Family Group Conference Evaluation Forms

Three forms are used in Pennsylvania’s Statewide Evaluation of Family Group Decision Making:

**FAMILY GROUP CONFERENCE BASELINE**- this form is completed by a professional at the conclusion of the conference and is returned with conference surveys. The form’s purpose is to help gather outcome data in order to better understand the impact of Family Group conferences.

**FAMILY GROUP SURVEY**- The form is completed by all participants in the conference; friends, family members and professionals.

**FAMILY GROUP CONFERENCE OUTCOME FORM**- this form is completed by a professional at selected intervals. The form is designed to capture outcome/impact of family group conferences.

Table of Contents

**GENERAL INSTRUCTIONS FOR ALL FORMS** .................................................................2

**FAQ’S FOR ALL FORMS:** .............................................................................................2

**FORM: FAMILY GROUP CONFERENCE BASELINE FORM** ........................................3

**INSTRUCTIONS/FURTHER EXPLANATIONS** ................................................................3

**DEFINITIONS** .................................................................................................................3

**FAQ’S FOR BASELINE FORM** .......................................................................................5

**FORM: FAMILY GROUP SURVEY** ..................................................................................7

**FAQ’S FOR FAMILY GROUP SURVEY FORM:** .............................................................7

**FORM: FAMILY GROUP CONFERENCE OUTCOME FORM** .......................................8

**DEFINITIONS:** ................................................................................................................8

**FAQ’S FOR FAMILY GROUP CONFERENCE OUTCOME FORM** ..................................8
General Instructions For All Forms

FAQ's for all forms:

Q1: Where should completed forms be sent?
A: Completed forms are to be sent to:
   The Child Welfare Resource Center
   Attn: Debbie McHugh
   403 East Winding Hill Road
   Mechanicsburg, PA 17055

Q2: How frequently should forms be returned to the CWRC?
A: Forms should be sent monthly.

Q3: Does it matter what writing implement respondents use to complete the form?
A: Not particularly. However, markers or other pens that will bleed onto the next side should be avoided along with crayons and colored pencils. Pencil marks should be dark enough to be seen easily.

Q4: Should forms be duplexed or single-sided?
A: Please duplex forms since it makes it easier to scan the forms and less likely for them to be misplaced. Also, please do not staple conference forms together since they need to be unstapled in order for them to be scanned.

Q5: Can forms be put on colored paper?
A: No, please use white paper as it allows for the best scanning.

Q6: My copy of the survey is fuzzy or crooked. Can I still use this survey?
A: No, we need clean copies that are not crooked, different sizes, etc in order to scan the forms. If we cannot scan a form due to copy quality it is discarded.

Q7: What is a Conference ID?
A: The Conference ID is a number assigned to the conference by the county. It must be a number. Counties should use numbers within a sequence and this sequence should reset at the start of each fiscal year (July). Counties and providers will need to work together to determine what their Conference IDs are.

Q8: How do I know when these forms need to be completed, particularly when a family is coming for another conference?
A: If the family is coming back together to monitor the plan that they made in their initial conference, the baseline and conference surveys should have been completed and submitted to CWRC. No additional forms need to be completed unless it is time for the Outcome Form. However, if a family is coming back together for a conference related to a new issue (unrelated to the earlier conference) or a different child is the focus then this is a new conference and will require a new Conference ID, a Baseline Form and Conference Surveys. This conference would also have its own Outcome form completed appropriately.

Q9: Should the same Conference ID be used on all forms related to the same conference?
A: Yes, the Conference ID on the baseline needs to be the same as the ID on the surveys and the outcome form. The Conference ID is how we count the number of conferences that occur so the same Conference ID cannot be used twice in a fiscal year. For example Adams County assigns a Conference ID of 15 to a conference. That ID should be on the Baseline, Conference Surveys and Outcome Form. We will count that as one conference for Adams within that fiscal year. However, if they assign the same ID to two different conferences in the same fiscal year, the data will indicate that the forms belong to the same conference and the two conferences will be counted as one.

Q10: If I should have questions, whom should I contact?
A: Contact Debbie McHugh at The Child Welfare Resource Center via telephone (717) 795-9048 or via email at dem107@pitt.edu
FORM: FAMILY GROUP CONFERENCE BASELINE FORM

Instructions/Further Explanations
The form is completed by a professional and returned with the surveys from that conference. Page 1 of the form requests information about the conference. Page 2 focuses on the child/youth that is the subject of the conference. This child’s Master Client Index Number (MCI) must be listed on Page 1.

Definitions

SHARED CASE RESPONSIBILITY:
The sharing of the responsibility for care of and services to youth who are under the direct supervision of both County Child and Youth Agencies (CCYA) and Juvenile Probation Offices (JPO), and the families of these youth. Shared legal responsibility may be Court-ordered via a dual adjudication order (court determination that a youth is both dependent and delinquent, with care and responsibility assigned to CCYA), or via an order that incorporates language creating Shared Case Responsibility between CCYA and JPO for a youth’s care, possible placement, case management and services to the family. However, there may be less formalized scenarios in which each agency wishes to consider how services from the other agency could benefit the youth and family as a whole, even on a time-limited basis. For such cross jurisdictional or “crossover” cases, those that can benefit from a service aspect of both CCYA and JPO, “shared case responsibility” is now also established as a practice option that may exist outside a court order that established legal responsibility.

SERVICES & SUPPORTS:

- **PARENT MENTAL HEALTH SERVICES**: Individual or group therapy for parents including outpatient and inpatient services, conducted by a professional.
- **PARENT SUBSTANCE ABUSE SERVICES**: Individual or group therapy for parents including outpatient and inpatient services conducted by a professional. Include AA and Alanon.
- **FAMILY INCOME SUPPORT ASSISTANCE**: Ongoing financial assistance based on poverty status (e.g. TANF). This does not include unemployment compensation or Social Security Disability.
- **FAMILY HOUSING SUPPORT**: Financial assistance in paying rent/mortgage or housing is subsidized (e.g. “section 8”).
- **FAMILY FOOD SUPPORT**: Financial assistance in purchasing food (WIC, food stamps).
- **FAMILY ENERGY ASSISTANCE**: Financial assistance in paying heat or electric for the family.
- **FAMILY DEBT ASSISTANCE**: Credit counseling or debt consolidation services; assistance with bankruptcy proceedings.
- **CASH ASSISTANCE**: One time cash assistance e.g. cash to pay for a housing security deposit, rent, temporary living expenses, to purchase an appliance etc.
- **KINSHIP SUPPORT**: Financial support given to kin who are caring for youth in their home.
- **Literacy services**: for adults such as tutoring, helping with learning to read.
- **EMPLOYMENT/PRE-EMPLOYMENT**: services include pre-employment counseling, vocational testing, resume writing and interviewing skills.
- **EDUCATION ASSISTANCE**: e.g. GED preparation or assistance in getting into college or completing high school.
- **DOMESTIC VIOLENCE TREATMENT/PREVENTION**: individual therapy for abusing partner or abused partner, group therapy, crisis intervention including temporary shelter.
• **CHILD MENTAL HEALTH SERVICES**: include medication, individual therapy, group therapy provided by MD, PhD or licensed clinician.

• **CHILD SUBSTANCE ABUSE SERVICES**: include medication, individual therapy, group therapy provided by MD, PhD or licensed clinician for the purpose of treating drug or alcohol use.

• **FAMILY FINDING**: involves systematic search techniques to find relatives of the children.

• **FAMILY THERAPY**: involves a variety of family member with child present. Interaction among family members if facilitated by a counselor or therapist.

• **FOSTER CARE**: 24 hour placement in a home with caregivers who are not family.

• **KINSHIP CARE**: out of home residential care provided by relative of the child/youth.

• **RESIDENTIAL TREATMENT CENTER**: 24 hour out of home care in a residential setting, may hold large number of children, may be secured facility.

• **RECREATIONAL SERVICES**: use of community recreation resources including the Y or other physical fitness activities, youth sport programs, karate classes, etc.

• **AFTER SCHOOL SERVICES**: supervision of youth/children in the after school hours or weekends - may include tutoring, computer services, childcare.

• **TRANSPORTATION SERVICES**: transportation to/from appointments or other scheduled services or reimbursement for public transportation.

• **RESpite**: planned “time away” from children in which children are cared for by a professional or trained parent in order to give parents a break - can be in child home or outside the home.

• **INDEPENDENT LIVING SERVICES OR AFTERCARE**: designed to prepare older adolescents to live independently and reduce their reliance on family or service system. It can include social and community living skills, and peer support.

• **EARLY INTERVENTION**: services for children and infants that are developmentally delayed e.g. speech, hearing, and motor skills.

• **THERAPEUTIC GROUP HOME SERVICES**: 24 hour residential placement in a home like setting with a relatively small group of children with emotional or behavioral problems.

**LIVING ENVIRONMENTS**

Regardless of whether or not placement was a consideration in the conference, we want to know where the child/youth was living before the conference and where they will be living after the conference. *If, after a conference the decision is pending approval of a judge, etc there is an option for placement pending which can be selected. If a child is going to be living with their parent in the home of a relative, you can only select one environment so please select parents’ home.*

**Formal, paid out-of-home placement**

Family Group is often used to avoid placing a child/youth in a paid placement whether it be with in non-relative care or in a group home. This question is asking if the conference was able to avoid placement with non-relatives. If the conference was trying to avoid out-of-home placement, and was unable, select No. *If out-of-home placement was not a consideration in this conference, select N/A.*

**Return or Remain home with their parents or relative**

Family group is often used to help a child/youth return to or remain living with a parent or relative. *If this conference was able to allow a child to return to or remain in their parents’ or relatives’ home, select YES. If the conference was unable to permit a child to return/remain home or live with a relative, select NO. If remaining or returning home to a parent or relative was not a consideration in this conference, select N/A.*
SERVICE PATHWAY

Family Group conferences are used at a variety of times within the life of a case. This question is trying to determine what the case status is when Family Group is used.

FAQ's for Baseline Form

Q1: When there is more than one child in a family, how do you select the child to be the identified child on the form?
A: If there is only 1 child in the family; use that child’s MCI number.
If there is more than one child:
- And a specific child is the focus of the conference; use that child’s MCI number.
- And more than 1 child or the whole family is the focus of the conference. Select the MCI number of the child whose date of birth is closest to the current date. EXAMPLE: If today’s date is March 21st and you receive a referral for an entire family, check the birthdates for each child. There are three children with birthdates March 3rd (3/3), July 6th (7/6) and September 9th (9/9), you would select the child with the March 3rd (3/3) DOB to be the identified child on the baseline form.

Q2: The child’s MCI number that was selected, is it this child’s demographic information provided on Page 2?
A: Yes, please use the child’s demographic information as well as respond to the other questions as it relates to the individual youth.

Q3: When there is more than one agency working together with the family towards a family group conference how do we select only one agency?
A: Please select the lead agency as the referral agency.

Q4: Should the number of participants from each group be indicated in Question 1?
A: Please just check the various categories the participants represent.

Q5: When a Family Group Conference is held in my county, the family’s plan becomes the case plan or family service plan. Should I select develop/revise FSP/family conference plan?
A: Please select the reason or challenge that brought the family for the conference. So if a conference held to bring a family together to develop their FSP around a child’s behavioral issues; select Address child/youth’s behavioral issues instead of Develop/revise the FSP.

Q6: Substantiation is not a Children and Youth decision but a court decision which can take time. How do I respond to this question?
A: The question asks not only about substantiation but also founded and indicated reports of abuse. If an incident of abuse to the identified child has been substantiated or a caregiver was founded or indicated of abuse to the identified child select yes.

Q7: The case includes more than one type of abuse, but the form permits only one selection, how do I choose?
A: Please select the abuse type that most relates to the conference or is the current concern or challenge.
Q8: My county is not participating in the Permanency Practice Initiative, how do I respond to Question 11?
A: Select “no”.

Q9: I am unsure if the child’s case is part of our county’s PPI population?
A: Please check with the PPI coordinator in your agency or your judicial analyst.
**Form: Family Group Survey**

**Instructions/Further Explanations:**
This survey is completed by all attendees in the conference and is their opportunity to provide insight about their experience with the conference. Please be sure to make participants aware that there are two sides to the form and that they are asked to complete both. *It is helpful to have the facilitator or coordinator complete the top portion of the form requesting the date, the county code, year and Conference ID.*

**FAQ's for Family Group Survey Form:**

Q: A therapist that once provided services to the family, but is no longer, attends the conference to support the family since they have continued their relationship after services concluded. What relationship should they select?
A: The participant should select family friend since their relationship is no longer a paid, professional relationship.

Q: A family member, who is also a clergy member, attends the conference. What relationship should they select?
A: They would select the familial relationship that reflects their status (i.e uncle, aunt, sibling).

Q: Is there any general advice to help people select their relationship to the family?
A: The primary division in the relationship codes is between paid, professional relationships and family/friend relationship. Respondents should choose the relationship that fits them and their contact with the family.

**At the end of the Conference:**
- Introduce and distribute the survey immediately after the conference. Use the script (below)
- Everyone attending the meeting should be asked to fill out a survey; however, it is okay if they refuse to do it
- Surveys should be filled out with black or blue pen or pencils. NO markers or sharpies.
- **THE SURVEY IS TWO SIDED. REMIND THEM TO TURN IT OVER**
- **STRESS THAT ONLY ONE RELATIONSHIP IS TO BE CHECKED.**
- Do **NOT** fold the surveys
- If someone does not understand a question try the following:
  - First ask them what they think that it means. Sometimes people want to have their perception verified.
  - If there is a word that is unclear (e.g. they need a definition), you can define the word. Try to avoid interpreting the question for them (e.g. this question means…). If they cannot answer it, then instruct them to leave it blank.
- When everyone has completed their survey, pass around a LARGE envelope and ask each person to put their survey in the envelope. The last person should seal the envelope and give it to the facilitator or coordinator.
FORM: FAMILY GROUP CONFERENCE OUTCOME FORM

INSTRUCTIONS/FURTHER EXPLANATIONS:
The outcome form is designed to gather information regarding the impact that the conference had on the child/youth and/or family. It is completed by a professional and asks for their professional judgment when responding to the various questions. A professional that knows the case best should provide responses to the questions. Complete the form at the requested intervals based on the date of the conference. So the first Outcome form should be complete 45-60 days from the conference date.

Definitions:

FOLLOW-UP DATE: This is the date that the information requested on the form was gathered. It is not the date of a follow-up conference. (However, if a follow-up conference occurs within the follow-up timeframe [45-60 days or 6 months] and the information is gathered at this time, then the follow-up conference date can be used.)

TYPE OF FOLLOW-UP: Follow-up, for the outcome form, indicates a check-in on how things are going with the family; not a follow-up conference. Counties are asked to follow-up on their conferences at the 45-60 day mark and again at 6 months from the date of the conference. ALL CONFERENCES ARE TO RECEIVE A FOLLOW-UP AT THE 45-60 DAY MARK. HOWEVER, ONLY A SELECTION OF CONFERENCES WILL RECEIVE A FOLLOW-UP AT 6 MONTHS. Cases selected for a 6-month follow-up are determined by their OCYF Region and the month that the conference was held. After the 6-month follow-up on the selected cases, no additional follow-up is required.

Central Region: ..........All JULY conferences receive a 6-month follow-up
Western Region: ..........All APRIL conferences receive a 6-month follow-up
Southeast Region: ..........All JANUARY conferences receive a 6-month follow-up.
Northeast Region: ..........All OCTOBER conferences receive a 6-month follow-up.

PRIMARY REASON FOR CASE CLOSURE: This is the reason that the case was closed with either JPO or CYS. Select the primary reason why the case was closed. If a child/youth was adopted, select achieved permanency. If a case is court-active, select the reason the court closed the case i.e. achieved permanency, goal achievement etc. Do not select court closed case for reason not listed. Select this option when the court closes the case for a reason other than the options already listed.

Subsequent Conferences: This refers to bringing the family back together for a conference focusing on a new topic/child or challenge. A conference to bring a family back together to work on their plan would not be considered a subsequent conference in terms of outcome measurement. This maybe different than how you refer to it within your practice.

FAQ's for Family Group Conference Outcome Form
Q1: My county wants to follow-up on cases more frequently than 45-60 days and at 6 months. Can we do this?
A: The follow-up guidelines established are the minimum that we are asking counties to complete. Counties are welcome to increase the frequency of follow-up.
Q2: If there was never an open case with CYS and/or JPO how do I respond to the questions regarding cases with these agencies.
A. Select no open case with either CYS or JPO
A: For the questions asking if the case is closed with CYS or JPO select NA.

Q3: Several questions ask “Since the initial conference”. What is considered the initial conference?
A: The initial conference is the conference that occurred on the family conference date. This date is the same date on the baseline and survey forms.

Q4: Question 1a asks how effective the family’s plan has been who makes this decision and what is meant by effective?
A: The professional makes this decision. See the explanations below for each of the answer choices and select the one that best describes the situation.
Ineffective- The strategies, supports and services provided to the child/youth and family have been poor, limited or undependable and have not been responsive or appropriate to the child/youth and family’s needs.
Mostly ineffective- The strategies, supports and services being provided to the child/youth and family are inconsistent with the child/youth and family’s needs.
Neither effective nor ineffective- The strategies, supports and services being provided are having no impact (either positively or negatively) and is the result of recent implementation.
Effective- The strategies, supports and services provided to the child/youth and family are responsive and appropriate to the child/youth and family’s needs.
Strongly effective- The strategies, supports and services provided to the child/youth and family are highly responsive and fully appropriate to the child/youth and family’s needs.

Q5: Substantiation is a court decision not a Children and Youth decision which can take time. How do I respond to this question?
A: The question asks not only about substantiation but founded and indicated reports of abuse. If an incident of abuse to the identified child has been substantiated or a caregiver was founded or indicated of abuse to the child select yes.

Q6: The case includes more than one type of abuse, but the form permits only one selection, how do I choose?
A: Please select the abuse that most relates to the conference or is the current concern or challenge.

Q7: How do I respond to the questions regarding improvement in well-being, education, physical and emotional/mental health?
A: Rate improvement to overall well-being for all conferences; however, rate improvement to education, physical needs and emotional/mental health needs if these were considerations during the conference. If they were not a concern during the conference, select N/A.

Q8: Question 3 asks about placement options but in this conference placement was not a consideration, how do I respond.
A: In this case you would select N/A. If a placement decision was decided at the conference respond yes or no if the child/youth is still living in that placement.
Q9. **Question 5 asks about the child’s placement stability. How do I respond?**
A: See the explanations below for each of the answer choices and select the one that best describes the situation.

**Stable**- The child/youth has had **enduring** stability in their living arrangement and school and enjoys positive relationships between parents/caregivers, key adult supporters, and peers. There is **no history** of instability over the past 12 months and **no expectation** of future disruptions within the upcoming six months. The only expected changes are age-appropriate changes within school settings.

**Somewhat stable**- The child/youth has had **adequate** stability in their living arrangement and school and is establishing positive relationships between parents/caregivers, key adult supporters, and peers. The child/youth has had **no more than one** disruptive change in either setting over the past 12 months and none in the past three months. The expectation of future disruptions within the upcoming six months is **low**. The only expected changes are age-appropriate changes within school settings.

**Relatively unstable**- The child/youth has had **limited** stability in their living arrangement and/or school. Relationships between parents/primary caregivers, key adult supporters, and peers may be strained; the child/youth may not feel secure in the living arrangement and disruptions may have resulted in changes of parents/primary caregivers, key adult supporters, and peers in those settings. The child/youth has had **no more than one** disruptive change in either setting over the past six months and none in the past 30 days. Future disruptions **may occur** within the next six months and the causes of potential disruptions are known. Concerted action is needed in this area.

**Unstable**- The child/youth has experienced **substantial and continuing problems** of instability due to **multiple** changes in either their living arrangement and/or school. The child/youth feels insecure and concerned about his/her situation. Intervention efforts to stabilize the situation may be limited or undermined by current system of care difficulties. There is a **high risk** of future disruptions or future disruptions are expected over the next six months and the causes of potential disruptions may or may not be known. Concerted action is needed in this area.

Q10: **Question 6 asks how many times has a child or youth moved?**
A: This question asks how many times has the youth moved since the conference and excludes respite stays or moves with the family from one home to another. However if they move between caregivers (from mom to dad) this would be considered a move. Or if a youth moved from their home to a residential treatment facility this would be a move.

Q11: **What criteria do I use to respond to the question regarding changes to the living environment?**
A: See the explanations below for each of the answer choices and select the one that best describes the situation.

**Successfully planned, staged and implemented**- The child/youth/family’s current and/or next transition has been **successfully planned, staged, and/or implemented** consistent with the child/youth’s planned movement and adjustment requirements. What the child/youth/ family should know, be prepared to do, and have as supports to be successful after the transition occurs is being developed now. If a transition to another setting (or return to home and school) is imminent, all necessary arrangements for supports and services are being made to assure that the child/youth is successful following the move. If the child/youth has made a transition within the past 90 days, he/she is **fully stable and successful** in his/her daily settings. The
child/youth/family is **fully prepared** to transition if a transition will be occurring within the upcoming 90 days.

**Generally planned, staged and/or implemented** - The child/youth/family's next transition has been **identified and discussed**. What the child/youth/family should know, be prepared to do, and have as supports to be successful are **planned and being addressed**. If a transition to another setting (or return to home and school) is imminent, **substantial arrangements for supports and services** are being made to assist the child/youth during and after the move. If the child/youth has made a transition within the past 90 days, he/she is **generally stable and successful** in his/her daily settings. The child/youth/family is **generally prepared** to transition if a transition will be occurring within the upcoming 90 days.

**Adequately planned, staged and/or implemented** - The child/youth/family's next transition has been **identified**. What the child/youth/family should know, be prepared to do, and have as supports to be successful are **known and being used for planning**. If a transition to another setting (or return to home and school) is imminent, **basic arrangements for supports and services** are in place to adequately assist the child/youth during and after the move. If the child/youth has made a transition within the past 90 days, he/she is **adequately stable and successful** in his/her daily settings. The child/youth/family is **adequately prepared** to transition if a transition will be occurring within the upcoming 90 days.

**Partially planned, staged and/or implemented** - The child/youth/family's next transition has been **identified**. What the child/youth/family should know, be prepared to do, and have as supports to be successful have **not been adequately assessed and few plans** have been made. If a transition to another setting (or return to home and school) is imminent, **few or partial arrangements for supports and services** are in place to assist the child/youth/family during and after the move. If the child/youth has made a transition within the past 90 days, he/she may be experiencing **mild transition problems** in his/her daily settings but is at **low risk of immediate disruption**. The child/youth/family is only **mildly prepared** to transition if a transition will be occurring within the upcoming 90 days. Concerted action is needed in this area.

**Inadequately planned, stage and/or implemented** - The child/youth/family's next transition has **not been addressed**. If a transition to another setting (or return to home and school) is imminent, **no adequate arrangements for supports and services** are in place to assist the child/youth/ family during and after the move. If the child/youth has made a transition within the past 90 days, the child/youth/family may be experiencing **substantial transition problems** in his/her daily settings and is at **moderate to high risk of immediate disruption**. The child/youth/family is **inadequately prepared** to transition if a transition will be occurring within the upcoming 90 days. Concerted action is needed in this area.

**No planned, staged and/or implemented** - The child/youth/family's next transition has **not been considered**. If a transition to another setting (or return to home and school) is imminent, **arrangements for supports and services are not in place** to assist the child/youth/family during and after the move. If the child/family has made a transition within the past 90 days, the child/youth may be **experiencing major transition problems** in his/her daily settings and is at **high risk of immediate disruption**. The child/youth/family is **not prepared** to transition if a transition will be occurring within the upcoming 90 days. Concerted action is needed in this area.
INDEX

AFTER SCHOOL SERVICES ...................................... 4
CASH ASSISTANCE ............................................ 3
CHILD MENTAL HEALTH SERVICES ............................ 4
CHILD SUBSTANCE ABUSE SERVICES ...................... 4
DOMESTIC VIOLENCE TREATMENT/PREVENTION .......... 4
EARLY INTERVENTION ........................................ 4
EDUCATION ASSISTANCE .................................... 4
EMPLOYMENT/PRE-EMPLOYMENT ............................ 4
FAMILY DEBT ASSISTANCE ................................... 3
FAMILY ENERGY ASSISTANCE ............................... 3
FAMILY FINDING ............................................... 4
FAMILY FOOD SUPPORT ..................................... 3
FAMILY HOUSING SUPPORT .................................... 3
FAMILY INCOME SUPPORT ASSISTANCE ................ 3
FAMILY THERAPY .............................................. 4
FOLLOW-UP DATE .............................................. 8
FORMAL, PAID OUT-OF-HOME PLACEMENT ................ 5
FOSTER CARE .................................................... 4
INDEPENDENT LIVING SERVICES OR AFTERCARE ...... 4
KINSHIP CARE ................................................... 4
KINSHIP SUPPORT .............................................. 4
LIVING ENVIRONMENTS ....................................... 5
PARENT MENTAL HEALTH SERVICES ....................... 3
PARENT SUBSTANCE ABUSE SERVICES .................... 3
PRIMARY REASON FOR CASE CLOSURE ................... 8
RECREATIONAL SERVICES ..................................... 4
RESIDENTIAL TREATMENT CENTER ........................ 4
RESPITE ......................................................... 4
RETURN HOME WITH THEIR PARENTS OR RELATIVE ... 5
SERVICE PATHWAY ............................................. 5
SERVICES & SUPPORTS ....................................... 3
SHARED CASE RESPONSIBILITY ............................... 3
SUBSEQUENT CONFERENCES ................................ 8
THERAPEUTIC GROUP HOME SERVICES ................... 5
TRANSPORTATION SERVICES ................................ 4
TYPE OF FOLLOW-UP .......................................... 8