Quality Service Review (QSR)
Field Test Report and
Recommendations for Future Use

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Submitted to the
Office of Mission Support & Performance
Florida Department of Children & Families

Submitted July 29, 2002

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Introduction

The Quality Service Review (QSR) is a method for reviewing human service systems that was field tested as part of the Community–Based Care (CBC) Statewide Evaluation (February 2002). It is recognized that the Department has already begun implementation of a similar QSR process through the System of Care Reviews (SOC-Rs) recently conducted (February – April 2002 and July 2002) within the child protection system. It is further recognized that the Department is considering the QSR process for application in the Quality Assurance monitoring specifically for Community-Based Care. This paper is not intended to fully describe all of those efforts. More simply, the purposes of this paper are to (1) describe the QSR process, (2) discuss the field test, and (3) offer recommendations for future applications of the QSR process within Florida. This paper is based on the experience of CBC evaluation team during the field test and reflects only their perspective.

Overview

Quality Service Review (QSR) is a broad term for a set of processes and tools designed to review human service systems. It is based on an in-depth case review method involving multiple stakeholders, and uses a performance appraisal process to assess how service recipients benefit from services and how well service systems address their needs. The particular QSR discussed in this paper was developed for use within child welfare systems. More specifically, it was adapted for use in a recent lawsuit in Broward County, Florida. The general QSR process has been evolving over the past two decades, has been adapted for use across multiple social service systems, and has been adopted for use in various states. The primary authors and developers, Ivor D. Groves and Ray E. Foster are based in Tallahassee with Human Systems & Outcomes, Inc. (HSO).

The QSR process is based on the premise that each individual child and family case can be used as a test of the service system at a particular place and time. Typically, small representative samples of children (approximately 12 to 25) are reviewed to determine child/family status and related system performance results (Human Systems and Outcomes, Inc., 2002). Large sample sizes are not necessary to determine patterns of system behavior. As

such, this method is particularly useful when targeting problem areas and implementing practice change. This approach looks at each individual within the context of his/her home and community. By doing so, the QSR is able to examine the pattern of status and performance results and to develop a better understanding of what is really happening for the child and family and to what the current situation may be attributable. The Florida version of the QSR (Field Review Version 1.1) used during the field test has 24 specific elements it addresses.

Child & Family Status	System Performance
• Safety of the child	• Child and family engagement
• Safety of the caregiver	• Service team functioning
• Stability	• Functional assessment
• Appropriateness of placement	• Long-term view
• Permanence	• Service plan
• Health/Physical well-being	• Resource availability
• Emotional well-being	• Plan implementation
• Learning and development	• Family support network
• Responsible behavior	• Service coordination
• Caregiver functioning	• Successful transitions
• Family progress toward independence	• Tracking and adaptation
• Child's functional progress	• Effective results

The basic "method" used within a QSR is to assign a dyad of reviewers to each child case to be reviewed. The interviewer, typically the more experienced of the review dyad, conducts the interviews while the other serves as a shadow. This provides the interviewer with a second perspective on the interview itself, but also serves as a training or learning opportunity for the shadow. Interviews are scheduled around a target child. For example, the reviewers may meet with the child, his biological parents, foster parents, teacher, mentor, therapist, football coach, and service counselor. All of these interviews are typically conducted over the course of one or two days. The purpose of the review is not to focus on the past, but rather to make a close inspection of current conditions and determine a possible trajectory for the child and family. After conducting all of the interviews, the reviewer is asked to make ratings on each of the above-listed elements. Ratings in the 1.1 Version of the Florida QSR are made on a scale from 1 (most severe) to 6 (least severe). Generally, ratings of 1 and 2 are viewed to be "In Need of Improvement", 3 and 4 "In Need of Refinement", and 5 and 6 "Needing to be Maintained". In the current version of the QSR there is a scoring rubric (Appendix A) associated with those ratings that is used to calculate overall ratings of Child/Family Status and System Performance.

QSR Field Test (February 25 – March 1, 2002)

The Louis de la Parte Florida Mental Health Institute (FMHI) is under contract with the Florida Department of Children and Families to conduct a statewide evaluation of the implementation of Community-Based Care (CBC) as per s. 409.1671, F.S. The general areas of the evaluation include: (1) quality performance, (2) outcome measure attainment, and (3) cost efficiency. The QSR process was proposed as a potential methodology for assessing quality performance, and a field test was conducted in conjunction with one CBC lead agency in late February. **The purpose of the field test was to determine if the methodology would meet the needs of the CBC evaluation team for the ongoing assessment of quality performance.**

The field test was conducted as a subcontract with HSO, the developers of the process. During the first day of the field test, six reviewers and four shadows were trained on the QSR approach. Training consisted of a thorough review of each of the elements, practice ratings based on vignettes, the development of interrater reliability based on the vignettes, and a question/answer period. Pertinent materials were then reviewed and schedules were assigned. Twelve children were selected by the lead agency for review. [Cases are usually selected randomly according to some stratification (e.g., age or length of time in care), but due to time constraints lead agency staff was given the latitude to select cases as was convenient to them.]

The review team consisted of three FMHI reviewers, one HSO reviewer, one CBC Central Office reviewer, and one Region Office DCF reviewer (QA staff). Four shadows joined the team to be introduced to the process: one from FMHI, one from Region Office, and two from the lead agency's Quality Improvement group. Each reviewer was assigned two cases, one to review on Tuesday and one for Wednesday. One case was cancelled when a reviewer unexpectedly became ill. The team reconvened on Thursday afternoon and Friday morning to review all the cases and determine common themes across case findings. An overall schedule for the field test activities is presented in Figure 1.

Prior to the field test, family service counselors completed a demographic profile (an HSO - developed document) of the child and family. Prior to any interviews, the interviewer reviewed that document and conducted a file review to validate and add to the understanding of the family. There was feedback from the review team that a structured file review protocol would have been helpful as they reviewed the lead agency files. After finishing the file review, the review dyad interviewed the key players identified in the child's life. This interview schedule, at a

minimum, consisted of the family service counselor, the caregiver (biological and/or foster parent), and the child. For younger children, the child "interview" is better described as an observation. Other key players included teachers, daycare providers, Guardian ad Litems, therapists (assigned to parents and to children), and doctors. In total, sixty individuals were interviewed (or observed) as part of the field test

Figure 1. Field test schedule.

Monday	Tuesday	Wednesday	Thursday	Friday
8:30 – 3:00 Training: ▪ Framework ▪ QSR Questions ▪ Simulations ▪ Role Play	Case #1 per review dyad	Case #2 per review dyad	8:00 – noon ▪ Feedback to case managers ▪ Follow-up on missed or new appointments	8:15 – noon ▪ Presentation of case summaries ▪ QSR Summation
3:00 – 5:00 Assignment of cases and schedules	Stakeholder Interviews		1:00 – 5:00 Presentation of Case Summaries	

Of the eleven cases reviewed, nine were currently open to services and two were closed. Typically, closed cases are not included in reviews as there is no opportunity to impact practice. In the field test, however, it was instructive to have them included because it raised the issue of safe case closure. The majority of the cases were male (n=6) and Euro-American (n=9). The children were primarily between the ages of birth to nine. Staff at the field test site believed that the younger children were posing a particular concern in their community from practice and placement perspectives. In particular, they believed that developmentally appropriate assessments were difficult to find. Six of the children were being maintained in their biological or adoptive family home. Three were residing in a family foster home, one with a relative, and one with a non-relative.

An additional set of activities that occurred during the week was feedback sessions scheduled with each of the service counselors who had a case selected for review. The interviewer assigned to the case provided feedback on a one-to-one basis with the service counselor and/or their supervisor. Written case summaries were subsequently provided to the lead agency to share with the counselors and their supervisors. These feedback sessions and write-ups included recommendations for consideration. This feedback loop is critical in the QSR process. A primary goal of the process is to improve practice as it exists at the time of the review. On occasion, reviewers gather information that the counselor is not aware of. It is of utmost

importance that information gets back to the counselor. Reviewers were trained to refer families, children, and providers all back through the counselor rather than getting involved directly in problem solving.

While reviewers were focused on the eleven families for review, Dr. Foster from HSO was conducting a series of stakeholder interviews. The purpose of these interviews was to gauge the context in which practice was occurring and the perception of Community-Based Care in the community. Key stakeholders included representatives of the Sheriff's offices (n=2), the local children's services council (n=1), and the Guardian ad Litem's office (n=2); the judiciary (n=1); service counselors (n=8); and foster parents (n=2).

The final effort of the field test was an overall review debriefing that was held on Friday morning. This meeting allowed an opportunity to review all the themes generated throughout the week's activities (including the 11 case studies and the key stakeholder interviews), and to create the "big picture" for the community. It is interesting to note that lead agency and Region staff who attended this meeting felt that the presentation was consistent with what they had already observed. Frontline conditions and challenges to practice revealed during interviews are also consistent with findings from other components of the CBC evaluation (e.g., qualitative implementation analysis). These challenges included: high caseloads, inexperienced staff and supervisors, heavy documentation requirements, and gaps in service and placement availability. Interviews around individual cases allowed for discussion of specific needs with real-life examples. In effect, the QSR field test validated findings from other quality assurance, quality improvement, and contract monitoring efforts.

It is important to reiterate that the purpose of the field test was to determine if the methodology would meet the needs of the CBC evaluation team for the ongoing assessment of quality performance. As such, specific findings from the field test will not be presented in this report except as they relate to the discussion of the feasibility of inclusion of the QSR in the statewide CBC Evaluation. [Additional discussions related to the field test of the QSR and specific findings can be found in the final statewide CBC evaluation report submitted to the Department by FMHI in July 2002.]

Applications of the QSR Process

There are three applications of the QSR that have been proposed during this process: (1) as a component of the CBC evaluation, (2) as a task for the DCF Quality Assurance units, and (3) as an internal Quality Improvement effort either by the Department or by lead agencies. This section will discuss each of those applications in turn, and offer potential limitations within each application.

Evaluation. As mentioned, the primary purpose of the field test was to assess the feasibility of the QSR as a method for use in ongoing evaluation activities. One accomplishment of the field test was the affirmation of the imperative that direct input from recipients of service (i.e., children and families) be included in any efforts at assessing quality. All of the interviewers and shadows believed information was gathered that could not have been collected by any other means (i.e., file reviews and use of statewide data systems). The QSR, however, is not the only means for accessing that input.

Perhaps the largest limitation to the utilization of the QSR for evaluation purposes is the person-power required to successfully complete the review visits. Even with small samples per site (n=12), this would become an overwhelming endeavor when including all CBC sites statewide, a number that increases with each passing year. Further, a “CBC site” may consist of multiple service centers, all of which should be adequately sampled for inclusion in an evaluative effort. The resources needed to maintain a solid review team and manage the logistics make this both a time consuming and expensive endeavor.

In the evaluation plan submitted by FMHI to the Office of Mission Support and Performance, it was anticipated that the QSR would be able to address the research and evaluation questions presented in Table 1. Following the field test, the most accurate response is that the QSR process is able to address the questions with some limitations. Of the questions listed below, the field test yielded the most consistent findings in the areas of (1) coordinated service provision, with roughly one-third requiring improvement, and (2) safety from manageable risk, with no children requiring immediate improvement.

Table 1. Research and Evaluation Questions for the CBC statewide evaluation

Research Question	Evaluation Questions
Does Community-Based Care empower local communities in identifying and meeting the needs of children and families?	• Are adequate assessments of children and their families conducted upon entering the protective service system?
	• Are child and family service plans comprehensive?
	• Are needed services provided to children and their families in a coordinated manner?
Does Community-Based Care ensure the safety and well being of children?	• Are children safe from manageable risk?
	• Are children residing in stable and permanent placements?

Reviewers and shadows reported particular discomfort with the subjectivity included in the assessment of needs assessments, service plans, and placement stability and permanence. A major part of this discomfort was attributed to the fact that the current protocol does not include specific interview questions; rather, interviewers are instructed to "get" answers to certain questions. The review team feared there may have been too much variability in their individual interviewing styles. In addition, each team member brought with them his own focus (e.g., early childhood development, mental health, and quality assurance). While some of this is an issue related to training and experience, it did cause concern during the field test. If the QSR is to be implemented at any level, it is recommended that interview protocols be developed that address all the areas of child/family status and system performance. Additional resources would need to be committed in order to accomplish the protocol development, and one standard set would need to be adopted by all users.

Reviewers also indicated that a more detailed file review protocol would be helpful in the assessment of the critical elements of a service plan and timeliness towards permanency resolution. During the final debriefing, DCF QA staff and agency QI staff also asserted that this would aid in their comfort with the process. The lack of interview structure, need for additional training, and file review protocols are areas that need to be addressed prior to any use of the QSR.

There was some disagreement among the review team with the scoring rubric associated with the ratings made by interviewers (see Appendix A). This rubric was approved for use within the

context of a lawsuit, and according to HSO representatives, it was designed to minimize areas outside the direct influence of child welfare practice (e.g., education and emotional well being). This compartmentalization is not consistent with the philosophy of Community-Based Care and is worth revisiting if the QSR is adopted for use by CBC sites. The scoring rubric has been revised since the time of the field test, and should be reviewed by relevant parties (e.g., CBC central office staff) as to its applicability to CBC.

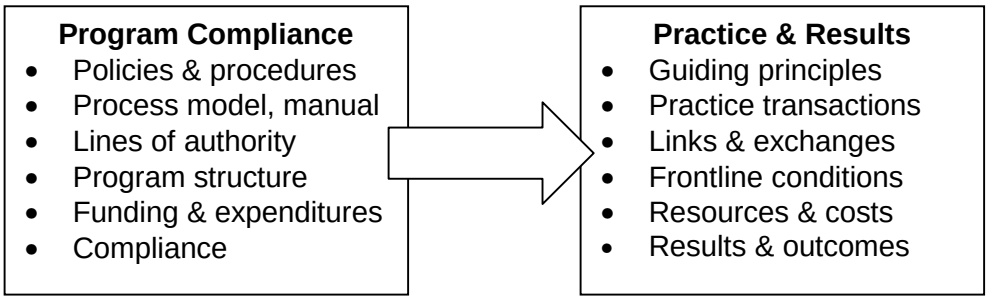
The QSR is not recommended for inclusion in the evaluation of Community-Based Care based on the reasons already discussed, namely:

(1) intensity of resources required to plan, coordinate, and staff the reviews,
(2) lack of interview structure and file review protocol in the current QSR version,
(3) and the scoring rubric and it's potential disconnect with the philosophy of CBC.

This is not to suggest that the QSR process is not appropriate for use in an evaluative context. The FMHI evaluation team, however, has made the decision that it does not meet the needs of the current evaluation. The QSR would only address one of the three primary areas of the evaluation (i.e., quality performance) and would be very resource intensive. Other qualitative methodologies that gather direct input from service providers and service recipients are being explored.

Quality Assurance. Throughout the planning process for the QSR field test, multiple discussions were had with various players regarding the most appropriate "home" for the QSR. One use of the QSR might be within the existing Quality Assurance offices at the District/Region level and/or from Central Office. Historically, these offices have maintained oversight responsibility for practice of contract providers. This is perhaps the most difficult fit because the QSR was developed as a model of Quality Improvement that shifts the focus away from program compliance and onto practice and results (see Figure 2).

Figure 2. Shifting Focus of Concern (HSO, July 2001)



Individuals with both past and current experience in conducting QA reviews (i.e., from Region office, lead agency, and mental health providers) participated in the field test and reported a great deal of excitement with the process. The interviews with family members were invaluable in gauging if the appropriate mix of services were provided in an adequate time period, information that is difficult to ascertain from file reviews. However, concerns were raised in regard to the time and resources needed to complete the QSR site visits. This is a crucial issue given that the QSR process would need to occur *in addition to* current QA monitoring efforts. Reportedly, current efforts by DCF are based on file reviews that address compliance issues, fiscal management, and contract monitoring. While there have been some efforts to include more qualitative data in the reviews, they have remained "compliance-driven" in nature. The addition to of the System of Care Reviews (SOC-Rs) in the recent past have marked a departure from that approach. The inclusion of those reviews is being considered throughout the Department of Children and Families.

A compromise position may be to include a few select cases during a regularly scheduled "compliance visit" or "audit". The standard procedure would be followed for the majority of the cases and a small number of randomly selected cases could also include the interviews. If this were done on an ongoing basis, patterns and emerging themes would likely become evident in the reviews. An alternate approach would be to interview special target populations that have flagged concerns in the past (e.g., long-term foster care adolescents).

Quality Improvement. As part of DCF's Oversight and Accountability Model, the Department has a strong system in place using audits and reviews, yet no methodology exists that combines the two. A QI approach that involves a partnership between the oversight body (e.g., QA unit or contract monitoring) and the lead agency could result in a situation where all parties have their needs met. It may also lead to a monitoring system with less duplication of efforts. With that in mind, the most likely home for the QSR is within Quality Improvement (QI). From a QI perspective, QSR findings could be used to indicate how the service system is working and give an early indication of related processes needing improvement (e.g., assessment, resource availability, family engagement, etc.). In this appraisal system, the QSR serves as a barometer of the service-delivery process at any given time, and allows for feedback and service refinement.

A recent series of Florida-based efforts that offers an example of the effective value of QSR is the work of Paul Vincent and the Child Welfare Policy and Practice Group with the Ward lawsuit in Broward County. Using the same QSR model used in the field test, this group reviewed 44 ongoing child protective cases over a period of five to six weeks. The results were used in the lawsuit defense and resulted in its dismissal. It has been reported, at least anecdotally, that the Judge hearing the case reviewed all of the write-ups and used them as evidence that DCF was addressing the allegations made in the lawsuit. Monies freed up by the settlement of the lawsuit supported a series of System of Care Reviews (SOC-R) in seven DCF service districts. The Child Welfare Policy and Practice Group worked in conjunction with Fotena Zirps, Ph.D., DCF's System of Care Policy Director, to conduct these reviews between February and April of 2002. These reviews have focused on practice development rather than the evaluation of practice. Findings across the seven sites are being compiled to present a rough draft picture of child welfare practice in non-CBC districts within Florida.

In May of 2002, the Governor's Blue Ribbon Panel on Child Protection was appointed to address a child protection crisis that arose in Miami-Dade following the disappearance of a child in care. After hearing testimony from multiple parties, including Department staff and advocates, the Panel made a series of specific recommendations. Among those, was the recommendation that the Department "initiate an independent system of care review in District 11, facilitated by national consultant Paul Vincent, as already performed in seven other Florida DCF districts." As a result, Dr. Zirps and the Child Welfare Policy and Practice Group were again engaged to coordinate and conduct those reviews. Almost 40 children were selected for review during the month of July. A modified field version of the Florida QSR was developed based on feedback from the earlier SOC-Rs and the CBC evaluation field test. The methodology and the intensity of its findings are gaining attention and credibility within DCF and throughout the State at the time of this writing.

Perhaps the largest selling point of the QSR process is its ability to increase community ownership of the services it reviews. It has been suggested that this would be a meaningful role for the Community Alliances, and the Blue Ribbon Panel specifically recommended their full involvement. Members of some alliances around the state have had the opportunity to participate in the SOC-Rs noted above. Even the lawsuit exemplifies community ownership because it raised awareness of providers to the issues raised in the lawsuit. By involving

multiple parties, resolving such issues then becomes community action plan as opposed to a corrective action plan for the Department or lead agency.

Recommendations/Comments

As mentioned previously, the primary purpose of the QSR field test within the context of the statewide CBC evaluation was to assess the feasibility and applicability of using it for future evaluation activities. Some clear recommendations and conclusions will be offered on that topic. In addition, however, many other conversations and debates took place about the most appropriate application of the QSR in child protective practice and the Department of Children and Families. Additional recommendations will be made in that regard.

Comments related to future evaluation activities:

- The CBC evaluation team has decided to NOT include the QSR in future evaluation activities. The driving factor in that decision is resources. In order to conduct enough reviews to feel confident that the results adequately represent key issues in CBC implementation, the evaluation team would need to be larger - both to support the logistics of the reviews and to maintain an experienced review team.
- The FMHI evaluation team will continue to research alternative methods for gathering the direct input of service providers and recipients in their evaluation of quality performance.
- Some standardization is needed in the interview format and file review protocols prior to reconsideration of inclusion of the QSR as a methodology in the evaluation. This becomes less of an issue when it is implemented in a QI capacity because the focus remains on practice change as opposed to findings or results.

Comments related to statewide implementation:

- QSR is likely most appropriate for use in a QI model that is focused on practice refinement or improvement as opposed to a QA model focused on compliance.
- There may be a compromise position between QI and QA where a small number of cases are reviewed using a QSR approach during a QA audit. Cases could be reviewed by dyads representing the providing agency and the oversight body. Another compromise would include the oversight body reviewing a sample of those reviewed by the local/internal QI group to validate their findings.
- Clear guidelines would need to be set as to what constitutes a minimally acceptable case for review. For example, a case in which the child is not interviewed and/or observed is clearly

not acceptable, and a case without an available counselor or supervisor likely would not be acceptable. This issue is raised because there may be a tendency to downscale the process to lessen workloads or allow more cases to be reviewed. If shortcuts are taken, the value of the QSR may be lost.

- It is believed that the review team needs to have interviewing skills and have a proficient understanding of the child protective system. Experience as a direct service provider in either the child welfare or mental health system is beneficial, but not an essential feature.
- It would be in the best interest of the system to establish interrater reliability, an issue that may have already been addressed by the SOC-R group prior to the writing of this summary.

Summary

In summary, a QSR appraisal system would need to be assessed regularly to ensure that it is remaining true to the philosophy underlying the process. QSR is based on the belief that each individual case can be used as a valid test of a system at a particular place and time. This can only be done by taking a close look at both the status of the individuals and the functioning of the system. Any shortcuts alter the utility of the QSR. In addition, the QSR process was designed in the spirit of practice refinement and improvement. Any process developed with a primary goal of addressing compliance or looking for deficits would no longer be a QSR process. As such, the recommended use of the QSR process is within a Quality Improvement structure.

Appendix A

Rating	Weight	Score	Status Review Indicator
_____	x 3	_____	1. Safety of the child: if rated 3 or less, child status will be unacceptable
_____	x 2	_____	2. Safety of the caregiver (If not applicable use Alternative Scoring Procedure)
_____	x 3	_____	3. Stability
_____	x 2	_____	4. Appropriateness of placement
_____	x 3	_____	5. Permanency situation
_____	x 1	_____	6. Health/physical well-being
_____	x 2	_____	7. Emotional well-being
_____	x 1	_____	8. Learning and development
_____	x 1	_____	9. Responsible behavior (of the child)
_____	x 3	_____	10. Caregiver functioning
_____	x 3	_____	11. Family progress toward independence (If not applicable use Alternative Scoring Procedure)
_____	x 3	_____	12. Child's functional progress

TOTAL SCORE _____

Rating of the Overall Status of the Child if all Indicators are Applicable	Rating Zone
♦ **Optimal Child Status.** Assign an overall status rating of "6" when the TOTAL SCORE is in the 137-162 range AND when SAFETY is rated in the 4-6 range. If SAFETY is less than 4, the OVERALL RATING equals the SAFETY RATING of the child rating. ♦ **Continuing Favorable Child Status.** Assign an overall status rating of "5" when the TOTAL SCORE is in the 116-136 range AND when SAFETY is rated in the 4-6 range. If SAFETY is less than 4, the OVERALL RATING equals the SAFETY RATING of the child rating. ♦ **Minimally/Temporarily Acceptable Child Status**. Assign an overall status rating of "4" when the TOTAL SCORE is in the 93-115 range AND when SAFETY is rated in the 4-6 range. If SAFETY is less than 4, the OVERALL RATING equals the SAFETY RATING of the child rating.	**6** _____ **5** _____ **4** _____ *Acceptable*
♦ **Marginal/Mixed Child Status.** Assign an overall status rating of "3" when the TOTAL SCORE is in the 72-92 range. If SAFETY is less than 3, the OVERALL RATING equals the SAFETY RATING of the child rating. ♦ **Poor, Continuing Child Status.** Assign an overall status rating of "2" when the TOTAL SCORE is in the 49-71 range. If the SAFETY is rated "1", then lower the OVERALL RATING to "1". ♦ **Poor, Worsening Child Status.** Assign an overall status rating of "1" when the TOTAL SCORE is in the 27-48 range, regardless of the SAFETY of the child rating.	**3** _____ **2** _____ **1** _____ *Unacceptable*

Alternative Scoring Procedure

SCORING SITUATION DETERMINED IN THIS CASE			
Only Review 2 is NA and the Total Score is within the following range:	**Only Review 11 is NA and the Total Score is within the following range:**	**BOTH 2 and 11 are NA and the Total Score is within the following range:**	**Overall Rating Zone**
❑ 131-150	❑ 125-144	❑ 114-132	**6** _____
❑ 109-130	❑ 105-124	❑ 95-113	**5** _____
❑ 88-108	❑ 85-104	❑ 77-94	**4** _____
			Acceptable
❑ 67-87	❑ 65-84	❑ 59-76	**3** _____
❑ 46-66	❑ 45-64	❑ 40-58	**2** _____
❑ 25-45	❑ 24-44	❑ 22-39	**1** _____
			Unacceptable

Overall System Performance

Rating	**Weight**	**Score**	**System Performance Evaluation**
_____	x 3	_____	1. Child and family engagement
_____	x 2	_____	2. Service team functioning
_____	x 3	_____	3. Functional team assessment
_____	x 2	_____	4. Long-term view
_____	x 3	_____	5. Service plan
_____	x 1	_____	6. Resource availability
_____	x 3	_____	7. Plan Implementation
_____	x 2	_____	8. Family support network
_____	x 2	_____	9. Service coordination
_____	x 1	_____	10. Successful transitions
_____	x 3	_____	11. Tracking and adaptation
_____	x 3	_____	12. Effective results

TOTAL SCORE _____

Rating of the Overall System Performance for the Child and Caregiver	Rating Zone
♦ **Exemplary System Functioning.** Assign an overall performance rating of "6" when the total weighted score across the 12 exams is 145-168 range. ♦ **Dependable, Robust System Functioning.** Assign an overall performance rating of "5" when the total weighted score across the 12 exams is 122-144 range. ♦ **Temporarily or Minimally Adequate System Functioning.** Assign an overall performance rating of "4" when the total weighted score across the 12 exams is 98-121 range.	**6** _____ **5** _____ **4** _____ *Acceptable*
♦ **Services are Underpowered or Not Well-Matched to Needs.** Assign an overall performance rating of "3" when the total weighted score across the 12 exams is 75-97 range. ♦ **Services are Fragmented, Incoherent, Incomplete, or Inconsistent.** Assign an overall performance rating of "2" when the total weighted score across the 12 exams is 51-74 range. ♦ **Services are Missing, Not Working, or Misdirected.** Assign an overall performance rating of "1" when the total weighted score across the 12 exams is 28-50 range.	**3** _____ **2** _____ **1** _____ *Unacceptable*