## WHAT IS WV CAPS?

In 2002 the Bureau for Children and Families (BCF) began developing a comprehensive assessment of needs and strengths for children and families. To address comprehensive assessment and planning for youth and families, BCF in partnership with private providers, developed and implemented the *Comprehensive Assessment Planning System* (CAPS). CAPS is the assessment protocol which is used to meet the treatment planning requirements established in 49-5D-3.

## TARGET POPULATION

It is recommended that the WV CAPS initial assessment be utilized consistently across systems at the earliest point of system contact. Recommended assessment junctures for DHHR youth are as follows:

- For ALL admissions to an emergency shelter placement (without an identified discharge plan to a specific placement); or Change of custody; or
- For all youth adjudicated as delinquent and referred to DHHR where the court is considering placing the juvenile in the DHHR's custody or out-ofhome care at the DHHR's expense; or
- For disrupted placements, both in Youth Services (YS) or Child Protective Services (CPS)
- For any youth 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.

## WV CAPS PHASES

- 1. Family joining (orientation meeting where the DHHR worker and the CAPS provider explain the assessment process to the youth and family members)
- 2. Information review (private provider reviews the case record, interviews the child and family, talks with collateral contacts and gathers service involvement and/or history)
- 3. Information integration (private provider utilizes all available information to score the Child & Adolescent Assessment of Needs & Strengths CANS)
- 4. Family Conference (private provider communicates the initial CAPS findings with family and DHHR worker)
- Initial 14 day report (CAPS provider communicates the CAPS findings, recommendations and indicate-additional assessments needed in a written report made available to the DHHR worker for distribution to appropriate parties such as MDT, Court, etc., and is available for presenting results as requested)
- 6. Triggered clinical assessment pathways (CAPS provider administers additional assessment (s) indicated by CANS results)
- 7. Family Conference (private provider communicates the final CAPS findings with family and DHHR worker)
- 8. Provider convenes the MDT and review of the final 30 day Comprehensive Assessment Report (CAPS provider communicates the final CAPS findings, recommendations in a written report made available to the DHHR worker for distribution to appropriate parties such as MDT, Court, etc., and is available for presenting results as requested)
- 9. MDT/Case Plan Development (DHHR worker, MDT's and other appropriate parties use the CAPS recommendations to guide decision making.)

## **WV CAPS Provider Requirements**

- WV CAPS providers must be enrolled by the Bureau of Children and Families as a Socially Necessary Provider-as well as have-the ability to provide all of the Medically Necessary Services triggered by the initial 14 day assessment (psychological testing, mental health assessment, etc). WV CAPS Providers must demonstrate that they have the capacity and expertise to provide all levels of required assessment or have formal written contracts or MOU's with community partners to assure the ability to deliver a comprehensive assessment in a timely manner.
- Those individuals responsible for completing the initial 14 day assessment and report are required to have a Bachelor's degree in Human Services (Sociology, Psychology, Counseling, Interpersonal Communication, Human Services, Primary or Secondary Education, Criminal Justice, Board of Regents with emphasis in Human Service, Gerontology or Family and Consumer Science) plus a minimum of one year of experience in working with children, be CANS certified and be supervised with supervisor's signature on report. The supervisor must be Master level with licensure in Human Service fields plus be CANS certified.
- Additional triggered clinical assessments/tools are to be completed **by individuals who meet the previous minimum credentials** or tool/assessment specific criteria if greater.
- The 30 day Comprehensive Assessment Report (CAR) must be signed off by an individual with Master level plus licensure in Human Service field (licensure is defined as an individual who is licensed or actively pursuing licensure -as defined by each licensure board, e.g. is under clinical supervision- by a state licensing board for psychology (licensed psychologist or supervised psychologist), psychiatry, counseling, (LPC, PLPC) or social work (LGSW, LCSW, LICSW) at a level which allows provision of clinical services), WV CAPS training certification, active WV CANS Certification and providing documented ongoing clinical supervision. However a BA CAPS credentialed individual or greater who completed the CAPS may be the individual to attend MDT and present results and recommendations.