



# CRCG Referral Packet Instructions

## *For community professionals making referrals to the Travis County CRCG Meeting*

### First Step: Schedule a Meeting with the Family

- The Travis County CRCG Referral packet was created to be completed by community agencies in collaboration with families and youth.
- Please work directly with the family and/or youth to complete the forms. Families should not be asked to complete the entire referral packet on their own and the referring entity should not complete the packet without input from the parent/caregiver and child/youth being referred.
- The following is a list of the CRCG handouts and forms you will need: Brochure, Family Guide, Virtual/Telehealth Acknowledgment, Authorization for Release of Protected Health Information, Family Questionnaire, Referral Form, and Child/Youth Interest Form.
  - Check with your CRCG Representative to ensure you have the current forms.
- After the Authorization for Release of Protected Health Information, Family Questionnaire, Referral Form, and Child/Youth Interest Form are completed, please ensure the family keeps copies or provide them copies for their review and records. This should be done prior to the family's scheduled CRCG session so any requested edits by the family can be made.

### CRCG Brochure, Family Guide, and Virtual/Telehealth Acknowledgment Form

- The Brochure and Family Guide are the first two items in the CRCG Referral Packet you will share with the family.
- Both have the current list of CRCG partner agencies to share with the family.
- The Brochure is an overview of the Travis County CRCG meeting, our mission, eligibility criteria and introduces us to the family.
- The Family Guide goes into more detail about CRCG and will help you explain the referral process, our membership, and the actual meeting.
  - Be sure to add your name and contact information to the bottom of the second page along with the name and contact information of the CRCG representative assisting you with the referral.
- The Virtual/Telehealth Acknowledgment Form needs to be provided to the family, informing them their CRCG session will be virtual and considered a telehealth service.

### CRCG Authorization for the Release of Protected Health Information

- Coordinate with your CRCG representative to determine the best process to get this form completed.
- CRCG falls under the Texas Medical Records Privacy Act and there are legal aspects regarding the disclosure of protected health information. As a result, this form must be filled out completely and accurately for the family to be scheduled for a CRCG session. We cannot make exceptions.
- When completing the consent with parent/caregiver, **PLEASE FOLLOW INSTRUCTIONS CAREFULLY** and contact your CRCG representative with any questions.
  - If the child or youth is known by multiple names or has commonly used nicknames, please consult with your CRCG representative to determine best practice for identifying child accurately.
  - The parent/caregiver (LAR) needs to initial next to each CRCG partner agency listed in the top section on the first page for a session to be scheduled for the child and family.
    - Even if the agency/organization does not have direct involvement with the family, their representatives have expertise and knowledge that is valuable in identifying potential services and resources.
    - Only those agencies present for the family's CRCG session will have access to the full referral packet.
  - The 2<sup>nd</sup> section on the first page is for the parent/caregiver (LAR) to list and initial next to additional agencies that are currently involved with the child or youth.
  - The goal of a CRCG session is to bring all involved entities together for community-wide collaboration on behalf of the youth or child.
  - Please review all information (Name, DOB, Parent/Caregiver information) carefully to ensure information is correct. If an error is made, cross it out with one line and have parent initial (the error needs to be legible). Then write correct information next to the crossed out error.

### **CRCG Referral Form – Family Questionnaire**

- The first part of the CRCG Referral Form is the Family Questionnaire.
- The Family Questionnaire can be provided to parents and caregivers to complete on their own or you as the referring agency representative can assist by recording the family's responses for them.
- There are two versions of this form, one to be handwritten and one that can be completed and submitted online. If completed by hand, please ensure it is legible.

### **CRCG Referral Form**

- The main Referral Form should be a complete account of the child/youth, their family, current complex unmet needs, diagnostic profile, and past services accessed.
- Each section and question need to be completed and answered in detail. "See Attached" or other reference statements are not accepted.
  - There may be some duplication of information from the Family Questionnaire – that is okay.
- All questions were carefully considered and vetted by our membership.
- Summary of Reason for Referral/Behaviors of Concern section is for a summary of the specific behaviors and information indicating why the child/youth needs a higher level of collaboration within the community as well as services and supports.
- There are also two versions of this form, one to be handwritten and one that can be completed and submitted online. If you complete the form by hand, please write legibly and clearly.

### **CRCG Child/Youth Interest Form**

- The Child/Youth Interest Form is a supplement to the CRCG Referral Form.
- Please use your judgement and the judgement of the parent/caregiver regarding the child's current mental health. If the parent/caregiver feels the questions may be triggering, then please let your CRCG representative know so they can note the absence of the form.
- There are also two versions of this form, one to be handwritten and one that can be completed and submitted online.
- The form is intended to be completed by the child/youth using their own words. If the child/youth is unwilling or unable to write their answers, then please write for them using their statements.
- If the child/youth is not present at the family meeting to complete the referral forms – set up another time to meet with them. If this is not possible then provide the Child/Youth Interest Form to the family and ask them to have their child/youth complete the form in their own words.

### **External Documentation**

- This section of the referral packet is for reports, assessments, and other documentation that elaborates on the responses and information included on the CRCG Referral Form.
- Examples of commonly included documentation are as follows:
  - Psychological and/or Psychiatric Assessment (most recent)
  - Hospital/Placement Discharge Paperwork
  - Special Education Paperwork: ARD, Full and Individual Evaluation (FIE), Behavior Intervention Plan (BIP), Functional Behavioral Assessment (FBA)
  - Behavioral Health and other service records: most recent provider note, narrative of providers diagnostic impressions, service recommendations, and any other information provider feels is relevant.
- Please keep in mind the time constraints of the CRCG session. Only include recent relevant information that is pertinent to assessing current service needs of the youth or child and family.
- If you are uncertain what to include or exclude, please contact the CRCG representative assisting you with the referral.

### **Contact Person & Due Date**

- CRCG Liaison Susie Kirk @ 512-854-4868 or
- TCJPD CRCG Coordinator Veronica Perez @512-415-8903

The full packet is usually due at least one week prior to the scheduled meeting. Your CRCG representative will discuss a specific due date for the referral forms and full packet.