

Department of Behavioral Health and Developmental Disabilities

# **CBAY: COMMUNITY-BASED ALTERNATIVES FOR YOUTH**

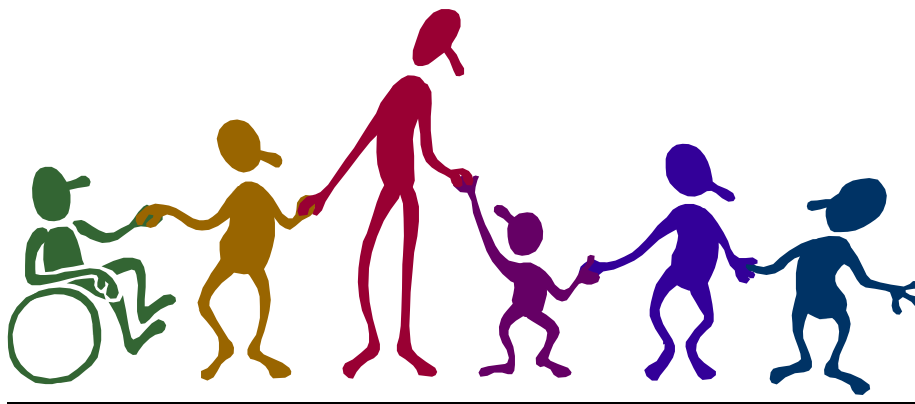


## **FAMILY HANDBOOK**

Community Services and Supports for Families and  
Children with Complex Behavioral Health Needs

# Table of Contents

Welcome.....	2
What is CBAY? .....	3
The Wraparound Road Map.....	5
What you can expect from your care coordinator.....	6
Confidentiality .....	8
Family Satisfaction.....	8
Confidentiality Agreement.....	9
Confidentiality Agreement Instructions.....	10
Complaint Procedure.....	11
CBAY Complaint Notice.....	12
Wraparound Quick Guide.....	13
Wraparound Checklist.....	15
Advocacy.....	17
Glossary.....	18



## Welcome

WELCOME to CBAY: Community-Based Alternatives for Youth. CBAY is managed through the Department of Behavioral Health and Developmental Disabilities. Our offices are located at:

2 Peachtree Street  
Atlanta, GA 30303  
(404) 657-2103

The CBAY staff is listed below and can be reached either by phone or email:

- CBAY Project Director - Linda Y. Henderson, PhD
  - (404) 657-2106 \* [lyhenderson@dhr.state.ga.us](mailto:lyhenderson@dhr.state.ga.us)
  
- C & A MHAD Specialist - Charyl Durbin, LPC
  - (404) 463-6880 \* [cjdurbin@dhr.state.ga.us](mailto:cjdurbin@dhr.state.ga.us)
  
- Waiver Coordinator - Tricia Mills, MA
  - (404) 657-2142 \* [trmills@dhr.state.ga.us](mailto:trmills@dhr.state.ga.us)
  
- Operations Analyst - R. Christina Harrington
  - (404) 463-1796 \* [rcharrington@dhr.state.ga.us](mailto:rcharrington@dhr.state.ga.us)

If at any time your family needs to reach someone after business hours for a crisis related situation, please call the Georgia Crisis and Access Line:

1-800-715-4225  
[www.behavioralhealthlink.com](http://www.behavioralhealthlink.com)

## What is CBAY?

CBAY (Community-Based Alternatives for Youth) is a 5 year demonstration project targeting children who have been diagnosed with a serious emotional and behavioral disturbance. This project is funded through CMS (Center for Medicaid Services) and Georgia is one of ten states who received this grant award. In order to receive these services your child must meet the following criteria:

- 1) Your child must have a primary mental health diagnosis
- 2) Your child is either placed in a Psychiatric Residential Treatment Facility (PRTF) or at risk of being placed in a PRTF

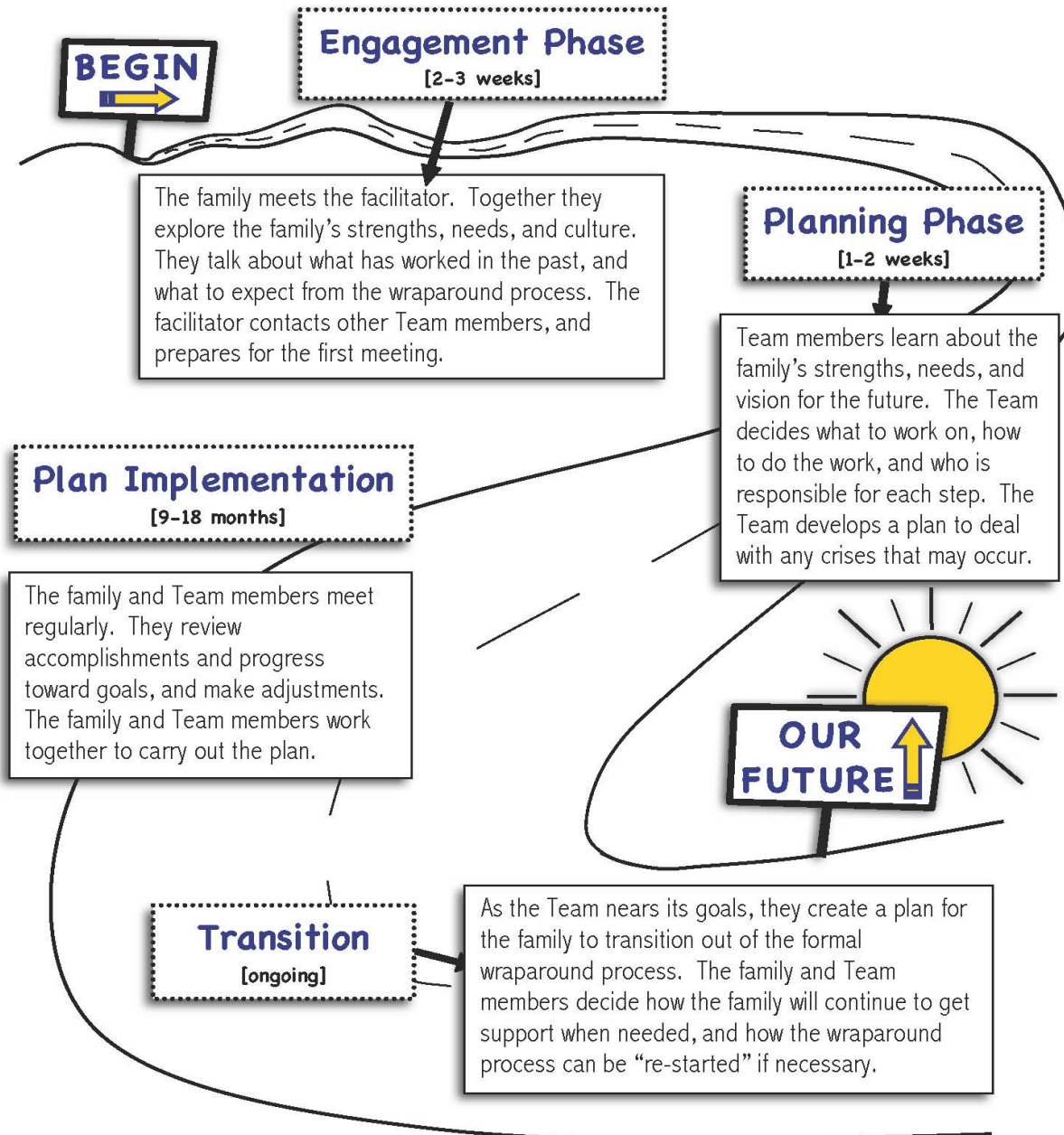
CBAY provides an array of non-Medicaid services in addition to your State Plan benefits. CBAY will use a Wraparound approach which includes having the services developed and driven by your family using a team process. Your CME (Care Management Entity) and care coordinator will help you identify what your child needs and build on your family's strengths. The goal of CBAY is to assist you and your family to become independent by helping you build community partnerships and relationships. Here are some of the values and principles that guide the Wraparound process:

- **Voice** - The child and family are active partners in making treatment decisions.
- **Team** - The approach must involve a team consisting of members of those social systems (family, school, community, neighbors, church) who are most important to the child.

- **Community Based** - Mental health treatment success is best achieved in the community in which the child lives.
- **Culturally Competent** - The process must be built on each family's unique values, preferences, and strengths.
- **Individualized** - Every child has different needs and abilities and treatment plans reflect this. As part of this, you, as the parent/guardian, have the right to have a choice of the services and service providers that you receive.
- **Strengths Based** - Mental health treatment success can be best achieved if we focus not only on the problems of a child and family but also what is going well and is healthy about the family.
- **Natural Supports** - The use of informal community supports such as neighbors, church or friends is important to the success of children.
- **Continuity of care** - Unconditional commitment to continue to help the families through necessary services to meet treatment goals. Youth receiving CBAY services cannot be discharged for the same reason they were referred. This is also known as the No Eject, No Reject policy.
- **Collaboration** - The child is best treated if all of the important systems in his/her life are working together towards similar goals.
- **Flexible Resources** - It is important to be able to flex resources towards what the team believes is most important to the mental health needs of the child.
- **Outcome based services** - Goals and services must be measured and treatment adjusted to improve outcomes. You will be interviewed every three months by family support staff and university staff to collect the information needed to evaluate if you are receiving the services you need and are satisfied with everything you are receiving.

Questions about CBAY: email us at [CBAYQuestions@dhr.state.ga.us](mailto:CBAYQuestions@dhr.state.ga.us)

# The Wraparound Road Map: An Overview



## What you can expect from your CME and Care Coordinator

- Local agencies (Care Management Entities) are under contract with the State to provide care coordination services for you and your family.
- The agencies will try their best to match your family with the Care Coordinator that will work best with your family.
- The Care Coordinator and Parent Partner will set up the first meeting with you to explain their role and the project within 72 hours of them being notified of your selection.
- All meetings should be scheduled at a time and place that works best for you.
- The initial meetings will consist of necessary paperwork to get your child enrolled in the project and a strengths chat to reveal the positives in your life.
- Please be aware that you will be expected to complete various forms throughout your enrollment with this project....it is always necessary to track progress and success!
- The Care Coordinator and Parent Partner will help you put together your Child and Family Team.



- The Child and Family Team, with you, will develop the Child and Family Team Action Plan or Individualized Service Plan. This is the timeline you can expect:
  - A. Child is accepted into CBAY project
  - B. CME is notified within 24 hours
  - C. CME contacts family within 48 hours
  - D. CME visits within 72 hours of notification
    - 1. Enrollment packet completed
    - 2. Team members identified
    - 3. Strengths chat
  - E. CFT held within 2 weeks of notification
- The CFT Action Plan will help direct and guide the team as you move through the Wraparound stages and processes.
- Needs will be identified and prioritized, interventions will build on the strengths of your child and family, and progress will be documented.
- If certain interventions are not working, don't worry, you can change the plan at any time (but the changes **MUST** be discussed and changed during your CFT meetings).
- The CFT Action Plan must be agreed upon and signed off by all team members.



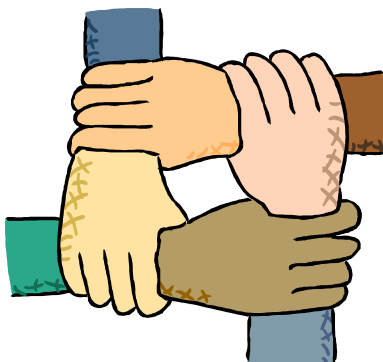
## Confidentiality

All discussions and information pertaining to your child and family are authorized and consented by you. You are asked to sign consent forms at the beginning of the program. This will allow your team to compile the necessary information to develop your family's Wraparound plan. Information about you and your family will always remain confidential unless your child threatens to harm him/herself or others, or there is reasonable suspicion of abuse or neglect. Reports should be made to the DFCS office in the county where the child lives.



## Family Satisfaction

Georgia is one of ten states that have been granted this demonstration grant. As part of this project, you will be asked to complete surveys that will be submitted to the federal government. The results of these evaluations will help CBAY make improvements in the services that are provided to families. CBAY holds certain standards when it comes to working with families. As stated previously, there are guiding principles and values that must be followed (refer to the 10 principles of the Wraparound process on pg. 2-3), your participation in these surveys will allow us to monitor the fidelity and effectiveness of the project.



**CBAY**  
**Community Based Alternatives for Youth**  
**Confidentiality Agreement**

Youth's Name \_\_\_\_\_

Meeting Date \_\_\_\_\_

As a member of the **CBAY Child and Family Team**, I hereby agree to the following:

- I understand that the above-mentioned youth (or his/her legal representative) has agreed to the disclosure of confidential information to our planning team for the purpose of creating a Wraparound Action Plan, I hereby agree that unless I am contracting to provide these services, I will not disclose any of the information discussed in today's meeting regarding this individual.
  
- Furthermore, I understand that if I do agree to provide services to this person and disclosure of information is necessary to initiate or facilitate these services, I am not released from this agreement, but must obtain an additional release of information form the youth (or his/her legal representative) prior to such disclosure.
  
- I am aware that if the treatment information discussed includes (a) alcohol or drug abuse treatment or (b) educational records, that both of these sources are protected by state and/or federal law with regards to further disclosure, and will require additional written consent of the individual (or as otherwise permitted by federal aw governing the confidentiality of alcohol and drug abuse patient records and/or education records, prior to further release of this information).

Name	Agency Represented (if applicable)	Date

**CBAY**  
**Community Based Alternatives for Youth**  
**Confidentiality Agreement Instructions**

**Who should fill out the Confidentiality Agreement?**

All members of the CBAY Child and Family Team who have been given permission to attend the discussion of the youth (through the Unified Release of Information Form) should sign the form at each meeting during which the youth is discussed. This form may also serve as the sign-in sheet for the meeting.

**When should the Confidentiality Agreement be signed?**

Prior to any discussion of the youth.

**Where should the Confidentiality Agreement be kept?**

It should be placed in the CBAY youth's case record, along with the meeting minutes.

**What guidelines should be followed in using the Confidentiality Agreement?**

The following guidelines should be followed:

- Go over the purpose of the form and the importance of confidentiality at the beginning of each meeting.
- Ensure that you have all signatures prior to discussing the youth.



# Complaint Procedure

CBAY would like you to receive the best care possible. If you are unhappy with the services and care that you are receiving, please follow this procedure:

- 1) Let your Care Coordinator and Parent Partner know that you are dissatisfied so they have an opportunity to try and work it out.
- 2) If you still feel that your situation has not improved, please contact the Care Coordinator Supervisor. If you do not have that number, you can contact their office and request the number.
- 3) After all of the above options are explored, you can contact the CBAY staff at the State office:
  - CBAY Project Director - Linda Y. Henderson, PhD
    - (404) 657-2106 \* [lyhenderson@dhr.state.ga.us](mailto:lyhenderson@dhr.state.ga.us)
  - C & A MHAD Specialist - Charyl Durbin, LPC
    - (404) 463-6880 \* [cjdurbin@dhr.state.ga.us](mailto:cjdurbin@dhr.state.ga.us)
  - Waiver Coordinator - Tricia Mills, MA
    - (404) 657-2142 \* [trmills@dhr.state.ga.us](mailto:trmills@dhr.state.ga.us)
  - Operations Analyst - R. Christina Harrington
    - (404) 463-1796 \* [rcharrington@dhr.state.ga.us](mailto:rcharrington@dhr.state.ga.us)

If you would like to file your complaint in writing, please complete the complaint and grievance form. You can fax (404-463-7149) or email ([CBAYComplaints@dhr.state.ga.us](mailto:CBAYComplaints@dhr.state.ga.us)) the document.

## CBAY COMPLAINT NOTICE

<b>Child's Name:</b>	<b>Your name:</b>
<b>Best way to contact you:</b>	<b>Home phone #:</b>
	<b>Cell #:</b>
	<b>Email address:</b>
<b>Care Management Entity (CME): check one</b>	
<b>Lookout Mountain</b>	<b>GRN CSB</b>
<b>The Bridge, Inc. (MAAC)</b>	<b>CHRIS Kids</b>
<b>Process Information</b>	
<b>Date issue occurred:</b>	
<b>Please describe the issue below:</b>	
<b>Name of care coordinator:</b>	
<b>Date:</b>	
<b>Date you notified your care coordinator:</b>	
<b>Date you notified your care coordinator's supervisor:</b>	
<b>Please describe action supervisor took below:</b>	

# - Quick Guide to the Wraparound Process -

## Phase One: Engagement & Team Preparation

You and your child will meet with a facilitator, either separately or together. The facilitator will talk with you about:

- ★ your family's strengths,
- ★ your family's story,
- ★ people who care about your family,
- ★ people who have been helpful to each family member in the past, each family member's needs (what they need the most help with),
- ★ your concerns and worries,
- ★ what you would like your life to look like in the future,
- ★ who to have on the **Wraparound Team**, and
- ★ where to hold meetings (place where the family feels comfortable).

A temporary Crisis Plan will be written (if needed).

The **facilitator** will then meet with the people you listed as possible **Wraparound Team** members.

*Phase One may take a number of meetings, but should take no more than 1-2 weeks.*

## Phase Two: Initial Plan Development

All Team members will be present for the first **Wraparound Team** meeting. The Team will:

- ★ introduce themselves and go over the list of strengths that the facilitator has put together, including all Team members' ideas,
- ★ create a Team Mission Statement that lists the most important goals that all Team members will work on together, and what they hope your family will get out of this process,
- ★ look at each family member's needs,
- ★ come up with a list of ways to meet those needs, using your family's strengths,
- ★ decide what the outcome will look like when you have succeeded,
- ★ choose a task for each Team member to work on, and
- ★ plan the action steps they will follow in order to be successful.

*Phase Two may take 1-2 Team meetings and should be finished within 1-2 weeks.*

## - Quick Guide to the Wraparound Process - (continued)

### Phase Three: Plan Implementation

The Team will meet regularly to go over the written **Plan of Care**. Each Team member will agree to work on some of the **action steps**, and will commit to doing the work necessary for those steps. When the Team meets, there are four things you will do:

1. review all accomplishments (what has been done and what's been going well),
2. decide if the Plan has been working toward reaching the goals,
3. adjust things that aren't working within the Plan, and
4. assign any new tasks to Team members.

*Phase Three requires regular Team meetings. Team members complete action steps assigned to them. This phase continues until all results are met.*

### Phase Four: Transition

Even though transitions happen during the process, there is a point when the Team will not need to meet regularly. When it looks like all goals have been met, the Team may decide to have one final meeting to say you are ready to move on, or to have a small celebration. As a family, you will get a record of everything that happened throughout your Wraparound Process, as well as a list of what worked. The Team will also make a plan for the future, including who to call if you need help or if you need to meet again as a Team.

*Phase Four is the final step in this process. Completion may be done in one meeting or may take several weeks.*

# Wraparound Checklist

## Phase One: Engagement & Team Preparation

1

### What Happens:

- Meet with the facilitator and explain your family's story
- Address your family's immediate needs and crises and put together an initial crisis plan
- Create a strengths list
- Create a Team member list
- Select a date and place for the first meeting
- Decide who will contact the possible Team members

### Documents Created:

- Summary of strengths
- Strengths, Needs, and Culture Discovery (SNCD)
- List of potential youth/child & family Team members
- Crisis Plan (if needed)

### Forms Used:

- Form providing initial permission to provide services
- Release(s) allowing facilitator to speak with other Team members

## Phase Two: Initial Plan Development

2

### What Happens:

- Participate in one or two youth/family Team meetings
- Review your strengths
- Develop a Team Mission Statement that reflects what you and other Team members hope to get out of this
- Review needs that reflect your concerns and worries
- Pick only a few needs to work on, so you and the Team don't become overwhelmed
- Come up with a few different ideas on how to meet those needs
- Choose a way to meet those needs that matches your strengths
- Assign all Team members something to do from the Plan
- All Team members get a copy of the Wraparound Plan of Care

### Documents Created:

- Plan of Care that includes the Team's mission, most important needs, and what each Team member is responsible to do and when they need to do it
- Written Crisis Plan that includes who will be responsible for what when things go wrong, and who should be called in what order
- Schedule of future Team meetings

### Forms Used:

- Permission(s) and release(s) if new service providers are called

# Wraparound Checklist

-- (continued)

## Phase Three: Plan Implementation

3

### What Happens:

- Check to be sure that activities that were promised are being provided
- Review accomplishments and record them
- Evaluate the Plan:
  - Is the Team meeting often enough to check on follow-through
  - Are the actions meeting your needs
- Adjust the Plan based on the feedback
- Assign new Plan actions and record them at each Team meeting
- All Team members get copies of the minutes and updated Plan of Care

- Write and send out regular progress reports
- Your family and Team practice what to do if a crisis occurs

### Documents Created:

- Team minutes that detail Team accomplishments, changes to the Plan and schedule of meetings
- Regular progress reports that reflect progress made from the original Plan

### Forms Used:

- Updated releases for Team members especially if new ones are added

## Phase Four: Transition

4

### What Happens:

- You have held practice crisis drills and are confident you know what to do if things go wrong
- You have a way to access services in the future
- You have a way to connect with other families who have been through the process
- Your concerns have been considered
- You have a list of Team member phone numbers to contact, if needed
- You have discussed leaving the Wraparound Process with the Team
- You have written documents that describe your strengths and accomplishments

### Documents Created:

- Transition Plan that describes how ongoing services will be accessed if necessary
- Crisis Plan that includes a communication plan for those who will be contacted in the event of an emergency
- Follow-up phone numbers for all Team members who might be contacted
- Formal Discharge Plan that describes strengths of the family, the actions that were successful, and those that weren't

### Forms Used:

- Discharge Summary

## Advocacy

Georgia Parent Support Network (GPSN) was founded in 1989 by thirty parents and professionals who shared a vision of family involvement in issues that affect children and youth with mental health disabilities. GPSN has grown to more than 3,500 members. The members sit on almost every policy-making board where decisions affecting children and youth are made. GPSN continues to grow and is constantly redefining the family advocacy role to determine how families can and should be involved to ensure that the needs of families whose children suffer from severe emotional disturbances are met. GPSN is a member of the National Federation of Families.

Georgia Parent Support Network, Inc.  
1381 Metropolitan Parkway  
Atlanta, GA 30310  
USA

(404) 758-4500 - telephone  
(800) 832-8645 - toll free  
(404) 758-6833 - facsimile



## Glossary

PRTF	Psychiatric Residential Treatment Facility
CMS	Center for Medicaid Services
SED	Serious Emotional Disturbance
SEBD	Serious Emotional and Behavioral Disturbance
KidsNet site	Local Systems of Care
MDS	Minimum Data Set
TPA	Third Party Administrator
CAFAS	Child and Adolescent Functioning Assessment Scale
YSS	Youth Satisfaction Survey
YSS-F	Youth Satisfaction Survey-Family
WFI	Wraparound Fidelity Index
CFT	Child and Family Team

## “CBAY” Acknowledgement

I understand that under the Community Based Alternatives for Youth Project (“CBAY”), I have certain rights regarding my participation in the project. I understand that:

- ⌚ The information obtained during this project will be confidential, unless there are federal laws that preclude that confidentiality, i.e. child abuse, elder abuse, etc.
- ⌚ I have the right to choice of services and service providers.
- ⌚ I have the right to file a complaint without fear of retaliation
- ⌚ I have the right to opt out of the project, without penalty or fear of retaliation

I have received, read and understand your *Welcome Handbook* containing a more complete description of the CBAY project and Wraparound process. I understand that the Department of Behavioral Health and Developmental Disabilities has the right to change its *CBAY Welcome Handbook* from time to time and that I may contact this organization at any time at the address below to obtain a current copy of the *CBAY Welcome Handbook*.

Patient Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Office Use Only

I attempted to obtain the patient’s signature in acknowledgement on this CBAY Welcome Handbook Acknowledgement, but was unable to do so as documented below.

Date	Initials	Reason