

# 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 the Cleburne ISD Administration Building Board Room, 505 N. Ridgeway, 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:

**Molly Mabery, (817) 556-6880**  
**[mmabery@johnsoncountytexas.org](mailto:mmabery@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?

<b>DFPS</b> <input type="checkbox"/> CPS <input type="checkbox"/> APS <input type="checkbox"/> PEI <input type="checkbox"/> Other DFPS	<b>DARS</b> <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	<b>DSHS</b> <input type="checkbox"/> MH Center <input type="checkbox"/> Substance Abuse Sub-Contractor or Council <input type="checkbox"/> CSHCN <input type="checkbox"/> Other DSHS	<b>DADS</b> <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
<b>TDHCA</b> <input type="checkbox"/> Community Action Agency <input type="checkbox"/> Housing Authority	<b>EDUCATION</b> <input type="checkbox"/> ESC <input type="checkbox"/> ISD _____	<b>WORKFORCE</b> <input type="checkbox"/> Workforce Agency	<b>JUVENILE JUSTICE</b> <input type="checkbox"/> TYC <input type="checkbox"/> JPD <input type="checkbox"/> TCOOMMI (youth)
<b>CRIMINAL JUSTICE/TDCJ</b> <input type="checkbox"/> Adult Probation <input type="checkbox"/> Adult Parole <input type="checkbox"/> TCOOMMI (adult)	<b>PRIVATE ORGANIZATION</b> <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"/> Other: _____		<input type="checkbox"/> Texas I&R 2-1-1  <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
- Transportation
- Housing
- Personal Safety
- Short-Term Shelter
- Financial Assistance to Meet Basic Needs for the Child
- Clothing

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

**Substance abuse services (select all that apply)**

- Prevention  Intervention  Treatment

**Family Support (select all that apply)**

- Respite Care (break from one another)
- Childcare
- Adult Day Care
- 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 (817) 556-6877, Attn: Molly Mabery or by email at [mmabery@johnsoncountytexas.org](mailto:mmabery@johnsoncountytexas.org).