



Child Abuse Prevention Association

Client Handbook

Mission Statement

“To prevent and treat all forms of child abuse by creating changes in individuals, families and society that strengthen relationships and promote healing.”

Location

503 E. 23rd St. S
Independence, MO 64055

4240 Blue Ridge Boulevard, Suite 515
Kansas City, MO 64133

Hours of Operation

Office Hours: Monday-Friday 9:00 AM-5:00 PM
Evening, Saturday and Sunday appointments available by appointment

Contact Information

Office: 816-252-8388
Fax: 816-252-1337
capa@capacares.org

Dear Clients:

Thank you for trusting CAPA to provide services to you/your family. CAPA began in 1975 as a project of the Junior Service League, and has continued the commitment to serve children and families in the area. CAPA's services are strengths-based, client-centered and culturally sensitive. Cultural Competence is the intentional journey toward greater sensitivity, awareness and respect. CAPA embraces this process by building safe and accepting relationships with staff, volunteers, families and community partners. CAPA has a strong commitment to ensuring that the provision of Counseling, Family Support Services, and Prevention Education Services are delivered in ways which recognize, are sensitive to, and respectful of individual, cultural and linguistic differences.

Sincerely,
Kristina Brown, MA, LPC
CAPA Program Director

Non-Discrimination Statement

CAPA does not exclude any person from services because of race, color, sex, age, religion, national origin, citizenship, physical or mental disability, creed, sexual orientation, military status and any other category protected by federal, state or local law. CAPA does not separate persons served on the basis of any of these.

Counseling Program

Goals of CAPA's Counseling Program

1. To improve individual or family functioning.
2. To increase knowledge and skills to improve family functioning
3. To reduce the chance of child abuse among individuals, families and the community.
4. To increase the ability of clients to meet their goals.

Informed Consent Regarding the Use of Student Interns

Student interns may provide counseling services to clients. These students are completing a Master's degree in a mental health field. The student therapist intern is supervised by a CAPA staff member who is a licensed mental health professional. Clients have the right to request that a CAPA staff therapist provide services. However, this may result in being placed on a waiting list. The supervisor may determine that a case is too advanced for a student intern and the client will be seen by a staff therapist.

Qualifications of Staff Therapists

Staff therapists hold a Master's degree in a mental health field. Staff therapists are licensed by the State of Missouri or are under contract for supervision for licensure.

Length of Services

The length of therapy is based on the nature and severity of the client's problems. Treatment can range from a few sessions to several months of therapy. The estimated length of your treatment will be determined in a discussion between you and your therapist. Regular reviews of your progress will be discussed with you. You may leave therapy at any time. We ask that you agree to discuss the termination of therapy with your therapist at a regular session. Regular and consistent attendance results in progress towards treatment goals.

Location of Services

During intake the location of services will be determined. The primary location for therapy services is at the office. Therapy in the office provides the best possible chance for positive growth and change in clients. There are times when meeting in the office may not be possible. Therapists and interns may offer school visits. School visits are based on the therapist or intern's availability and the school's ability to provide a confidential space and time for weekly sessions.

Parental Involvement

Caregivers play a key role in therapy. When caregivers talk with therapists, their children have more success. Caregivers bring ideas about how their children are doing at home, school, and other areas. Therapists provide tools and skills to use at home. Therapists also share how the child is progressing in therapy. CAPA requires caregivers talk with the child's therapist one time each month. CAPA also requires caregivers meet with the therapist in person every three months. Services may end if caregivers are not able to meet and talk with the child's therapist.

Benefits and Risks of Therapy

Any time a person seeks therapy there are benefits and risks involved. The benefits can be the ability to handle or cope with specific concerns or relationships in a better way. A person may also gain a greater knowledge of goals or values. This new knowledge may lead the way to more happiness. There may also be other benefits that come as you work.

Therapy can be difficult at times. Recalling an unpleasant event may cause feelings of fear, anger, depression, and frustration. As a person works to resolve issues, a person may experience discomfort and an increase in conflict. There may be changes in relationships, which were not originally anticipated.

Home Visiting Program

Goals of CAPA's Family Support Program/Case Management

1. To increase child and family physical and mental health.
2. To increase family's connection with and utilization of community resources.
3. To increase a parent's knowledge of parenting, child development, and attachment and bonding.

Informed Consent Regarding the Use of Student Interns

Services may be provided by a student intern. These interns are completing a Bachelors or foundation-level graduate degree in social services or similar field. The student case manager is supervised by a CAPA staff member who is a Masters-level professional. Clients have the right to request that a CAPA staff case manager provide services. This may result in being placed on a waiting list. The supervisor may determine that a case is too advanced for a student intern and recommend that a client be seen by a staff case manager.

Qualifications of Staff Case Managers

Staff case managers hold a Bachelor's degree in a social services or related field.

Length of Services

The objective of CAPA's in-home services is that you and your family reach your agreed-upon goals and graduate from the program. You have the potential to stay in services until the target child reaches their third birthday at which time your family will graduate as well. Reviews of your progress and continued need for in-home services will be discussed with you on a regular basis. For families graduating or transitioning out of the program, your case manager/intern will discuss an after-care plan which may include referrals to other community services.

It is expected that you will meet for visits in the first few months on a weekly basis. After the initial enrollment period has passed, you and your case manager will have an agreed-upon schedule for visits based upon your level of need. If you are unable to meet the requirements of the program or you decide that the program no longer fits yours or your family's needs, please let your case manager know. Because it is a voluntary program, you have the option to terminate your participation at any time with no negative effects on your family. Your family will transition from the program if you move out of Jackson County or fail to participate in the agreed-upon schedule of home visits.

Location of Services

Services are provided in the home. Arrangements can be made if extenuating circumstances arise that would make home visits unsafe or uncomfortable. The Family Support Services Supervisor makes the decision for services to be provided elsewhere.

Available Services

Case managers will work with you and your family to create Family Action Plan goals. They will assist you in the best way possible to reach established goals. Services available to in-home clients include the provision of diapers once a month and other baby items, as available. In addition, counseling services are available to clients to be provided on-site at CAPA. It is against agency policy for case managers/interns to transport clients in personal vehicles. If transportation is an issue, the case manager/intern is encouraged to problem-solve with you to arrange alternative transportation to appointments, for personal errands, etc.

Benefits and Risks of In-Home Services/Case Management

You must be willing to commit to the program goals and realize the time commitment for participation. During home visits with the case managers, you will identify needs and wants and establish goals and action plans that will be recorded in your family file. Progress and effort made toward achieving those personal goals will be documented. All services received from CAPA and other community agencies will be documented in your family files.

All Programs

Materials

Everything made during treatment, are the property of CAPA. Artwork made during treatment may be used to promote CAPA with your permission.

Attendance

Attendance is very important in the process, especially when working with children. CAPA often has a waiting list for services. Your counseling file will be closed for poor attendance. Poor attendance includes missing more than two scheduled sessions within a month, or missing two sessions without notice at any point during treatment.

Your home visitor will discuss attendance issues with you. Your home visiting file will be closed if attendance continues to be a problem.

When you know you cannot attend a session, contact your therapist or home visitor as soon as possible. Leaving a message on CAPA's main line is not considered leaving a message for your worker. Make sure you have your worker's direct extension.

Your file may be reopened upon request. You may be placed on a waiting list for services and there is no guarantee you will be assigned to the same person.

Illness

If the person receiving services is sick, please cancel or reschedule the appointment as soon as possible. If services are being provided in the home and someone in the household is sick, please cancel or reschedule the appointment as soon as possible.

Bad Weather

The message on CAPA's main voicemail will have information if the agency is closed for bad weather. CAPA workers will call clients to cancel sessions. Please make sure your therapist or intern has a current phone number. Please call as soon as possible if you are cancelling due to bad weather. Please leave the message on their CAPA extension. Messages left on the main CAPA voicemail will not be picked up until office staff return.

Client Rights and Responsibilities

What are Your Rights as a Client?

1. Be informed about the qualifications of your therapist/case manager, including his or her education, experience, and/or professional licensure.
2. Be informed if your therapist/case manager is an intern and their expected graduation date.
3. Receive an explanation of services offered, your time commitments, fees and billing policies prior to receipt of services.
4. Be informed of the limitations of the therapist/case manager's practice to special areas of expertise.
5. Have all that you say treated confidentially and be informed of any state laws placing limitations on confidentiality in the therapy relationship.
6. Ask questions about the therapy techniques and strategies and be informed of your/your child's progress.
7. Participate in setting goals and evaluating progress toward meeting them.
8. Be informed of how to get help in an emergency situation.
9. Request a referral for a second opinion at any time.
10. Request copies of records and reports to be used by other professionals.
11. Receive a copy of the Code of Ethics to which your therapist adheres.
12. Contact the appropriate person/organization if you have doubts or complaints relative to the therapist/case manager's conduct:
 - Contact the therapist's supervisor and/or CAPA's Program Supervisor and/or Director
 - Contact CAPA's Executive Director
 - Contact the appropriate professional organization
13. Terminate the therapy and/or case management relationship at any time.

What are Your Responsibilities as a Client?

1. Sign necessary paperwork.
2. Complete background information to help your therapist or case manager understand your situation.
3. Set and keep appointments. Let your worker know as soon as possible if you cannot keep an appointment.
4. Be prepared for visits or sessions. Confidential or personal information may be discussed between you and your counselor or caseworker or intern, so please keep visitors to a minimum. Communicating openly with one another helps to ensure that your case manager or counselor fully understands your circumstances and as a result, can individualize services to meet your needs.
5. Partner with your therapist or case manager to establish goals or a Family Action Plan.
6. Follow through with the agreed upon goals.
7. Keep your therapist informed of progress.
8. Terminate your therapy relationship before entering into arrangements with another therapist.

Confidentiality

The information clients share in therapy, and all documents relating to therapy services, are kept confidential. Clients can request, in writing, that the records be released.

Specific confidential information when mandated by law:

State laws mandate that confidentiality be broken if you are found to be a clear and imminent danger to self or others, if you report current abuse or neglect of a child or dependent adult, information about the death of a child, or if your therapist receives a court order to release your records.

Mandatory Child Abuse and Neglect Reporting

Missouri Law states that a report is required when reporter has reasonable cause to suspect that a child has been subjected to abuse or neglect (Missouri Statute 210.115). All cases of suspected child abuse and/or neglect must be reported to the Missouri Child Abuse/Neglect Hotline.

Duty to Warn

Missouri statutes require social workers and counselors to report threats of harms clients make towards other people. This involves notifying the other person and calling the police when needed.

Duty to Protect

Missouri state statutes give permission for social workers, counselors and therapists to report threats of self-harm that they learn about in the course of a professional relationship with a client. By accepting responsibility for the care of a client in need of mental health treatment, the social worker, counselor or therapist may owe a duty to protect our clients from harm towards themselves.

Client's Right to Refuse Service

1. Services at CAPA are voluntary. Any client has the right to refuse any or all services. If a Release of Information exists with an outside entity that has requested to be notified if services terminate, CAPA staff/intern will notify this entity.
2. CAPA staff/interns are prohibited from using coercive or threatening means to force a client to comply with therapy. Refusal of treatment will be documented.

Discharge and Termination of Services

The following circumstances may result in the termination of services:

1. Verbal or physical abuse or the use of threats towards staff, interns or clients.
2. Attendance: Repeated cancellations or two no shows.
3. Duplication of services.
4. Client no longer considered appropriate for the program.
5. Client refuses to follow treatment plan or therapist's recommendations.
6. Client has met stated goals.
7. Client no longer wants or needs program services.

Service to Minors without Parental Consent

CAPA will not serve minors without consent of the legal guardian(s) with the exception of one-time emergency assessment interviews for the child's protection. The presenting legal guardian is responsible for informing any other legal guardian that the child is receiving services at this agency. If you would like us to inform the other parent, please complete a Custodial Parent Contact Form. If you do not provide this form, it is CAPA's understanding that you will make contact with any other legal custodians before services begin.

Audio/Video Recording

CAPA uses audio or video recording of therapy sessions. The purpose of these recording is for education, supervision, or training. Clients will be informed about the use of such recording before they happen they will be asked to sign a consent for recording, and have the option to refuse the recording without impacting service. Recordings are kept short term and are not part of the client record.

Weapons/Substances

CAPA does not allow any weapons (guns, knives, etc.) or any illegal substances in its building or parking lot. Please make sure to leave these items at home. During a home visit, please make sure that these items are securely stored to ensure the safety of the home visitor. Having these item at CAPA may mean you are asked to leave or unable to continue services. Having these items out at home during a home visit may mean the home visitor has to reschedule for later or being unable to continue services.

Complaints and Appeals – Grievance Procedure

If you have concerns about the services provided, the first step is to address it with your therapist/intern. If you do not feel that your concerns were resolved or addressed, you may contact the therapist's/intern's supervisor, or the Program Director. If you are still dissatisfied with the outcome, please contact CAPA's Executive Director.

CAPA also has a number of ways to provide opportunities for client feedback.

- Client Comment Boxes are available in the lobby. These comments are reviewed regularly by the Continuous Quality Improvement (CQI) Committee. Comments can be made anonymously, or you can provide contact information for follow-up.
- Client Satisfaction Surveys are distributed each quarter. The Surveys provide an opportunity to rate services and provide suggestions for improvement. Suggestions can be made anonymously, or you can provide contact information for follow-up. Concerns will be handled by CAPA staff.

**CHILD ABUSE PREVENTION ASSOCIATION
NOTICE OF PRIVACY PRACTICES
THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.**

**PLEASE REVIEW IT CAREFULLY.
THE PRIVACY OF YOUR HEALTH INFORMATION IS IMPORTANT TO US.**

OUR LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect 4/1/2003, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information internally to CAPA clinical staff (including qualified interns) providing treatment to you and your family.

Payment: We may use and disclose your health information to obtain payment for services we provide to you. This includes review of records required to meet provisions of contracts CAPA has with various funders to provide services for the public.

Healthcare Operations: We may use and disclose your health information in connection with our healthcare operations. Healthcare operations include client database operations, quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing or credentialing activities.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you may give us written authorization to use your health information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends: We must disclose your health information to you, as described in the Patient Rights section of this Notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with your healthcare or with payment for your healthcare, but only if you agree that we may do so. In most situations either parent and/or legal guardians may request information pertinent to the treatment of a minor child.

Persons Involved In Care: We may use or disclose health information to notify, or assist in the notification of (including identifying or locating) a family member, your personal representative or another person responsible for your care, of your location, your general condition, or death. If you are present, then prior to use or disclosure of your health information, we will provide you with an opportunity to object to such uses or disclosures. In the event of your incapacity or emergency circumstances, we will disclose health information based on a determination using our professional judgment disclosing only health information that is directly relevant to the person's involvement in your healthcare. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up treatment information.

Marketing Health-Related Services: We will not use your health information for marketing communications or fund raising communications if you do not want us to as noted on this document.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody of protected health information of inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, emails, SMS (text) messages or letters).

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. (You must make a request in writing to obtain access to your health information. You may obtain a form to request access by using the contact information listed at the end of this Notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time. You may also request access by sending us a letter to the address at the end of this Notice. If you request copies, we will charge you \$0.35 for each page, \$15.00 per hour for staff time to locate and copy your health information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your health information in that format. If you prefer, we will prepare a summary or an explanation of your health information for a fee. Contact us using the information listed at the end of this Notice for a full explanation of our fee structure.)

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your health information for purposes, other than treatment, payment, healthcare operations and certain other activities, for the last 6 years, but not before April 14, 2003. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we place additional restrictions on our use or disclosure of your health information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an emergency).

Alternative Communication: You have the right to request that we communicate with you about your health information by alternative means or to alternative locations. (You must make your request in writing.) Your request must specify the alternative means or location, and provide satisfactory explanation how payments will be handled under the alternative means or location you request.

Amendment: You have the right to request that we amend your health information. (Your request must be in writing, and it must explain why the information should be amended.) We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have any questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made

about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Officer: Rochelle Parker
Executive Director
Telephone: 816-252-8388
Fax: 816-252-1337

Address: 503 E. 23rd Street
Independence, MO 64055
email: capa@capacares.org

Behavior Support and Management Procedures

Our goal is to provide a safe environment for service providers and clients. In order to ensure safety, the following procedures will be followed with all clients:

In-Office

CAPA requires an adult caregiver to remain on site while a child is in a counseling session. If behavior issues arise with a child, the therapist will address behavior. If attempts are not successful, the caregiver will be asked to help. The goal is to teach the child self-regulation. If they cannot get themselves under control, the session will be terminated, and will be re-scheduled for a later date.

Adult clients and parents are also expected to exhibit appropriate behavior. A staff member can ask a client to leave if they feel that the client's behavior is inappropriate or unmanageable. Clients who refuse to leave when asked by staff will be removed by police.

In-Home

Clients are expected to exhibit appropriate behavior during a home visit. If a client's behavior is inappropriate or unmanageable at any time, the case manager may terminate the visit and leave the home. If there are continued concerns about a client's behavior, the case manager will discuss with supervisor the possibility of terminating services with a client/family.

Contact and After Hours Emergencies

CAPA office hours are from 9:00am to 5:00pm Monday through Friday. Your therapist/intern may have somewhat different hours and you will be notified of their hours during your first session.

My CAPA Therapist/Case Manager, _____, is available by phone at (816) 252-8388 ext _____, at the 23rd Street Location.

OR

My CAPA Therapist/Case Manager, _____, is available by phone at (816) 601-0550 ext _____, at the Blue Ridge Boulevard Location.

Messages left in the general voice mailbox outside of business hours will not be picked up until the next business day.

For After Hours Emergencies:

If you have an emergency and are in need of immediate assistance after hours, you may call:

**ComCare Mental Health Crisis Line
1-888-279-8188**