

(DRAFT 6) Parent Advocate Activity Form – Outcomes (PAAF-O)

Report for Month of _____, 200____ Caregiver Name _____
 Collaborative _____ Youth Name _____
 Care Manager/Facilitator _____ Parent Advocate _____

Meeting day/minutes	Type Code (circle)	Attendance Code	Other Attendees/Notes
1) _____ -- _____	FTM CT ME SC TW TY MT HV	CM PA PO CW TP FC SIB CG Y SP OF1 OF2	
2) _____ -- _____	FTM CT ME SC TW TY MT HV	CM PA PO CW TP FC SIB CG Y SP OF1 OF2	
3) _____ -- _____	FTM CT ME SC TW TY MT HV	CM PA PO CW TP FC SIB CG Y SP OF1 OF2	
4) _____ -- _____	FTM CT ME SC TW TY MT HV	CM PA PO CW TP FC SIB CG Y SP OF1 OF2	
5) _____ -- _____	FTM CT ME SC TW TY MT HV	CM PA PO CW TP FC SIB CG Y SP OF1 OF2	
6) _____ -- _____	FTM CT ME SC TW TY MT HV	CM PA PO CW TP FC SIB CG Y SP OF1 OF2	
7) _____ -- _____	FTM CT ME SC TW TY MT HV	CM PA PO CW TP FC SIB CG Y SP OF1 OF2	

Events	Date/#
1. Date of Parent Advocate’s first Phone Contact w/family (as their PA).	
2. Date of Parent Advocate’s first Face to Face Contact w/family (as their PA).	
3. Date(s) this month Caregiver attended a Family Support Group Meeting	
4. Date this family was closed (if this month).	
5. Date the SNCD document (developed w/family) was signed.	
6. Date the Wraparound Plan (developed w/family) was signed.	
7. Total number of answered phone calls with this family. (Note: DO count all answered calls made to families or received from families. DO NOT count missed calls, voice mail messages sent or received, or calls made on behalf of the family (e.g., to a teacher).	

Please record services provided for the family this month using the list of services codes.

*In the top portion include the meeting number (1-7) associated with the service. Use “Phone” if the service occurred via phone and use “Other” if not associated with a listed meeting or phone call. In the bottom portion include the service code.

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Other Services

Please describe the highlights working with the family this month (wrap plan objectives met for example).

PARENT ADVOCATE SIGNATURE _____

SUPERVISOR SIGNATURE _____

Meeting Codes and Definitions

Welcome Meeting Defined (TW)

Estimated attendance is one (1) meeting per new family. This is an orientation and “get to know each other” meeting with all new families where the family, a care manager and a parent advocate get together to explain the system of care and talk about Tapestry services.

Home Visits Defined (HV)

Home visits are meetings that are quite common for the parent advocate. The wrap plan will direct what the role of the Parent Advocate is when doing home visits. The request to get together is often made by the family but does not necessarily have to be. These are meetings that do not include the care manager. Further, the majority of the meeting time does not have to be in the home or of crisis related nature. The home visit category could include situations such as picking the family up and taking them out shopping for food or clothes, recreation, etc. Generally speaking the only reason a parent advocate should be doing a home visit is for something stated in the wrap plan.

Family Team Meeting (FTM)

Estimated number of meetings will depend on the family. Meetings include the care manager and parent advocate in addition to family members and other professionals and supports. There will likely be 2-4 meetings per month initially (depending on a family’s level of need, wishes, and associated crises) and then approximate one per month per family as the family stabilizes and gets closer to successful completion/graduation. These meetings take place at the family’s request and the family team decides the location of the meeting. Most often the meeting is in the home. Meetings will have different agendas but will follow a wrap plan, strategize and offer solutions to help meet the needs of the family. The family chooses the informal supports, participants, and gives consent for what professionals are invited to attend. A wrap plan document must be signed in order to be counted as a family team meeting. These meetings last anywhere from 60-90 minutes.

School Meeting Defined (SC)

This is a meeting, most likely at the school, with personnel related to school issues. The meeting could be with a teacher, school counselor, principal, a teacher’s aid, etc. These meetings may include Manifestation Hearings, Intervention Behavior Assessment Hearing (IBA), Individualized Education Program meeting (IEP), etc. This would not include a family team visit with a school representative present.

Court Meeting Defined (CT)

This refers to a meeting at the court or with a probation officer (i.e., not a family team meeting with the probation officer present) regarding a court appearance, past court involvement or a new possible charge. This meeting would not be counted if transportation only was provided.

Medical Meeting Defined (ME)

This is a meeting related to the physical health needs of the child. The meeting could be clinic visit or a doctor’s or dentist appointment. This would not be coded/marked if transportation only was provided.

Therapy Meeting Defined (TY)

This is an office or home visit with attendance in the therapy session. It is not expected that parent advocates would attend but participation may occur if a family requests this and/or is uncomfortable in the beginning sessions and needs the support. This would not be counted if transportation only was provided.

Mediation Meeting Defined (MT)

Estimated attendance is unknown. This is a meeting where a parent advocate goes with one or more family members to a mediation process. An external mediator will usually facilitate this meeting. The Parent Advocate may or may not represent both families in the mediation. Meetings may last an hour or more. One or more meetings may be necessary though problems are often resolved in the first meeting.

Attendance Codes

CM = Care Manager
PA = Parent Advocate
PO = Probation officer
CW = Child Welfare
TP = Therapist
CG = Caregiver

Y = Youth
SIB = Sibling
FC = Faith Community/Church Connection
SP = School Personnel/Teacher
OF1 = other friend or family member
OF2 = other friend or family member

Service Codes

Code	Service
a	Assisted with a referral made to a therapist
b	Wrote letter on behalf of family
c	Assistance with finding respite care
d	New connection made w/resource specialist for them
e	Helped caregiver with/find employment
f	Helped youth with/find employment
g	Helped caregiver with resume
h	Helped youth with resume
i	Assisted caregiver find job training
j	Assisted youth find job training
k	Helped recruit a family/friend as a team member
l	Assisted with crisis situation/stabilization
m	Provided transportation
n	Helped family shop for clothes, food, etc
o	Took caregiver and/or child to a fun event to relieve stress
p	Connected caregiver with support group
q	Supervised child
r	Assisted family with housing needs
s	Connected family with a food bank
t	Connected family with a temporary shelter
u	Assisted with navigation of Juvenile Court System
v	Assisted with navigation of Child Welfare System
w	Assisted with evaluation/Mental Health System
x	Assisted Caregiver with parenting skills
y	Assisted with finance/budgeting skills
z	Assisted family with obtaining flex funds
aa	Assisted with recreation activities (e.g. summer camp)
bb	Assisted family with receiving medical help
cc	Assisted family with finding legal help
dd	Provided life skills training
ee	Provided mentoring to the child
ff	Provided tutoring assistance
gg	Assisted caregiver with alcohol or drug issues
hh	Assisted family with making healthier food choices
ii	Assisted Caregiver with stress reduction techniques
jj	Assisted with alternatives and supports to avoid school detention or expulsion
kk	Assisted with alternatives and supports to avoid juvenile court involvement
ll	Assisted with IEP
mm	Assisted with Anger Management
nn	Assisted Caregiver with obtaining/completing paperwork for services
oo	Assisted with finding community service activities for youth

pp Assisted family at a support group meeting
qq Helped family team develop wraparound solutions
rr Assisted Caregiver with keeping employment