

241.1 MDT Evaluation Data Collection Form (6/28/07)

Agency Identifying Information:

Court ID#: _____

Court Location: _____

DCFS CT #: _____

PDJ#: _____

JAIN #: _____

DPO Area: _____

(Dependency)

JAIN #: _____

DCFS Area: _____

(Delinquency)

DMH #: _____

General Case Information					
Date of 241.1 Referral	____/____/____				
Was Dependency Attorney:	<table border="1"> <tr> <td>X CLC</td> <td>X Panel</td> </tr> <tr> <td></td> <td>X LADL</td> </tr> </table>	X CLC	X Panel		X LADL
X CLC	X Panel				
	X LADL				
Date DMH Eval Form Sent:	____/____/____				
Date Response Received	____/____/____				
Did the dependency attorney authorize JCMHS to report assessment findings to the delinquency court?	<p>X No</p> <p>X Yes, Information was Reviewed</p> <p>X Yes, Information was Not Reviewed due to Lack of Time</p> <p>X Yes, Information was Not Reviewed because _____</p>				
Was Delinquency Attorney:	<table border="1"> <tr> <td>X Public Defender</td> <td>X Panel</td> </tr> <tr> <td>X Alt. Public Defender</td> <td>X Private</td> </tr> </table>	X Public Defender	X Panel	X Alt. Public Defender	X Private
X Public Defender	X Panel				
X Alt. Public Defender	X Private				
Date DMH Eval Form Sent:	____/____/____				
Date Response Received	____/____/____				
Did the delinquency attorney authorize JCMHS to interview the minor?	<p>X No</p> <p>X Yes, Assessment Completed and Reviewed</p> <p>X Yes, Assessment Not Completed due to Insufficient Time</p> <p>X Yes, Assessment Not Completed because _____</p> <p>X Not Applicable (due to dependency attorney's refusal)</p>				
Date Joint Assessment Report was Completed	____/____/____				
Date of 241.1 Hearing (when	____/____/____				

Disposition was received)	
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Case File Information		
Gender:	<input checked="" type="checkbox"/> Male	<input checked="" type="checkbox"/> Female
Birth date:	____/____/____	<input checked="" type="checkbox"/>
Race/Ethnicity	<input checked="" type="checkbox"/> African-American <input checked="" type="checkbox"/> Asian-American <input checked="" type="checkbox"/> Caucasian	<input checked="" type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Native American <input checked="" type="checkbox"/> Other: _____
Youth usually lives with/at:	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Foster Care	<input checked="" type="checkbox"/> Group Home <input checked="" type="checkbox"/> Residential Placement <input checked="" type="checkbox"/> Other: _____
Youth currently lives with/at:	<input checked="" type="checkbox"/> Home <input checked="" type="checkbox"/> Relative <input checked="" type="checkbox"/> Juvenile Hall	<input checked="" type="checkbox"/> Foster Care <input checked="" type="checkbox"/> Group Home <input checked="" type="checkbox"/> Residential Placement <input checked="" type="checkbox"/> Other: _____
Current school status:	<input checked="" type="checkbox"/> Enrolled—Current Grade: _____ <input checked="" type="checkbox"/> Not Enrolled—Last Grade Completed: _____	
If enrolled, what type of school?	<input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Non-Public	<input checked="" type="checkbox"/> Special Ed <input checked="" type="checkbox"/> Other: _____
Number of irregular school changes:	Total: _____ # Due to Problem Behavior: _____ Total in last year: _____ # Due to Problem Behavior: _____	
Is youth currently eligible for an IEP?	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes—not completed	<input checked="" type="checkbox"/> Yes—pending <input checked="" type="checkbox"/> Yes—completed/outdated <input checked="" type="checkbox"/> Yes—completed/recent
Was the youth detained for the current offense?	<input checked="" type="checkbox"/> Not Indicated <input checked="" type="checkbox"/> Indicated—How many days? _____	
What was the offense date? (Actual arrest date)	____/____/____	
What was youth charged with? (List three most serious charges, with the first charge being the most serious)	Code	Brief Description
	1.	
	2.	
	3.	
Did the current offenses occur at school?	<input checked="" type="checkbox"/> Not Indicated	<input checked="" type="checkbox"/> Indicated

Number of treatment changes due to problem behavior/non-compliance	_____		
Recommendations & Outcome Information			
What was the recommended and ordered disposition?	<u>Recommended</u>	<u>Ordered</u>	
Dismissal	No / Yes	No / Yes	
654	No / Yes	No / Yes	
725	No / Yes	No / Yes	
790	No / Yes	No / Yes	
300/602	No / Yes	No / Yes	
602	No / Yes	No / Yes	
Which agency was recommended as the lead agency?	X DCFS X Probation	X Not Applicable	
Was the lead agency recommendation followed by the court?	X No: Outcome: _____	Yes	
What was the recommended placement for the youth?	X Home w/parent X Home w/guardian X Foster Care X Therapeutic foster care X Group Home (<12) X Transitional Age Prog. X Level 12 Group Home	X Level 14 Group Home X Secure Residential Tx X Dorothy Kirby Center X Probation Camp X Developmental Center X DJJ X Other _____	
Was youth's placement with a relative?	X No X Yes		
Was the placement recommendation followed by the court?	X No: Placement: _____ Rel N Y X Yes		
LARCC Results:	Protective Factors	Risk Factors	
Delinquency Score	_____	_____	
Education Score	_____	_____	
Family Score	_____	_____	
Peer Score	_____	_____	
Substance Use Score	_____	_____	
Individual Score	_____	_____	
Total Score	_____	_____	
Total Resiliency Score	_____		
What was the youth's level of risk?	X Low X Low/Moderate X Moderate	X Moderate/High X High	
What were the recommended Probation services?			
Recommended	Followed?	Recommended	Followed?
1.	No / Yes	5.	No / Yes
2.	No / Yes	6.	No / Yes
3.	No / Yes	7.	No / Yes
4.	No / Yes	8.	No / Yes

May 25, 2007

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What was the recommended level of treatment care?		X I X II	X III X IV
The level of functional impairment resulting from the mental health disorder(s) is:		X Minimal to None (GAF 81-100) X Mild (GAF 61-80) X Moderate (GAF 41-60)	X Serious (GAF 21-40) X Severe (GAF 01-20) X Unknown (GAF 0)
The association between the mental health disorder and the currently charged delinquent behavior is:		X Slight X Moderate X Strong	X None X Unknown
What were the recommended treatment services?			
Recommended	Followed?	Recommended	Followed?
1.	No / Yes	5.	No / Yes
2.	No / Yes	6.	No / Yes
3.	No / Yes	7.	No / Yes
4.	No / Yes	8.	No / Yes
What other services were recommended?			
Recommended	Followed?	Recommended	Followed?
1.	No / Yes	5.	No / Yes
2.	No / Yes	6.	No / Yes
3.	No / Yes	7.	No / Yes
4.	No / Yes	8.	No / Yes

Was further assessment recommended and ordered?	Recommended	Followed?
None	No / Yes	No / Yes
Psychological testing	No / Yes	No / Yes
Psychotropic medication assessment	No / Yes	No / Yes
Neuropsychological testing	No / Yes	No / Yes
Neurological assessment	No / Yes	No / Yes
Substance abuse assessment	No / Yes	No / Yes
Other medical concerns	No / Yes	No / Yes
Academic testing	No / Yes	No / Yes
Developmental testing	No / Yes	No / Yes
Other _____	No / Yes	No / Yes
What is current DCFS permanency plan?	<input checked="" type="checkbox"/> Maintenance (at home) <input checked="" type="checkbox"/> Reunification <input checked="" type="checkbox"/> Adoption <input checked="" type="checkbox"/> Legal Guardianship <input checked="" type="checkbox"/> Other: _____	
What was the recommendation/court outcome for changes in the family plan?	<u>Recommended</u>	<u>Followed?</u>
<input checked="" type="checkbox"/> No Changes	No / Yes	No / Yes
<input checked="" type="checkbox"/> Reunification	No / Yes	No / Yes
<input checked="" type="checkbox"/> Termination of Parental Rights	No / Yes	No / Yes
<input checked="" type="checkbox"/> Adoption	No / Yes	No / Yes
What were the recommended family services?		
Recommended	Followed?	Recommended
1.	No / Yes	5.
2.	No / Yes	6.
3.	No / Yes	7.
4.	No / Yes	8.
What were the recommended educational placement and services?		
Recommended	Followed?	Recommended
1.	No / Yes	5.
2.	No / Yes	6.
3.	No / Yes	7.
4.	No / Yes	8.
Were the current recommendations based on limited information?	<input checked="" type="checkbox"/> Not Indicated <input checked="" type="checkbox"/> Indicated	
Was reevaluation recommended after disposition?	<input checked="" type="checkbox"/> Not Indicated <input checked="" type="checkbox"/> Indicated	

Indicate whether any of the following behavioral deficits or strengths were mentioned by checking all that apply. NOTE: All items checked should reflect actual wording in the report or have a direct and clear connection to the report narrative.	
Deficits	Strengths
Individual Characteristics	
X Aggressive/Violent Outbursts	X Responsible
X Oppositional/Defiant (Acts to Gain Attention)	X Respectful
X Irritable/Easily Frustrated	X Kind /Loving/Nurturing
X Low Self-Control/Poor Impulse Control	X Motivated
X Uncontrollable	X Insightful
X No/Little Recognition of Consequences	X Cooperative/Friendly/Approachable
X Self-Injurious	
X Suicidal	
X Psychosis	
Behavior Related Characteristics	
X Poor Coping Skills	X Good Coping Skills
X Poor Social Skills/Life Skills	X Good Social Skills/Life Skills
X Poor Self-Image/Self-Esteem	X Good Self-Image/Self-Esteem
X Poorly Supervised	X Demonstrates Signs of Stability
X Disappears without Explanation	X Recent Improvement in Behavior
X Gang Affiliation/Interaction	X Involved in Extracurricular Activities
X Negative Non-Gang Peer Influences	X Good Citizenship
X Inappropriate Sexual Behavior	
X Actions Showing Lack of Concern for Others	
X Deteriorating Functioning	
Treatment Related Issues	
X Poor/Inconsistent Participation in Treatment	X Good/Consistent Participation in Treatment
X Poor Performance in Treatment	X Signs of Success in Treatment
X Poor Behavior in Treatment	X Good Behavior in Treatment
X No Signs of Improvement	X Recent Improvement in Treatment
School Related Issues	
X Poor/Inconsistent Attendance	X Good School Attendance
X Truancy/Not Attending	X Good/Excellent School Performance
X Poor Academic Performance	X Recent Improvement in School
X Suspensions/ Behavior Problems at School	X No Behavior Problems at School
X Learning Disabilities	
Compliance Issues	
X Fails to Follow Rules at Home	X Compliant and Well-Behaved at Home
X Fails to Follow Rules in Placement	X Compliant and Well-Behaved in Placement
X Fails to Follow Court Orders (e.g., curfew)	X Compliant with Court Orders
X Generally Uncontrollable	
X AWOL	
Comments:	