

Johnson County

Community Resource Coordination Group

Johnson County CRCG Staffing Procedure for Presentation of Cases

The Johnson County CRCG is a branch of the Community Resources Coordination Groups of Texas. This group is comprised of representatives from state agencies, private agencies, and local Independent School Districts across Johnson County. At the monthly meetings, cases are presented for clients (youth) who have accessed several different services and still “fall through the cracks”. Members combine their agency resources and knowledge to compile treatment alternatives for these difficult cases.

Meetings are held monthly on the third Wednesday at 1:00 pm at Johnson County Juvenile Services, 1102 E. Kilpatrick, Suite C, Cleburne, Texas. The procedure for presenting a case to the CRCG is as follows:

1. A request to schedule a case for presentation must be made to the CRCG Chairperson, at least 1 week but no less than 48 hours prior to the meeting date. Late requests may be denied due to limited agenda time.
2. Parent/Guardian may attend the first staffing and will be allotted about 10 minutes to present their needs and answer any questions CRCG may have. CRCG will discuss the case prior to the parent/guardian being in the room. Parents will then be given the suggestions/resources provided by CRCG.
3. Follow-up staffings for each case are held at 1 month, 3 months, and 6 months after the initial presentation date. Parent/Guardian does not need to attend follow-up staffings, as the case presenter will relay information regarding the case.
4. The case presenter should be someone who will be able to follow through with the entire staffing process. The presenter should plan to attend and be prepared to present an update of the case. The presenter is responsible for inviting the parents to the initial staffing.
5. If you do not have a staffing form, the CRCG Chairperson will provide a copy of the staffing form, which is to be completed prior to the meeting. The case presenter will need to bring the completed original form to the case staffing.
6. If a youth is being referred to CRCG by an ISD for the purposes of non-educational funds only, follow-up staffings will not take place.

For more information, or if you have any questions about the CRCG, please contact the current CRCG Chairperson:

Cristy Malott, 817-556-6880
cmalott@johnsoncountytexas.org

Johnson County CRCG
Consent for Release/Exchange of Confidential Information

Participation Agencies:

| | |
|--|------------------------------------|
| TX Correctional Office on Offenders with Medical or Mental Impairments | All Church Home for Children |
| TX Dept. of Aging and Disability Services | Alvarado ISD |
| TX Dept. of Assistive and Rehabilitative Services | Burleson ISD |
| TX Dept. of Family and Protective Services | Cal Farley's |
| TX Dept. of Housing and Community Affairs | Cleburne ISD |
| TX Dept. of State Health Services | Grandview ISD |
| TX Education Agency | Godley ISD |
| TX Health and Human Services Commission | Joshua ISD |
| | Millwood Hospital/Sundance Hosp or |
| TX Workforce Commission | REACH Council Prevention Services |
| TX Juvenile Justice Department | Rio Vista ISD |
| Johnson Co. Shared Services | STAR Council |
| Johnson County Juvenile Services | Venus ISD |
| Other: _____ | Other: _____ |

Legal Name of Individual _____ Age _____ Date of Birth _____

Home Address _____

Parent/Legal Guardian (s) _____

Home Phone _____ Work Phone _____ Cell Phone _____

*I hereby authorize the Johnson County CRCG members to provide/receive the following information with regards to my child's/my clinical and/or educational records. **Disclosed information will be limited to those items listed below.***

| | | |
|-------------------------------------|---------------------------|-------------------------|
| ___ Assessments & Evaluations | ___ Diagnosis | ___ Medical Information |
| ___ Medications | ___ Discharge Summary | ___ Course of Treatment |
| ___ Behavior and Progress in School | ___ Substance Abuse info. | ___ Other: _____ |

I am signing as a parent/guardian of a minor child. I understand the records released may contain references to my family and myself. I understand that such disclosure will be made for the following purpose.

| | |
|--|--|
| <i>Assist in assessment, diagnosis and treatment</i> | <i>Facilitate vocational evaluation and training</i> |
| <i>Ensure continuity of care</i> | <i>Coordinate services and evaluate treatment</i> |
| <i>Satisfy probation/parole requirements</i> | <i>Determine eligibility of public programs</i> |

I further waive and release the Johnson County CRCG members (individuals and /or agency representatives) from any liability resulting in the release of the above information.

This consent to disclosure may be revoked at any time, but the revocation will not affect any action that has already been taken in accordance with the consent. The consent, unless revoked sooner, will expire on _____
(Not to exceed one year)

Signature of parent/legal guardian _____ Date _____

Signature of child _____ Date _____

Signature of person obtaining consent _____ Date _____

Agency _____ Phone _____

Signature of Interpreter (If Used) _____ Date _____

Johnson County CRCG Staffing Form

Part 1 – General Staffing Information

Identifying Information

Child's Name: _____ Ethnicity: _____ Gender: Male Female

Address: _____ County: _____
Street City Zip

Email Address: _____ Phone # _____

DOB: _____ Age _____ School and ISD: _____

Mental Health Diagnosis: _____

Current Medications: _____

Any medical diagnosis: _____

Current Treatment Providers: _____

Referred to CRCG by: _____ / _____ / _____
Name Agency Phone #

Caretaker Name(s): _____ Relationship: Birth Parent Guardian Adopted parent

Is child insured? Y N If yes, type of insurance: CHIP Medicaid Other: _____

Will the Caretaker attend the staffing? Yes No Will the Child attend the staffing Yes No

Referral Source: What agency is making this referral?

| | | | |
|---|---|--|---|
| DFPS <input type="checkbox"/> CPS <input type="checkbox"/> APS <input type="checkbox"/> PEI <input type="checkbox"/> Other DFPS | DARS <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Blind & Visually Impaired <input type="checkbox"/> Deaf & Hard of Hearing <input type="checkbox"/> ECI <input type="checkbox"/> Other DARS | DSHS <input type="checkbox"/> MH Center <input type="checkbox"/> Substance Abuse Sub-Contractor or Council <input type="checkbox"/> CSHCN <input type="checkbox"/> Other DSHS | DADS <input type="checkbox"/> MRA/MR Center <input type="checkbox"/> Nursing Home <input type="checkbox"/> AAA <input type="checkbox"/> Assisted Living facility <input type="checkbox"/> ICF/MR <input type="checkbox"/> Other DADS |
| TDHCA <input type="checkbox"/> Community Action Agency <input type="checkbox"/> Housing Authority | EDUCATION <input type="checkbox"/> ESC <input type="checkbox"/> ISD _____ | WORKFORCE <input type="checkbox"/> Workforce Agency | JUVENILE JUSTICE <input type="checkbox"/> TYC <input type="checkbox"/> JPD <input type="checkbox"/> TCOOMMI (youth) |
| CRIMINAL JUSTICE/TDCJ <input type="checkbox"/> Adult Probation <input type="checkbox"/> Adult Parole <input type="checkbox"/> TCOOMMI (adult) | PRIVATE ORGANIZATION <input type="checkbox"/> Faith-Based <input type="checkbox"/> Non-Profit (Business, Individuals, etc.) <input type="checkbox"/> For-Profit (Business, Individuals, etc.) <input type="checkbox"/> Foundations | <input type="checkbox"/> Advocacy Organization | <input type="checkbox"/> Texas I&R 2-1-1 |
| <input type="checkbox"/> Other: _____ | | | |
| <input type="checkbox"/> Standing Team Member (Parent, Family, Consumer, Caregiver) | | | |

Part 2: Presenting Information

What brings you to CRCG? (Please check all that apply)

_____ Resource Referral

_____ Placement Recommendation

_____ Approval for non-ed funds

Strengths/Interests of Your Child

What are the strengths/interests of your child? (Mark all that apply)

- Artistic
- Strong Academics
- Enjoys Animals
- Enjoys Music
- Enjoys Sports
- Enjoys being with others
- Spirituality

Special Skills-Identify: _____

Who has the most influence in your child's life? _____

Does your child have a best friend? Yes No

What is your child's favorite holiday or tradition? _____

Does your child have a hero? Yes No If yes, who? _____

Does your child enjoy school/learning? Yes No

Other strengths or interests: _____

Has your child shown any of the following behavior characteristics within the last year:

- | | |
|---|---|
| <input type="checkbox"/> Fire-setting | <input type="checkbox"/> Sexual acting out |
| <input type="checkbox"/> Running away | <input type="checkbox"/> Drug/alcohol usage |
| <input type="checkbox"/> Aggressive to peers | <input type="checkbox"/> Aggressive to adults/caretakers |
| <input type="checkbox"/> Cruelty to animals | <input type="checkbox"/> Truancy |
| <input type="checkbox"/> Verbal aggression | <input type="checkbox"/> Stealing |
| <input type="checkbox"/> Lying | <input type="checkbox"/> Manipulative behaviors |
| <input type="checkbox"/> Suicidal ideations/gestures/attempts | <input type="checkbox"/> Homicidal threats/gestures/attempts |
| <input type="checkbox"/> Property destruction | <input type="checkbox"/> Poor academic performance |
| <input type="checkbox"/> Charged with sexual offense | <input type="checkbox"/> Cutting behaviors or other self-harm behaviors |
| <input type="checkbox"/> Hearing voices or hallucinations | <input type="checkbox"/> Sensitivity to light/touch/smell or any senses |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Bedwetting |
| <input type="checkbox"/> Withdrawal from activities | <input type="checkbox"/> Seizures |

Any other contributing factors (Please check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Financial problems | <input type="checkbox"/> Family history of sub abuse |
| <input type="checkbox"/> Health issues | <input type="checkbox"/> Loss of significant loved one |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Criminal history in family |
| <input type="checkbox"/> Absent parent(s) | <input type="checkbox"/> Ongoing custody dispute |
- Child has experienced or witnessed trauma (Please specify below):
- Sexual Abuse / Rape
 - Physical Abuse
 - Emotional Abuse
 - Significant Accident / Injury
 - Other: _____

Unmet Needs-Child

Basic Needs and Self Sufficiency (Select all that apply)

- Food Short-Term Shelter
 Transportation Financial Assistance to Meet Basic Needs for the Child
 Housing Clothing
 Personal Safety

Mental Health Care (Select all that apply)

- Outpatient Services Assessment/Evaluation Counseling Day Treatment Medication
 Inpatient Treatment
 Other _____

Physical Health and Functioning (select all that apply)

- Doctor/dental visit Special equipment/supplies
 Medication Management In-home care (i.e. personal care or nursing)
 Intensive Medical Care/Support (Hospitalization/Surgery/Hospice)

Substance abuse services (select all that apply)

- Prevention Intervention Treatment

Family Support (select all that apply)

- Respite Care (break from one another) Adult Day Care
 Childcare Other _____

Legal Assistance (select all that apply)

- Conservator Guardianship Other Civil _____
 Criminal Benefits Counseling Other _____

Education (select all that apply)

- Special Education Truancy Prevention Translator/Interpreter
 English as a second language Adult Education (GED) Referral for Special Education Services
 Other _____

Employment (Select all that apply)

- Employment Assistance Vocational Training Other _____

Social Interaction (select all that apply)

- Mentoring Opportunity to Socialize Other _____

Skill Development (Select all that apply)

- Activities of Daily Living Community Living Skills Social Skills
 Parenting Skills Training Problem Solving Skills Budget Management
 Challenging Behavior Anger Management Impulse Control
 Other _____

Unmet Needs-Family

What are the unmet needs of your family? (Select all that apply)

- Relationship Repair Team of persons to lean on Supportive Employment Emotional Support
 Food Furniture Transportation Housing
 Short-term shelter Clothing Utilities Money management
 Home repair/modifications Employment Phone
 Financial Assistance Legal Assistance

Skill development (choose 1 or more: budget management parenting other: _____)

Other: _____

Any current or previous involvement in services:

Agency or Service

Service provided, agency, dates, results, etc.

- Child Protective Services _____
- Juvenile Probation _____
- MHMR _____
- TYC _____
- ECI _____
- Wraparound services _____
- In-home therapy _____
- Outpatient counseling _____
- Family therapy _____
- Day treatment programs _____
- Substance abuse treatment _____
- Substance abuse counseling _____
- Out of home placements _____
- Hospitalizations _____
- Alternative schools _____
- Special education services _____
- Mental health evaluations _____

Most recent psychological evaluation: _____

Most recent psychiatric evaluation : _____

Most recent IQ test: _____ IQ= _____ (If known)

Is there any additional information that you believe is important for the committee to know to be able to make the best recommendations for your child and your family?

Please send completed form by fax at 817-556-6877 or by email at cmalott@johnsoncountytexas.org - Attn: Cristy Malott