

# Family Group Conference Baseline

County \_\_\_\_\_

Family Group Conference Date

/   /  2  0

Referral Date

/   /  2  0

County   Year  2  0   Conference ID

Length of Conference

Hours Minutes

Number of people invited   Number of people attended

Is there shared case responsibility, as defined by the bulletin?  Yes  No

**PRIMARY referring agency: Check only ONE**

- CYS                       Private provider                       Family center                       MH/IDD/EI                       School professional  
 JPO                       Self-referral                       Court                       Community partner

At the time of the conference, the case was open with which agencies?  CYS    JPO    Both CYS and JPO    No open case with CYS or JPO

**1. Participants in conference: Check ALL that apply**

- |   |   |
|---|---|
| <input type="checkbox"/> Child/youth (focus of meeting)             | <input type="checkbox"/> Clergy   |
| <input type="checkbox"/> Sibling of the child                       | <input type="checkbox"/> CYS caseworker   |
| <input type="checkbox"/> Mother of the child                        | <input type="checkbox"/> CYS supervisor   |
| <input type="checkbox"/> Aunt, uncle, or cousins (mother's family)  | <input type="checkbox"/> Legal professional   |
| <input type="checkbox"/> Grandparent of the child (mother's family) | <input type="checkbox"/> Juvenile probation or adult probation and parole                   |
| <input type="checkbox"/> Father of the child                        | <input type="checkbox"/> Provider of therapeutic services                                   |
| <input type="checkbox"/> Aunt, uncle, or cousins (father's family)  | <input type="checkbox"/> Mental health/intellectual and developmental disabilities provider |
| <input type="checkbox"/> Grandparent of the child (father's family) | <input type="checkbox"/> School professional  |
| <input type="checkbox"/> Stepfather of the child                    | <input type="checkbox"/> Drug and alcohol professional                                      |
| <input type="checkbox"/> Stepmother of the child                    | <input type="checkbox"/> Housing professional   |
| <input type="checkbox"/> Mother's significant other                 | <input type="checkbox"/> Early childhood developmental professional                         |
| <input type="checkbox"/> Father's significant other                 | <input type="checkbox"/> Community support resource   |
| <input type="checkbox"/> Legal guardian of the child                | <input type="checkbox"/> Family preservation and placement provider                         |
| <input type="checkbox"/> Friends, neighbors                         | <input type="checkbox"/> Domestic violence professional                                     |
| <input type="checkbox"/> Godparent                                  | <input type="checkbox"/> Medical/healthcare professional                                    |
| <input type="checkbox"/> Foster family of the child(ren)            | <input type="checkbox"/> Other (please specify) <input type="text"/>                        |

**2. Primary purpose why family was referred for a conference at this time: Check only ONE**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> IL/aftercare/transitional conference     | <input type="checkbox"/> Lack of supervision                                   | <input type="checkbox"/> Truancy  |
| <input type="checkbox"/> Placement prevention                     | <input type="checkbox"/> Communication issues                                  | <input type="checkbox"/> Housing and environmental issues                       |
| <input type="checkbox"/> Change in placement setting              | <input type="checkbox"/> Child/family/parent conflict                          | <input type="checkbox"/> Develop plan to keep child in a safe and stable home   |
| <input type="checkbox"/> Prevent out-of-home placement disruption | <input type="checkbox"/> Child/youth's behavioral issues                       | <input type="checkbox"/> Parent's medical/mental health/drug and alcohol issues |
| <input type="checkbox"/> Plan and assist in reunification         | <input type="checkbox"/> Prevent further delinquent behavior                   |   |
| <input type="checkbox"/> Identify supports for caregivers         | <input type="checkbox"/> Child's medical/mental health/drug and alcohol issues |   |

**3. What services and supports were included in the family plan? Check ALL that apply**

**Natural supports**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Informal kinship care        | <input type="checkbox"/> Domestic violence              | <input type="checkbox"/> Employment/pre-employment                            |
| <input type="checkbox"/> Family support               | <input type="checkbox"/> Formal kinship care            | <input type="checkbox"/> Substance abuse (parent)                             |
| <input type="checkbox"/> Family housing support       | <input type="checkbox"/> Literacy                       | <input type="checkbox"/> Substance abuse (child)                              |
| <input type="checkbox"/> Family financial support     | <input type="checkbox"/> Transportation                 | <input type="checkbox"/> Intellectual and developmental disabilities (parent) |
| <input type="checkbox"/> Natural respite              | <input type="checkbox"/> Foster care                    | <input type="checkbox"/> Intellectual and developmental disabilities (child)  |
| <input type="checkbox"/> Faith-based support          | <input type="checkbox"/> Group home                     | <input type="checkbox"/> Mental health (parent)                               |
| <input type="checkbox"/> Recreational                 | <input type="checkbox"/> Residential treatment facility | <input type="checkbox"/> Mental health (child)                                |
| <input type="checkbox"/> After-school                 | <input type="checkbox"/> Respite                        | <input type="checkbox"/> Early childhood developmental services               |
| <b>Professional supports</b>                          | <input type="checkbox"/> Placement services             | <input type="checkbox"/> Juvenile probation                                   |
| <input type="checkbox"/> Family finding               | <input type="checkbox"/> Financial assistance           | <input type="checkbox"/> Adult probation and parole                           |
| <input type="checkbox"/> Independent living/aftercare | <input type="checkbox"/> Housing assistance             |   |
| <input type="checkbox"/> Family therapy               | <input type="checkbox"/> Education support              |   |



# Family Group Conference Baseline

**4. Which plan will be developed/revise as a result of this family group conference? Check ALL that apply**

- |   |  |
|---|--|
| <input type="checkbox"/> Family service plan<br><input type="checkbox"/> Child permanency plan<br><input type="checkbox"/> Treatment plan<br><input type="checkbox"/> Lifetime network plan | <input type="checkbox"/> Transition plan<br><input type="checkbox"/> Probation/supervision plan<br><input type="checkbox"/> A plan will not be developed/revise as a result of this conference |
|---|--|

**5. During the period of time while preparing for the conference, where was the child living MOST of the time? Check only ONE**

**5a. What is the child's planned living environment in the next 45 - 60 days after the conference? Check only ONE**

<input type="checkbox"/> Independently (16 and older) <input type="checkbox"/> 30-day residential program <input type="checkbox"/> School dormitory <input type="checkbox"/> Residential treatment facility <input type="checkbox"/> Job Corps <input type="checkbox"/> Drug and alcohol inpatient facility <input type="checkbox"/> Parent's home <input type="checkbox"/> Inpatient psychiatric facility <input type="checkbox"/> Informal kinship care <input type="checkbox"/> Youth correctional facility <input type="checkbox"/> Formal kinship care <input type="checkbox"/> Adult correctional facility <input type="checkbox"/> Foster care <input type="checkbox"/> Supervised independent living program <input type="checkbox"/> Group home <input type="checkbox"/> Homeless <input type="checkbox"/> Shelter	<input type="checkbox"/> Independently (16 and older) <input type="checkbox"/> 30-day residential program <input type="checkbox"/> School dormitory <input type="checkbox"/> Residential treatment facility <input type="checkbox"/> Job Corps <input type="checkbox"/> Drug and alcohol inpatient facility <input type="checkbox"/> Parent's home <input type="checkbox"/> Inpatient psychiatric facility <input type="checkbox"/> Informal kinship care <input type="checkbox"/> Youth correctional facility <input type="checkbox"/> Formal kinship care <input type="checkbox"/> Adult correctional facility <input type="checkbox"/> Foster care <input type="checkbox"/> Supervised independent living program <input type="checkbox"/> Group home <input type="checkbox"/> Homeless <input type="checkbox"/> Shelter <input type="checkbox"/> Placement pending
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6. At the time of the conference, was the child in the custody of his/her parent(s) or kin?     Yes     No

7. At 45 - 60 days after the conference, is the plan for the child to be in the custody of his/her parent(s) or kin?     Yes     No

**8. At what point in the service pathway is the family and/or youth? Check only ONE**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Family open for services and child in OUT-OF-HOME placement | <input type="checkbox"/> Assessment/investigation/intake | <input type="checkbox"/> Aftercare             |
| <input type="checkbox"/> Family open for services and receiving IN-HOME services     | <input type="checkbox"/> JPO supervision                 | <input type="checkbox"/> No agency involvement |

9. Please indicate how many kinship supports were engaged in the FGDM process.   

**10. Child's demographic information**

<b>Race</b> <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Multiracial <input type="checkbox"/> Native American/Alaskan/Hawaiian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other	
<b>Ethnicity (check only ONE)</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic or Latino	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Age (years)</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>MCI #</b>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

**11. At the time of the conference, please select the child/youth's court/legal involvement: Check only ONE**

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

12. In the past 6 months, have there been substantiated/founded/indicated reports of child abuse/neglect for this child/youth?     Yes     No

**12a. If yes, what is the most recent type of abuse report? Check only ONE**

- |   |   |  |                                       |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Serious physical neglect | <input type="checkbox"/> Serious mental injury | <input type="checkbox"/> Sexual abuse |
|---|---|--|---------------------------------------|

