- 2 = **POOR STATUS.** Status is and may continue to be poor and unacceptable. The individual may seem to be "stuck" or "lost" with status not improving. Any risks may be mild to serious.
- 1 = **ADVERSE STATUS.** The individual's status in this area is poor and worsening. Any risks of harm, restriction, separation, regression, and/or other poor outcomes may be substantial and increasing.

QSR Interpretative Guide for Practice Indicator Ratings

**Maintenance
Zone: 5-6**

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

- 6 = **OPTIMAL & ENDURING PERFORMANCE.** Excellent, consistent, effective practice for this individual in this function area. This level of performance is indicative of well-sustained exemplary practice and results for the individual.
- 5 = **GOOD ONGOING PERFORMANCE.** At this level, the system function is working dependably for this individual, under changing conditions and over time. Effectiveness level is consistent with meeting long-term needs and goals for the individual.

Acceptable
Range: 4-6

**Refinement
Zone: 3-4**

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

- 4 = **FAIR PERFORMANCE.** This level of performance is minimally or temporarily sufficient to meet short-term need or objectives. Performance in this area may be no less than minimally adequate at any time in the past 30 days, but may be short-term due to change circumstances, requiring change soon..

- 3 = **MARGINAL INADEQUATE PERFORMANCE.** Practice at this level may be under-powered, inconsistent or not well-matched to need. Performance is insufficient for the individual to meet short-term needs or objectives. With refinement, this could become acceptable in the near future.

Unacceptable
Range: 1-3

**Improvement
Zone: 1-2**

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

- 2 = **POOR PERFORMANCE.** Practice at this level is fragmented, inconsistent, lacking necessary intensity, or off-target. Elements of practice may be noted, but it is incomplete/not operative on a consistent basis.
- 1 = **ADVERSE PERFORMANCE.** Practice may be absent or not operative. Performance may be missing (not done). - OR - Practice strategies, if occurring in this area, may be contra-indicated or may be performed inappropriately or harmfully.

POSSIBLE OUTLINE FOR THE QUALITY SERVICE REVIEW PROTOCOL

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Listed below is the table of contents for this QSR protocol. In addition to these materials, reviewers are provided a set of additional working papers that are used for reference and job aids used for particular tasks conducted during the review.

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