

DEMONSTRATION PROJECT

Baseline Family Engagement Conference Form

This is to be completed at or immediately after the FIRST conference.

Family Conference Date

/ / 2 0

Referral Date

/ / 2 0

Number of people invited

Number of people attended

County Code

Year

Conference Number

Child's MCI#

Length of Conference

Hours

Minutes

Is there shared case responsibility? Yes No

PRIMARY referring agency: Select only **ONE**

- CYS Private Provider Family Center MH/MR/EI School Professional (teacher, counselor, etc...)
 JPO Self Referral Court Community Partner

At the time of the conference, the case was open with which agencies?

- CYS JPO Both CYS & JPO No open case with CYS or JPO

1. Participants in Conference - check all that apply

- | | | |
|--|--|---|
| <input type="checkbox"/> Child/Youth/Individual & focus of meeting | <input type="checkbox"/> Family friends, neighbors | <input type="checkbox"/> Juvenile probation or adult probation |
| <input type="checkbox"/> Mother of the family | <input type="checkbox"/> Godmother/Godfather | <input type="checkbox"/> Mental health or drug & alcohol professional |
| <input type="checkbox"/> Father of the family | <input type="checkbox"/> CYS Supervisor | <input type="checkbox"/> Community support resource |
| <input type="checkbox"/> Stepfather of the family | <input type="checkbox"/> Foster family of child(ren)/youth(s) | <input type="checkbox"/> Domestic violence professional/specialist |
| <input type="checkbox"/> Stepmother of the family | <input type="checkbox"/> Clergy | <input type="checkbox"/> Housing shelter professional _____ |
| <input type="checkbox"/> Siblings | <input type="checkbox"/> CYS Caseworker | |
| <input type="checkbox"/> Mother's family: aunt/uncle or cousins | <input type="checkbox"/> Provider of therapeutic services (residential, foster care, wraparound) | |
| <input type="checkbox"/> Mother's family: grandparent | <input type="checkbox"/> Early intervention/Early Head Start/Head Start professional | |
| <input type="checkbox"/> Mother's significant other | <input type="checkbox"/> School professional (teacher, guidance counselor, etc) | |
| <input type="checkbox"/> Father's family: aunt/uncle or cousins | <input type="checkbox"/> Legal (GAL, judge, advocate, lawyer) | |
| <input type="checkbox"/> Father's family: grandparents | <input type="checkbox"/> Legal guardian | |
| <input type="checkbox"/> Father's significant other | <input type="checkbox"/> Other: Please specify <input type="text"/> | |

2. Primary purpose why family was referred for a Family conference at this time (please check only ONE)

- | | | |
|--|---|---|
| <input type="checkbox"/> Develop/Revise FSP/Family conference plan | <input type="checkbox"/> Prevent further delinquent behavior | <input type="checkbox"/> Develop plan to keep child in a safe & stable home |
| <input type="checkbox"/> Develop/Revise treatment plan | <input type="checkbox"/> Address child/family parent conflict | <input type="checkbox"/> Address child/youth's behavioral issues |
| <input type="checkbox"/> Change in placement setting | <input type="checkbox"/> Identify supports for caregivers | <input type="checkbox"/> Communication issues |
| <input type="checkbox"/> Placement prevention | <input type="checkbox"/> Develop/revise Child Permanency plan | <input type="checkbox"/> Plan and assist in reunification |
| <input type="checkbox"/> Truancy | <input type="checkbox"/> Transitional conference (aging out/IL) | <input type="checkbox"/> Prevent disruption of current placement outside of home |
| <input type="checkbox"/> Lack of supervision | <input type="checkbox"/> Housing & environmental issues | <input type="checkbox"/> Address concerns regarding parent's medical/ mental health/drug & alcohol issues |
| <input type="checkbox"/> Transportation issues | <input type="checkbox"/> Address concerns regarding child's medical/ mental health/ drug & alcohol issues | |

3. What Services & Supports were included in the Family Plan? (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Parent substance abuse services | <input type="checkbox"/> Juvenile Probation | <input type="checkbox"/> Residential treatment facility |
| <input type="checkbox"/> Parent mental health services | <input type="checkbox"/> Adult Probation | <input type="checkbox"/> Recreational services |
| <input type="checkbox"/> Child substance abuse services | <input type="checkbox"/> Early Intervention | <input type="checkbox"/> After-school services |
| <input type="checkbox"/> Child mental health services | <input type="checkbox"/> Literacy services | <input type="checkbox"/> Transportation services |
| <input type="checkbox"/> Family support | <input type="checkbox"/> Family Finding | <input type="checkbox"/> Employment/pre-employment |
| <input type="checkbox"/> Family housing support | <input type="checkbox"/> Family therapy | <input type="checkbox"/> Family income support assistance |
| <input type="checkbox"/> Family food support | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Education assistance (ie GED prep) |
| <input type="checkbox"/> Family energy assistance | <input type="checkbox"/> Kinship Care | <input type="checkbox"/> Therapeutic group home services |
| <input type="checkbox"/> Family debt assistance | <input type="checkbox"/> Respite | <input type="checkbox"/> Independent living services or aftercare |
| <input type="checkbox"/> Cash assistance | <input type="checkbox"/> Parent Intellectual Disability services | <input type="checkbox"/> Domestic violence treatment/prevention |
| <input type="checkbox"/> Kinship support | | <input type="checkbox"/> Faith based support |
| <input type="checkbox"/> Child Intellectual Disability services | | |

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4. During the period of time while preparing for the conference, the child was living MOST of the time:

- | | |
|---|---|
| <input type="checkbox"/> Independently (older youth-16 & older) | <input type="checkbox"/> Group home |
| <input type="checkbox"/> Parent's home (older youth - 16 & older) | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Parent's home (youth 15 & younger) | <input type="checkbox"/> State psychiatric hospital |
| <input type="checkbox"/> School dorm | <input type="checkbox"/> Residential treatment facility |
| <input type="checkbox"/> Supervised independent living setting | <input type="checkbox"/> Youth correctional facility (YDC) |
| <input type="checkbox"/> Relative's home | <input type="checkbox"/> Juvenile detention facility |
| <input type="checkbox"/> Adoptive home | <input type="checkbox"/> Intensive treatment or an inpatient psychiatric unit |
| <input type="checkbox"/> Job Corp | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Specialized foster care | <input type="checkbox"/> Jail |
| <input type="checkbox"/> Foster care | <input type="checkbox"/> Wilderness camp |
| <input type="checkbox"/> Therapeutic foster care | |

4a. After the conference, select the response that best describes where will the child be living MOST of the time?

- | | |
|---|---|
| <input type="checkbox"/> Independently (older youth-16 & older) | <input type="checkbox"/> Group home |
| <input type="checkbox"/> Parent's home (older youth - 16 & older) | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Parent's home (youth 15 & younger) | <input type="checkbox"/> State psychiatric hospital |
| <input type="checkbox"/> School dorm | <input type="checkbox"/> Residential treatment facility |
| <input type="checkbox"/> Supervised independent living setting | <input type="checkbox"/> Youth correctional facility (YDC) |
| <input type="checkbox"/> Relative's home | <input type="checkbox"/> Juvenile detention facility |
| <input type="checkbox"/> Adoptive home | <input type="checkbox"/> Intensive treatment or an inpatient psychiatric unit |
| <input type="checkbox"/> Job Corp | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Specialized foster care | <input type="checkbox"/> Jail |
| <input type="checkbox"/> Foster care | <input type="checkbox"/> Wilderness camp |
| <input type="checkbox"/> Therapeutic foster care | |
| <input type="checkbox"/> Placement Pending | |

5. Did the family conference prevent moving the child to a formal, non-kin, paid out-of-home placement? Yes No N/A

6. Did the family conference allow the child to RETURN or REMAIN home with their parents or relative? Yes No N/A

7. At what point in the service pathway is the family and/or youth? Select ONE.

<input type="checkbox"/> No agency involvement	<input type="checkbox"/> JPO Supervision	<input type="checkbox"/> Family opened for services and child/youth is IN out-of-home placement
<input type="checkbox"/> Assessment / Investigation / Intake/ Aftercare	<input type="checkbox"/> Family opened for services and family IS receiving in-home services	

8. Child's Demographic Information

Race

- White/Caucasian Black/African American Asian/Pacific Islander Multiracial Other Native American/Alaskan/Hawaiian

Ethnicity

- Hispanic Not Hispanic or Latino

Gender

- Male Female Transgender

Child's Age (in years)

9. Court / Legal Involvement (for child/youth)

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Alleged Dependent | <input type="checkbox"/> Dependent | <input type="checkbox"/> Delinquent |
| <input type="checkbox"/> Alleged Delinquent | <input type="checkbox"/> None | <input type="checkbox"/> Both (Dependent & Delinquent) |

10. Have there been substantiated/founded/indicated reports of child abuse/neglect for this child/youth? Yes No

If YES, select the most recent abuse type:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Student Abuse | <input type="checkbox"/> Mental/Emotional | <input type="checkbox"/> Imminent Risk: Physical |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Serious Physical Neglect | <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Imminent Risk: Sexual |

