**New Mexico High-Fidelity Wraparound (HFW) Provider Application**

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| **Date of Application** | Click to enter a date. |
| **Agency Legal Name** | Click here to enter text. |
| **Agency Business Name (if different than legal name)** | Click here to enter text. |
| **Parent Company Name (if applicable)** | Click here to enter text. |
| **Physical Address (main location)** | Click here to enter text. |
| **Other Service Locations (if applicable)** | Click here to enter text. |
| **Mailing Address (if different)** | Click here to enter text. |
| **Executive Director/CEO** | Click here to enter text. |
| **Clinical Director/Supervisor** | Click here to enter text. |
| **Preferred Contact** | Click here to enter text. |
| **Contact Phone Number** | Click here to enter text. |
| **Contact Email Address** | Click here to enter text. |
| **Current Populations/Ages Served** | Click here to enter text. |
| **Hours of operation (including after hours)** | Click here to enter text. |
| **Are you currently under contract with New Mexico Managed Care Organizations? If so, please list.** | Click here to enter text. |
| **List the County(s) where you are applying to provide HFW. Please provide the address for each location.**  | Click here to enter text. |
| **Medicaid Enrollment ID (Provide an ID for every county where you are applying to provide HFW)** | Click here to enter text. |
| **National Provider Identifier (NPI)** | Click here to enter text. |
| **Tax Identification Number** | Click here to enter text. |

**Provider Type**:

[ ] Community Mental Health Center (CMHC)

[ ]  Federally Qualified Health Center (FQHC)

[ ]  Indian Health Services (IHS) Facility

[ ]  PL.93-638 Tribal Facility

[ ]  MAD Core Service Agency

[ ]  CareLink NM Health Home

[ ]  Behavioral health agency (Provider Type 432)

[ ]  Other: Please Explain: Click to enter text.

**New Mexico High-Fidelity Wraparound Provider Application
Narrative Section**

High-Fidelity Wraparound is nationally-recognized as an approach that changes systems. Successful Wraparound providers should demonstrate an understanding of, and a commitment to, Wraparound values and core elements. Please provide a comprehensive response to each question below. You will also have an opportunity during our interview to provide additional information.

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| 1. **What is your agency’s Mission statement and your agency’s Vision statement? Please describe how the HFW approach is central to fulfill your Mission and Vision statements.**
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| Click here to enter text, box will expand as you type |
| 1. **Please list the HFW values and, for each value, when possible, describe how your agency structures the implementation of that value. (When possible, please align each of your agency’s values to the HFW values.)**
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| Click here to enter text, box will expand as you type |
| **a. Elaborate on 3 of your agency values that you particularly do well and how you have accomplished this outcome.**  |
| Click here to enter text, box will expand as you type |
| **b. Elaborate on 3 of your agency values which need development and what strategies you are considering to develop them.** |
| Click here to enter text, box will expand as you type |
| **3. Fidelity means implementing a program according to its practice model to achieve desired outcomes. HFW has a rigorous system of accountability regarding fidelity implementation and outcome measurement.**  |
| **a. Does your agency currently offer any service or program that utilizes fidelity monitoring or assessment? If so, please list them and explain what the fidelity monitoring consists of for each.** |
| Click here to enter text, box will expand as you type |
| **b. What additional data points do you collect for your agency’s programs and how do you use these data points in improving processes and practice?** |
| Click here to enter text, box will expand as you type |
| **4. Describe the full range of services your agency provides including the age range.** |
| Click here to enter text, box will expand as you type |
| **5. A healthy Systems of Care values and implements a trauma-informed and responsive approach.**  |
| 1. **Please describe how your agency trains your staff to provide trauma informed and responsive care. Please include the elements of a trauma informed and responsive approach used in your agency’s trainings.**
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| Click here to enter text, box will expand as you type |
| 1. **Describe how your agency informs, supports and responds to the needs of staff who are working in a trauma impacted environment (Secondary Trauma).**
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| Click here to enter text, box will expand as you type |
| **6. HFW requires a safety and stability response after-hours, including weekends and holidays. This response must include individualized support of a family’s safety and stability plan and in person response if needed.** **a. What is your agency’s current approach or plan to implement after hours safety and stability response to support children, and their families?** *(This response cannot incorporate the use of 988 or children’s mobile response service.)* |
| Click here to enter text, box will expand as you type. |
| **7. Describe your agency’s experience with Certified Family Peer Support (CFPS). This can include, but is not limited to, training, number of years of practice, conceptual in the context of a System of Care.** *(If you do not have experience with CFPS, you may include experience with another type of peer support.)* |
| Click here to enter text, box will expand as you type |
| **8. Describe your organizational structure and identify the number of current staff. Demonstrate, through the use of an organizational chart and narrative, where HFW will be placed in your infrastructure and how it will influence the rest of your agency.**  |
| Click here to enter text, box will expand as you type |
| **9. Identify the key staff (Currently employed or planning to hire) who will develop the infrastructure and provide the leadership for your HFW Program.** **a. Explain the role each staff will have in introducing and continually educating on Wraparound to your agency and community.**  |
| Click here to enter text, box will expand as you type |
| **b. Explain the role each staff will have in growing your HFW program.** |
| Click here to enter text, box will expand as you type. |
| 1. **Explain the role each staff will have in embedding the HFW process throughout your agency.**
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| Click here to enter text, box will expand as you type. |
| **10. Please list HFW enrollment projections for each of the next three years. Include methodology used to calculate projections.** |
| Click here to enter text, box will expand as you type |
| **11. Please attach, and describe, your new employee onboarding process/timeline and required trainings** |
| Click here to enter text, box will expand as you type |
| **12. Please provide any additional information you would like us to know about your agency, including any accreditations or certifications as applicable.** |
| Click here to enter text, box will expand as you type |

**Additional Documents to provide:**

1. A copy of your most recent financial audit
2. A recent profit/loss statement (within 3 months)
3. Organizational Chart
4. Internal Agency Policy/Procedures that will expand on or provide support for narrative answers above (optional/as needed)

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| **Signature of CEO** | Click here to sign . | Date: Click to enter date.  |
| **Signature of Chairperson of Board (if applicable)** | Click here to sign . | Date: Click to enter date. |

**Submission Instructions:**

Please visit the NMSU Center of Innovation for Behavioral Health and Wellbeing website, <https://centerofinnovationnm.org/nm-wraparound/wrap-provider-application/> to upload complete application form and supporting documentation. If you have any questions about your application, please email centerofinnovationnm@nmsu.edu or submit your question via the contact us tab on the website.