



CAPA COMPONENTS RATING SCALE [CAPA - CRS]

This tool has been developed to support reviewing the alignment of your service with the Choice and Partnership Approach [CAPA] and the 11 key components.

Column A explores the extent to which your agency has implemented each CAPA component.

A 'full' CAPA implementation requires:

- As many items as possible are scored as 'Yes'
- No items to be scored as 'No'
- No more than three items scored as 'Partially'.

Column B determines which components were in place before CAPA was formally introduced.

Column C looks at your service's performance on each component before CAPA and after CAPA was introduced.

The Comments box after each section provides a space for your team to explore, in greater detail, factors that are impacting on fidelity to the CAPA model.

It is recommended that CAPA teams revisit this tool to ensure implementation and fidelity to the model continues to be achieved.



DATE			TEAM LEADER/MANAGER		CLINICIAN
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FOUNDATION (MANAGEMENT & LEADERSHIP)

ITEMS			A: Has your agency implemented this component?			B: Was this component in place before CAPA was introduced?			C: Agency Performance Rating Scale: 1 to 5 1=Very Poor & 5=Very Good	
			Yes	No	Partially	Yes	No	Don't Know	Pre CAPA	Post CAPA
1	MANAGEMENT & LEADERSHIP There is a clear working group consisting of:	An informed & helpful Manager								
		Either a Clinical Leader or a Clinician empowered to lead CAPA								
		An Admin Lead								

FOUNDATION (TEAM AWAY DAYS)

ITEMS			A: Has your agency implemented the component?			B: Was this component in place before CAPA was introduced?			C: Agency Performance Rating Scale: 1 to 5 1=Very Poor & 5=Very Good	
			Yes	No	Partially	Yes	No	Don't Know	Pre CAPA	Post CAPA
2	TEAM AWAY DAYS	We have team away days (at least 3 per year).								
		The agenda is set by the team and involves content around clinical learning, team relationships and business issues.								
		Management support this time and content and do not scrutinise the agenda.								



FOUNDATION (MANAGEMENT & LEADERSHIP) COMMENTS

FOUNDATION (TEAM AWAY DAYS) COMMENTS



CHOICE

ITEMS			A: Has your agency implemented this component?			B: Was this component in place before CAPA was introduced?			C: Agency Performance Rating Scale: 1 to 5 1=Very Poor & 5=Very Good	
			Yes	No	Partially	Yes	No	Don't Know	Pre CAPA	Post CAPA
3	LANGUAGE The service has changed the language	No longer refers to assessment, treatment or triage appointments and instead refers to Choice and Partnership or another local name								
		When considering clinical skills, refer to a clinical competency not a particular discipline.								
4	HANDLE DEMAND	The service ensures referrals are appropriate using eligibility criteria: i.e. <i>Referrer has seen child/young person and their family/whānau and any appropriate community intervention happens first.</i>								
		Families can choose where and when an initial Choice appointment occurs when their referral is accepted i.e. full-booking.								
		There is a key focus on minimizing wait-times by flexing initial Choice capacity.								
5	CHOICE FRAMEWORK The initial contact in a Choice framework comprises: <ul style="list-style-type: none"> Curiosity about their concerns and hopes, listening to their views, presenting advice or opinion Leading to a joint formulation; <ul style="list-style-type: none"> Discussion of alternatives and clarification of a choice point built by focusing on their agreed goals. 									



CHOICE (CONTINUED)

ITEMS			A: Has your agency implemented this component?			B: Was this component in place before CAPA was introduced?			C: Agency Performance Rating Scale: 1 to 5 1=Very Poor & 5=Very Good	
			Yes	No	Partially	Yes	No	Don't Know	Pre CAPA	Post CAPA
6	FULL BOOKING TO PARTNERSHIP	Initial intervention or further sessions require no internal waits. This means at the initial contact/ Choice appointment, the family/whānau can be offered the next appointment with the selected clinicians there and then.								
		The Team has a Partnership diary or similar for booking to partnership								
7	SELECTING PARTNERSHIP CLINICIAN BY SKILL Our team chooses the appropriate clinician for Partnership based on the young person/family whānau goals and chosen therapy style. The family are booked into the next Partnership appointment with the clinician who has these skills. <i>This often means a change from the Choice clinician.</i>									



CHOICE COMMENTS



PARTNERSHIP

ITEMS			A: Has your agency implemented this component?			B: Was this component in place before CAPA was introduced?			C: Agency Performance Rating Scale: 1 to 5 1=Very Poor & 5=Very Good	
			Yes	No	Partially	Yes	No	Don't Know	Pre CAPA	Post CAPA
8	EXTENDED CLINICAL SKILLS IN CORE WORK The majority of clinical work is carried out in core work. <i>General principle of core work first with specific work added if required. Extended-skills clinicians are of equal value to single specific skilled clinicians.</i>									
9	JOB PLANS	Individual and team job planning includes capacity, Choice and core Partnership activity targets.								
		Each clinician has an individual plan which contains their choice activity, partnership targets for each quarter, their defined specific and other time and administration.								



PARTNERSHIP COMMENTS



LETTING GO OF FAMILIES

ITEMS		A: Has your agency implemented the component?			B: Was this component in place before CAPA was introduced?			C: Agency Performance Rating Scale: 1 to 5 1=Very Poor & 5=Very Good	
		Yes	No	Partially	Yes	No	Don't Know	Pre CAPA	Post CAPA
10	GOAL SETTING & CARE PLANNING Goal setting and care planning are frequently reviewed and consider user preferences and choices. <i>This starts in the first contact, the initial Choice appointment and continues throughout the whole contact with the service. May involve goal-based outcome sheets/ written care plans.</i>								
11	PEER GROUP SUPERVISION Our team has weekly small group multi-disciplinary supervision meetings to discuss on-going work. <i>This is a 'letting go' task as well as developing a learning culture across many clinical competencies. This is NOT a whole team discussion or individual supervision.</i>								



LETTING GO OF FAMILIES COMMENTS