Family Response
Family data tracking
2/27/23

Variable	Content
Youth name	Text field with first and last name
ID number	Case number assigned by Family Response provider at the time of referral
Initial referral call	
Referral call date	Date of initial referral call
Referral call time	Time initial call ended
Parent consent	Parent consented to the referral call: yes/no/unknown
Referral type	Initial referral source: child protection, parent/caregiver, hospital, school, county case manager, case manager – other, medical personnel (non-hospital), parent support specialist – Hennepin County NOTE: Additional sources can be added as needed.
Referring hospital name	Drop down menu of referring hospital names (leave blank if referral did not come from a hospital)
Referral school name	Text field with name of referring school (no drop down due to large potential number of schools and challenges keeping list current) (leave blank of referral did not come from a school)
Call reason	Reasons for family response referral (choose all that apply): aggression, anxiety, depression, domestic violence, drug use, family conflict, illegal behavior, parent/caregiver behavior, physical abuse, runaway, school issues, self-harm, significant oppositional behavior, suicidality, truancy, weapons, and other. NOTE: Additional reasons can be added as needed. Responses should be separated into separate variables, with only one response per cell.
Received services before	Family has previously received Family Response services: yes (repeat family)/no (new family)
Meets service criteria	Family meets enrollment criteria (child age 5-18 and Hennepin County residents): yes/no
Response	Type of response: dispatched family response staff, community services, parent/caregiver refused services, formal placement, behavioral health services, family did not respond, hospital, hospital ER, scheduled future meeting

Variable	Content
	NOTE: Responses should be separated into separate variables, with only one response per cell. Additional options can be added as needed.
Initial family meeting	
Date of initial family meeting	
Time of initial family meeting	
Contact medium	Contact medium for initial family meeting: did not meet, face-to-face, telephone, video conference NOTE: Additional options can be added as needed.
Response at family's chosen time/medium	The initial time and medium for family meeting aligned with family preference: Yes/no/unknown
If not at preferred time/method, why not?	Text field indicating what could not be accommodated and why (only if response to previous question was "no")
Reason declined	Text field indicating why family does not want FR services (only if previous field was "parent/caregiver refused services)
Reason for delay	Primary reason if response was more than one hour from the initial call: caregiver delayed, outside of office hours, weather, staff capacity, language needs. NOTE: Additional reasons can be added as needed
Clients	
Youth birthdate	
Youth age	Youth age at time of intake
Youth race	Youth race: Black or African American, White, Native American, Hispanic or Latino, Asian, Biracial or multiracial, Not identified
Parent/guardian 1 race	Parent race(s) – check all that apply: Black or African American, White, Native American, Hispanic or Latino, Asian, Biracial or multiracial, Not identified, not applicable
Parent/guardian 2 race	Parent race(s) – check all that apply: Black or African American, White, Native American, Hispanic or Latino, Asian, Biracial or multiracial, Not identified, not applicable
Youth gender	Youth gender: female, male, transgender male, transgender female, non-binary/gender-fluid/agender
City	City of residence (text field)
Family living arrangement	Living arrangement: youth living with relatives (not biological parent), youth living with both biological parents, youth living with one biological parent, youth living with legal guardian, youth living with foster family
Homeless	Family currently homeless: yes/no
School	Name of school youth attends (text field) NOTE: This may be the same as the referring school but should be provided anyway.
Discharge	
Discharge date	Date of discharge
Referred to	Referred to: community organization, hospital, medical personnel (non-hospital), care coordinator, behavioral health provider, county case manager, case manager-other, child protection, law enforcement

Variable	Content
	NOTE: Referrals should be separated into separate variables, with only one response per cell. More than one option can be selected.
Wraparound	A referral was made for wraparound services: yes/no
Targeted case management	A referral was made for targeted case management: yes/no
Stabilization services	A referral was made for stabilization services: yes/no
Stabilization provider	Agency receiving the referral for stabilization services (only if stabilization services were indicated above)
ER visits	Youth went to an Emergency Department for behavioral or mental health while they were in Family Response: yes/no
Law enforcement	Youth had interactions with law enforcement while they were in Family Response: yes/no
Out of home placement	Youth went into an out-of-home placement while they were in Family Response: yes/no
Changes in living arrangement	Other than out-of-home placements, youth's living situation changed while they were in Family Response: yes/no
Insurance status	Family insurance status (check all that apply) – Family is uninsured; Family has public insurance (MA/PMAP); Family has private insurance
Insurance provider	If family has private insurance, provider name (i.e., Health Partners, Blue Cross/Blue Shield, etc.).