

PROCEDURE

Series:	Operating Procedures	COA: NET 4.01, 4.03, 6.03 CFOP: NA
Procedure Name: Procedure Number: Review Date: Revision #/Date: Effective Date:	Child & Adolescent Functional Ass OP-1003 N/A 12/8/08, 06/22/11, 6/3/15, 1/27/17, 1/20/06	sessment Scale (CAFAS)
Applicable to:	All Brevard Family Partnership stat working with children in licensed fo	
SUBJECT:	Child and Adolescent Functional Assessment Scale (CAFAS)	
	Preschool and Early Childhood Fund	ctioning Assessment Scale (PECFAS)
PURPOSE:	Functional Assessment Scale (CA utilized in placement decisions and children in Licensed out of Ho	FAS), as well as how the CAFAS is d identifying service delivery needs for me Care. This operating procedure o are under the primary supervision of ead Agency.
PROCEDURE:		

Initial Review

CAFAS Assessment

Children who are placed in licensed out of home care and who are in need of additional assessment in order to determine the most appropriate level of care may be have a CAFAS Assessment completed. The BFP designee will contact the out of home care family foster home or group home in order to complete the CAFAS. The BFP staff member will contact the Child Protective Investigator and/or Dependency Care Manager in order to gain information regarding the child and develop a list of informants who can assist in the CAFAS assessment. Informants should include but not be limited to educators, daycare providers, staff, providers, foster parents, biological parents (if appropriate and available), and previous caregivers if available, etc. After making contact with the Dependency Care Manager, the BFP Staff member will review the case record and make contact with the list of informants gained through the review of the record.

The completed CAFAS report will be forwarded to the Intake and Placement Program Manager or designee for final review. Once reviewed and approved, the report will be sent to Intake Specialists, the Dependency Care Manager, BFP Clinical Services Coordinators.

CAFAS Scores

The CAFAS scores are defined as follows:

• <u>0-10</u>: Youth exhibits no noteworthy impairment.



- <u>20-40:</u> Youth likely can be treated on an outpatient basis, provided that the risk behaviors are not present.
- <u>50-90:</u> Youth may need additional services beyond outpatient care.
- <u>100-130</u>: Youth likely needs care which is more intensive than outpatient and/or which includes multiple sources of supportive care.
- <u>140 & higher:</u> Youth likely needs intensive treatment, the form of which would be shaped by the presence of risk factors and the resources available within the family and the community.

BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:

Think J. Scarpel.

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APPROVAL DATE: <u>3/7/2020</u>