

COMPREHENSIVE ASSESSMENT PLANNING SYSTEM POLICY

West Virginia Department of Health and Human Resources
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COMPREHENSIVE ASSESSMENT PLANNING SYSTEM (CAPS)

Section 1- Introduction

The importance of a comprehensive assessment for children and their families cannot be overstated. The assessment process identifies strengths, needs, barriers and resources and is a tool used to match the child and family with appropriate treatments, services and supports.

[Part IV of Chapter 49](#) of the West Virginia State Statute provides guidelines for the establishment of multidisciplinary teams (MDT) and their process. State Statute requires the establishment of a multidisciplinary treatment planning process for all children in State's custody. As a part of the planning process, the treatment team is required to develop an individualized service plan for the child (and family). In order to develop a service plan that will meet the child's individual needs, the Department was to adopt a standard uniform comprehensive assessment instrument to be used by treatment teams for the basis of developing this plan. The Bureau for Children and Families, in partnership with private providers, developed and implemented the Comprehensive Assessment Planning System (CAPS) as their uniform assessment instrument.

The Comprehensive Assessment Planning System is not a single assessment, but a process for ensuring the correct assessments are used with the child and family. The CAPS may be done with both court and non-court cases. The assessment process includes information gathering and analysis to determine treatment needs.

The purposes of a CAPS assessment are:

- To reduce the number of out-of-home placements,
- To decrease the number of disruptions of placements,
- To reduce the length of time in custody,
- To assist in achieving permanency in a more timely manner,
- To assist the MDT in making informed decisions regarding treatment needs,
- To provide a process by which assessments are uniform and consistent,
- To identify cause of risk influences and behavioral control influences,
- Identify conditions which negatively impact the family's ability to function successfully,
- Help to formulate recommendations for safety,
- Identify appropriate services,
- Engage the family to increase ownership in the treatment process,
- Help the Social Worker and MDT in understanding the family dynamics,
- Recommend appropriate options for permanency planning.

Section 1.1 Children and Youth Served through CAPS

Juveniles who must be referred for a CAPS Assessment Include:

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- Adjudicated status offenders who are referred to the Department for services under the provisions or [49-4-711](#), and;
- Juveniles adjudicated as delinquent and referred to the Department and the court is considering placing the Juvenile in the Department's custody or out-of-home at the Department's expense.

Children and Youth who must be referred for a CAPS Assessment include:

- ALL initial admissions to an emergency shelter placement (without an identified discharge plan to a specific placement); or change of custody; or
- Disrupted placements in which new behaviors begin to surface or there is an escalation of behaviors such that the child or youth can no longer be cared for at the current level of care. This category includes children or youth who have previously undergone a CAPS assessment but continue to experience disrupted placements; or
- Any adopted child for whom post-adoptive services is being considered.

Any exceptions for not completing a CAPS assessment under the above circumstances must be approved by the Child Welfare Consultant or the Regional Program Manager in the Region where the youth resides and the reasons documented in FACTS.

Youth who could be referred for a CAPS Assessment include:

The CAPS may be done with both court and non-court cases. Particular consideration should be given to the following situations:

- For any child or youth for whom there is an open YS or CPS case and for whom a comprehensive assessment is needed and/or there is a risk of disruption.
- Children and youth in an out-of-home placement where reunification is being considered and there has not been a CAPS assessment.

Section 1.2 Comprehensive Assessment Planning System Process Overview

The CAPS Phases includes:

- Referral
- Family Joining Meeting
- Information Review
- Information Integration (Child & Adolescent Needs & Strengths- CANS)
- Initial 14 day report
- Completion of triggered clinical assessments
- Family Conference Meeting
- Final 30 day Comprehensive Assessment Report (CAR)
- MDT Meeting

The process begins with a referral by the DHHR worker followed by the Family Joining Meeting including the family, the provider agency and the DHHR worker. The next step in the process is the Information Review, where all of the information currently available on the family and youth is studied through file review and interviewing by the provider

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agency. The Information Integration utilizes the facts gathered from the review to complete the WV Child and Adolescent Needs and Strengths (CANS) instrument which results in a scored assessment. A 14 day initial report is then developed to report the findings of the CANS and determine if any additional assessments are needed.

If no other assessments are needed according to the completed CANS, then a Family Conference is scheduled and the report is shared with the family and the DHHR worker. According to the Utilization Management (UM) Guidelines approved by the Service Delivery and Development workgroup April 8, 2013, after the Initial 14 Day Report is completed, the “CAPS provider communicates the CAPS findings, recommendations and need for additional assessments in a written report made available to the DHHR worker for distribution to appropriate parties such as MDT, court, etc. The CAPS provider must initiate and facilitate the MDT meeting and is required to be available to present results to the MDT, courts, etc. if requested.” (Pages 21, 80, 273, 328 at http://apshealthcare.com/publicprograms/west_virginia/documents/um_guidelines_2014.pdf)

According to the UM Guidelines approved by the Service Delivery and Development workgroup April 8, 2013, the final 30 day comprehensive report (CAR) is completed when additional triggered clinical assessments/tools are completed. The CAPS Provider communicates the final CAPS findings and recommendations in a written report made available to the DHHR worker for distribution to appropriate parties. The CAPS provider must initiate and facilitate the MDT meeting and is required to be available to present results to the MDT, courts, etc. as requested. The CAR must be reviewed, approved and signed by a Masters level individual with licensure who has either completed the CAR or has supervised the Bachelors level provider who completed the CAR. However, a Bachelors level CAPS credentialed individual who completed the CAPS may attend the MDT and present the results and recommendations of the CAR. Pages 22, 81, 274, 329 at http://apshealthcare.com/publicprograms/west_virginia/documents/um_guidelines_2014.pdf)

Section 1.3 The Comprehensive Assessment Planning System (CAPS) Program Components

Referral: DHHR will phone a CAPS referral to the provider and include (by mail or fax), when available, the information necessary to initiate the CAPS process. A formal Socially Necessary Services Referral for the CAPS Service and linkage to the Provider must be done according to the CAPS Referral Process (section 19.4 below). The CAPS provider will decide whether suitable experienced staff members are able to initiate a CAPS assessment and communicate this to the referring DHHR worker and family (if the referral is accepted) within 24 hours via phone or fax notification. Referral will not be considered active until all authorizations, consents and necessary information is received.

Family Joining Meeting: CAPS provider schedules the Family Joining Meeting. This orientation meeting allows the DHHR worker to introduce the CAPS provider to the family. The provider discusses with the family the assessment and the steps they will

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take to complete the CAPS process. The provider will notify the referring DHHR worker within 5 day(s) of authorization if unable to contact the family and/or if family is uncooperative.

Information Review: CAPS provider reviews the case record, interviews the child/youth and family, talks with collateral contacts and gathers service involvement and/or history. The DHHR worker will provide the CAPS provider with the following information if available:

- Youth Behavior Evaluation (YS), or Youth Level of Service Case Management Inventory (YLS/CMI), when completed
- The Family Functioning Assessment, the Protective Capacities Family Assessment and Family Case Plan, the Family Case Plan Evaluation, and the Continuing Safety Plan Evaluation will be provided when completed
- Prior Psychological if available
- Copy of current Court Order
- Visitation Plan
- Birth Certificate, School Records (IEP or 504 as applicable)
- Social Security number
- Immunization Records and Medical Information
- Authorizations, SS-FC-40, SS-FC-40A
- Consent or access to review all pertinent past and present records

Information Integration: CAPS provider utilizes all available information including interviews with children, youth and families to score the Child and Adolescent of Needs and Strengths (CANS).

Family Conference Meeting: CAPS provider communicates the initial CAPS findings with recommendations and indicates what additional assessments are needed, if any, in a written 14 day report to the DHHR worker and family.

Initial 14 day report: CAPS provider communicates the CAPS Tier 1 findings (CANS summary report), recommendations and need for additional assessments in a written report made available to the DHHR worker for distribution to appropriate parties such as MDT, court, etc. The CAPS provider is required to be available to present results to the MDT.

Triggered Assessment/CANS Sub-Modules: Other clinical assessments triggered by the CANS assessment can include, but are not limited to Fire Setting module, Sexually Abusive Behavior module, Depression Inventory, and Older Youth Transitioning to Adulthood skills assessment. These specialized assessments can identify underlying issues like trauma, co-occurring disorders, suicidal ideation, or I/DD that will need to be considered in developing the child's case plan.

Family Conference Meeting: This meeting is scheduled and conducted by the CAPS provider with the family to review the results of the assessment and to prepare for the upcoming Multidisciplinary Treatment (MDT) meeting in which the results will be presented. The DHHR social worker attends the Family Conference Meeting.

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Comprehensive Assessment Report (CAR): The final 30 day comprehensive report (CAR) is completed when additional triggered clinical assessments/tools are completed. It communicates the final CAPS findings and recommendations in a written report made available to the DHHR worker for distribution to appropriate parties. Please reference qualifications to complete the CAR in the UM Guidelines.

MDT: This meeting is held to discuss the Comprehensive Assessment Report (CAR) that was developed through the CAPS process. The CAPS provider must schedule the MDT meeting, notify all participants, facilitate the MDT meeting, provide copies of the CAR and other documentation to participants, and present results to the MDT.

Although the statutes require the Department to develop a standard uniform comprehensive assessment protocol, the statutes do not describe the protocol itself or the components of such a protocol. The design of the protocol is left to the discretion and judgment of the Department.

Section 1.4 CAPS Referral Process

To initiate a referral the DHHR Social Worker will contact the provider to determine if they can complete the CAPS assessment. If the provider can provide this service then the worker will follow the ASO Authorization Connection Process. When that process is completed, then the ASO referral form will be generated from the FACTS system by the Worker. The Worker will provide the following basic information to the CAPS Provider along with the ASO referral form:

- Date of the referral
- Date of custody, if in custody
- Name of the agency to whom the referral is being made
- Name of the assigned Social Worker
- County of residence
- FACTS Client identification number
- Family name
- Parent/caregiver's names
- Family's address and telephone number
- Directions to the family's home
- Names of all household members, including siblings, spouses and significant others and their ages, if available
- Child's medical card number
- Child's social security number
- Race/sex
- Name of school child attends and contact information

Section 1.5 Refusal to Participate in the CAPS Process

The Department cannot compel a parent/caregiver, children or youth to participate in the CAPS process. In cases where the parent/caregiver, children or youth refuses to cooperate with the CAPS process and there are court proceedings then the DHHR Social Worker will notify the MDT and the court in writing. The MDT will convene and

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discuss the reason for refusal by parent/caregiver, children or youth. The MDT will inform the parent/caregiver, children or youth of what actions may be taken as a result of his or her decision. The MDT will note the response of parent/caregiver, children or youth and will report this information to the court regarding the issue. The court will then decide how to proceed.

In cases where there is no court involvement, the parent/caregiver, children or youth may refuse to participate in the CAPS assessment. However, if this occurs, then the parent /caregiver, children or youth should be advised of the potential actions which may be taken by the Department. The parent/caregiver, children or youth should be advised that a lack of cooperation may result in closure of the case.

In cases where the Juvenile is an adjudicated status offender or adjudicated delinquent and the parent/caregiver or Juvenile refuse to participate in the CAPS assessment or service plan, then the parent /caregiver or Juvenile should be advised the Department may petition the circuit court for a valid court order to enforce compliance with a service plan or to restrain actions that interfere with or defeat a service plan. Further, a valid court order may be sought by the Department to place a Juvenile out of home in a non-secure or staff-secure setting, and/or to place a Juvenile in the custody of the Department.