|  |
| --- |
| **NM High-Fidelity Wraparound**  **TRANSITION PROCEDURE GUIDE** |

1. **Referral Phase**

1. Wraparound facilitator should attempt contact with youth/family within 24 hours of the Consensus and Consent Meeting

2. Wraparound facilitator should attempt at least two telephone contacts and one physical contact with youth/family within 48 hours of NM High Fidelity Consent form being signed at the Consensus and Consent Meeting.

3. If contact attempts are not successfully, the Wraparound facilitator should seek consultation from their Endorsed Coach

4. If prior attempts are not successful, Wraparound facilitator should have at least one attempt to contact youth/family through a third party such as the referral source

5. If contact attempts are not successfully, the Wraparound facilitator should seek consultation from their Endorsed Coach . Endorsed Coach will determine the course of action that can include, but is not limited to:

* Additional contact strategies
* No-contact letter (Must include how to contact facilitator)
* Transition

6. Above requirements are minimum expectations of efforts to make contact. Facilitators should consult their coach throughout the process to consider individualized efforts to contact families.

* Discharge at this phase should not occur any earlier that 30 days from the signature of the NM High Fidelity Consensus and Consent meeting and signing of the NM High Fidelity Consent form or whichever is latest.

**II. Engagement Phase**

1. If Wraparound facilitator loses contact with youth/family for 14 days, Wraparound Endorsed coach should be consulted for individualized strategies

2. If Wraparound facilitator does not make contact for 30 more days after consultation with Wraparound Endorsed Coach (See #1), Wraparound coach should be consulted for discharge

3. NM High Fidelity Transition Form should be completed within 7 days after Wraparound Endorsed Coach consents discharge.

4. NM High Fidelity Transition Form should be sent to Wraparound Endorsed Coach for signature.

**III. Action Planning Phase-Unplanned Transition**

1. If Wraparound facilitator loses contact with referral for 14 days, Wraparound Endorsed coach should be consulted

2. If Wraparound facilitator loses contact with referral for 30 days, Wraparound Endorsed Coach should be consulted for transition.

3. NM High Fidelity Transition Form should be completed within 7 days after Wraparound Endorsed Coach consents transition.

4. NM High Fidelity Transition Form should be sent to Wraparound Endorsed Coach for signature

**IV. Action Planning Phase-Planned Transition**

1. When Wraparound process is ready for transition due to Vision & Underlying Needs being met, Wraparound coach should be consulted.

2. When Wraparound process is being transitioned to another facilitator Wraparound Endorsed Coach should be consulted.

3. When family/youth asks to be transitioned from Wraparound, coach should be consulted for a review of the process to date, resulting either in an individualized approach to re-engagement or transition.

4. NM High-Fidelity Wraparound Transition Form should be completed within 7 days after Wraparound Endorsed Coach consents transition.

5. NM High-Fidelity Wraparound Transition Form should be sent to Wraparound Endorsed Coach for signature.

|  |
| --- |
| **NM HIGH-FIDELITY WRAPAROUND TRANSITION FORM** |

**Facilitator’s Name:** Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Name of Youth:** Click here to enter text. | **Today’s Date:** Click here to enter a date. | **# of Team Meetings to Date:** Click here to enter text. |
| **Date of Consent:** Click here to enter a date. | **Date of First Wrap Family Team Meeting:** Click here to enter a date. | |
| **Is this a planned Transition? Yes  No**  **If unplanned, were all prescribed contact attempts made? Yes  No**    **If unplanned Transition please explain** Click here to enter text.  **Was Transition staffed with Wraparound coach? Yes  No**  **What service(s) will remain in place after Transition? Please list: Click here to enter text.**  **Is someone taking over Wraparound facilitation for this team? Yes  No**  **If so please name and their relationship to the youth/family: Click here to enter text.**  **What is the Vision in the Action Plan? Click here to enter text.**  **Please write about the successes this family/youth has experienced related to this vision :** Click here to enter text.      **Coach’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |