Appendix A

Interagency Steering Committee for High-Fidelity Wraparound Charter

A	Purpose of the Interagency Steering Committee

Primary Functions

The primary function of the Interagency Steering Committee is to take responsibility for approval of NM High-Fidelity Wraparound (HFW) provider certification applications. The Interagency Steering Committee will review, monitor status and approve provider certification applications, help ensure program fidelity, and provide support as needed to HFW leadership defined as Children, Youth, and Families Department (CYFD) Behavioral Health Services (BHS), Human Services Department (HSD) Behavioral Health Services Division (BHSD), and HSD Medical Assistance Division (MAD). The Interagency Steering Committee is supported administratively by the New Mexico State University (NMSU) Center of Innovation (COI).

The Interagency Steering Committee provides support and oversight on the long-term strategies of the HFW model and members of the Interagency Steering Committee help ensure business objectives are being adequately addressed. These responsibilities are carried out through the following functions:

1. Review provider applications and monitor status of pending applications.
2. Help ensure adherence to the HFW Program Manual and Implementation Guide.
3. Review and provide an initial response to provider applications within sixty (60) business days of receipt of a clean and complete provider application.
4. Provide education and resources for providers navigating the various systems required to become certified as a High-Fidelity Wraparound Provider.
5. Upon request of HFW leadership, assess provider status for compliance with HFW model.
6. Review annually (or as needed), data from the HFW reporting tools to help ensure provider fidelity to the model.

Steering Committee Responsibilities

1. Approval of provider applications for certification
   a. Conduct provider readiness assessments through the review of provider applications and provider interviews;
      i. Review written application materials for all applicants prior to each committee meeting.
      ii. Discuss applications in committee meetings and contribute to final scoring tool completion for each applicant.
      iii. Conduct interview(s) with provider applicant(s) who are approved to move forward after written application.
      iv. Make final determination of approval and provide list of further information or required changes for providers determined not to be ready to provide HFW.
      v. Inform COI of decisions made for proper routing of notices to provider, MAD and MCOs.
2. Delineate recommended next steps to approved providers for onboarding with assigned CYFD-BHS or COI Coordinators.
   a. Provide a list of recommended steps for provider to implement their HFW program. The assigned CYFD-BHS or COI coordinator will work with provider to address recommendations.

   b. CYFD-BHS HFW Manager will provide a monthly status update to Interagency Steering Committee on all providers approved for certification. Interagency Steering Committee will provide guidance and support as appropriate.

Changes Requiring State Leadership Approval

State leadership of the Interagency Steering Committee for HFW is comprised of the CYFD-BHS Director or Deputy Director and the HSD, BHSD and MAD Directors or Deputy Directors. These Directors or Deputy Directors will approve the following:

1. All changes to this Charter, this includes committee member roles.

B	Interagency Steering Committee

Membership

Membership is based on agency and position; if a member leaves, their position will be replaced by someone in a similar role in that agency, or a designee. Members may assign a designee with committee approval and with advanced notice. Advisory and Ad-Hoc members will be invited on an as needed basis. The NMSU COI serves as administrative coordinator for the committee and will serve as liaison between providers and the committee on all application related communications, COI Director or designee will attend meetings upon request of the Co-Chairs, they are not voting members.

Roles and Positions* see Attachment A for current members and contact information

Agency	Position	Committee Role
CYFD-Behavioral Health Services	Clinical Manager	Co-Chair- voting
HSD, Medical Assistance Division	Deputy Bureau Chief, MAD - Benefits and Reimbursement Bureau	Co-Chair- voting
HSD, Behavioral Health Services Division	MCO Contract Manager	Member- voting
HSD, Medical Assistance Division	MCO Contract Manager	Member- voting
HSD, Medial Assistance Division	Provider Enrollment	Advisory
HSD, Behavioral Health Services Division	Program Manager, Health Home Coordinator	Advisory
Presbyterian Health Plan	Representative	Ad-Hoc/Advisory
BlueCross Blue Shield New Mexico	Representative	Ad-Hoc/Advisory
Western Sky Community Care	Representative	Ad-Hoc/Advisory

C	Interagency Steering Committee Meetings

Application Screening Process

1. COI will receive and screen applications for completeness. Incomplete applications will be returned to applicant for additional information.
2. Completed applications will be sent to all committee members prior to each scheduled committee meeting.
3. Committee members will score applications using scoring tool and prepare comments for discussion.

Meeting Schedule and Process

The Interagency Steering Committee will meet monthly, or as required, to provide timely review of HFW provider applications for certification, track issues and progress of the program's implementation, and to render ongoing support to HFW providers.

The Interagency Steering Committee Chair facilitates the meeting and all committee members will participate in the review and discussion of materials and vote on decisions, subject to conflicts and recusals, if any.

The Interagency Steering Committee will strive for consensus on all decisions, in the case that vote is needed, decision will be made by majority vote of members present.

Meeting Agenda

At each meeting one of the Co-Chairs will review the following items:

- *Introductions (of new members **or invited guests**)*
- *Agenda*
- *Minutes from last meeting*
- *Any actions arising from previous Interagency Steering Committee meeting*
- *Review of responses from providers on requests for additional information*
- *Review decisions on new applications. Review status update report on previously approved Providers*
- *Schedule provider interviews*
- *CYFD-BHS HFW Manager will report progress on components of the HFW program.*
- *Additional items as needed*

Attachment A

Interagency Steering Committee and Workgroup Membership- June 2023

Agency	Member Name	Member Email	Designee Name; Email
NMSU, Center of Innovation*	Brooke Stanley Tou	bastou@nmsu.edu	Bob Brazell bbrazell@nmsu.edu
CYFD-Behavioral Health Services	Rosella McCaffrey	Rosella.mccaffrey@state.nm.us	Patricia Archuleta, Patricia.Archuleta@cyfd.nm.gov
HSD, Medical Assistance Division	Kresta Opperman	kresta.opperman@hsd.nm.gov	Erica Leyba erica.leyba@hsd.nm.gov
HSD, Behavioral Health Services Division	Melinda Lopez	melindaa.lopez@hsd.nm.gov	Jamie Standridge Jamie.standridge@hsd.nm.gov
HSD, Medical Assistance Division	Alicia Salazar	Alicia.salazar2@hsd.nm.gov	TBD
HSD, Behavioral Health Services Division	Jennifer Buchanan	jennifer.buchanan@hsd.nm.gov	Laura Peralta Laura.Peralta@hsd.nm.gov
Presbyterian Health Plan	Elizabeth Lacouture	elacoutur@phs.org	Amy Hallquist; ahallquist@magellanhealth.com
BlueCross Blue Shield New Mexico	Steve DeSaulniers	Stephen_C_Desaulniers@bcbsnm.com	Lisa Mortensen; Lisa_Mortensen@bcbsnm.com
Western Sky Community Care	Nicole Castillo	Nicole.Castillo@westernskycommunitycare.com	Rose V. Nelson; Rosanna.V.Nelson@westernskycommunitycare.com

*NMSU COI coordinates the administrative functions of the committee but is not a member.

NM HIGH-FIDELITY WRAPAROUND FACILITATOR CODE OF ETHICS

NM High-Fidelity Wraparound is dedicated to building upon the strengths of the youth and family, increasing client independence and empowering families. NM High-Fidelity Wraparound Facilitators will engage in professional behaviors and maintain ethical standards of practice with clients, colleagues and the community. NM High-Fidelity Wraparound subscribes to ethical standards of practice that promote professional responsibility, protect client's rights and keep client's interests primary.

NM High-Fidelity Wraparound Values

The NM High-Fidelity Wraparound Program is grounded in a core set of values that infuse all Wraparound Facilitator activities. Facilitators are expected to demonstrate an understanding of and a commitment to these values in all of their work:

- Youth and Family Voice and Choice
- Individualized
- Cultural and Linguistic Humility
- Strengths Based
- Collaboration
- Normalization
- Perseverance
- Holistic
- Natural Supports
- Community Based
- Outcome Based

Ethical Responsibilities

It is the responsibility of NM High-Fidelity Wraparound Facilitators to adhere to the following ethical conduct guidelines.

The Wraparound Facilitator WILL:

1. Treat youth and families with dignity, respect and fairness.
2. Apply the principles of resiliency, wellness/recovery, and youth-guided and family-driven approach in every day interactions with family members.
3. Promote the youth/family's decision-making and personal responsibility consistent with the family member's culture, values and beliefs.
4. Promote the youth/family member's voice and the articulation of their values and vision in planning and evaluating needed supports and services.
5. Respect confidentiality of youth and families and not disclose information without having an authorized release of information.
6. Possess knowledge base of youth's culture and demonstrate competence in providing facilitation.
7. Know and follow the code of ethics of each Facilitator's respective profession and the rules/laws of each Facilitator's respective license as applicable.

8. Treat colleagues in a professional, respectful and courteous manner; respect fairly the views of colleagues.
9. Take adequate measure to discourage, prevent and correct the unethical conduct of colleagues including filing complaints with the appropriate licensing and/or certifying boards as appropriate
10. Communicate information in ways that are both developmentally and culturally appropriate. Only assist youth/family members whose concerns are within Facilitator's competency as determined by education, training, experience and on-going supervision/consultation.
11. When complying with laws and regulations involving mandatory reporting of harm, abuse or neglect, make every effort to involve the family members in the planning for services and ensure that no further harm is done to the youth/family as a result of the reporting
12. Discuss and explain to youth, family members and all other team members the rights, roles, expectations, benefits and limitations of the Wraparound process
13. Stay informed and up-to-date with regard to the research, policy and developments in the field of youth/family mental health and services delivery.
14. Seek appropriate professional supervision/consultation or assistance for my personal problems or conflicts that may impair or affect my role as a Facilitator.

The Wraparound Facilitator WILL NOT:

1. Discuss confidential information in any setting unless privacy can be ensured.
2. Engage in dual relationships with youth/families or former youth/families. In instances where dual relationships are unavoidable, Facilitators should take steps to protect youth/families and are responsible for setting clear, appropriate and cultural boundaries. (Dual relationships occur when Facilitators relate to youth/families in more than one relationship, whether professional, social or business).
3. Accept "friend" or contact requests from current or former clients or family members on any social networking site (Facebook, LinkedIn, etc.) Adding clients as "friends" or contacts on these sites can compromise clients' confidentiality and blur the boundaries of a therapeutic, professional relationship.
4. Physically, verbally or sexually abuse a youth, relatives or other individuals that reside with the youth and/or with whom the youth has a close personal relationship.
5. Engage in sexual activities or contact with current youth/family enrollees, relatives or other individuals that reside with the youth and/or with whom youth/families have a close personal relationship.
6. Discriminate against or refuse services to anyone on the basis of race, ethnicity, gender, gender identity, religion/spirituality, culture, national origin, age, sexual orientation, marital status, language preference, socioeconomic status or disability.
7. Use derogatory language in written and/or verbal communications to or about youth/families.
8. Offer nor accept gifts, other than token gifts, related to the professional service of Wraparound, including but not limited to, personal barter services, payment for referrals or other remunerations.
9. Engage in personal financial transactions with youth/family

NM HIGH-FIDELITY WRAPAROUND FACILITATOR'S PRACTICE FLOW CHART

The purpose of this chart is to provide a guide to Wraparound facilitators that have completed NM High-Fidelity Wraparound Foundations Training. It provides a step by step process that facilitators should follow in order to assure fidelity to the High-Fidelity Wraparound process. The first column describes the phase of the process. The second column describes the activity that should be taking place at each phase and a time frame for completion. The third column identifies the High-Fidelity Wraparound form or tool the facilitator should use to conduct the activity and assure High Fidelity to the Wraparound practice. The fourth column identifies the evaluation requirement that should match phase of the process.

**Exceptions need to be approved by Wraparound coach

PHASE	ACTIVITY	FORM/TOOL	EVALUATION
Referral	⏰ A referral must be vetted and the Consensus & Consent Team Meeting scheduled within two (2) business days of receipt of a High-Fidelity Wraparound Referral Form ⏰ In order to accommodate specific needs of youth/families the time frame to hold a Consensus & Consent Team Meeting (CCT) can be extended to, but cannot exceed, five (5) business days. If consensus is reached from participants and the youth and Family consent to Wraparound: 1. Get the NM High-Fidelity Wraparound Consent form signed	⚒ Wraparound Elevator Speech (Developed at training to introduce Wraparound at first contact) ⚒ NM High Fidelity Wraparound Consent form	⏰ **Evaluation ID: Requests should be made within 48 hours from the NM High Fidelity Consent form being signed the Smartsheet link**

	2. Get Release of Information forms signed to contact system partners, providers, and supports	⚒ Use your Program's Release of Information Form ⚒ Complete the Consensus and Consent Team Verification Form	
PHASE	**ACTIVITY**	**FORM/TOOL**	**EVALUATION**
Engagement	**Post consent, meet with Family and Youth in-vivo in the community** ⏰ Wraparound facilitators must have their first in-vivo engagement, post with youth and family within 48 business hours of the NM High Fidelity Consent form being signed. Gather the family's story. Be aware that it may take several meetings to get this holistic picture. ⏰ Safety and Stability Plan should be completed within one week from enrollment. Assess for Safety & Stability at **every** interaction and if necessary update plan	⚒ Gathering the Family Story Guide & Gathering the Family Story Form ⚒ Safety & Stability Plan Guide & Safety & Stability Form	

| | If there are immediate concrete needs, address them with urgency Frequency of contact with family/youth should correlate the required intensity. (At a minimum once a week)

Gather additional information:

1. Review and collect collateral. New collateral should be added to the file. (Assessments, records, IEPs, etc.)

2. Contact/Interview relevant people. Note, that they are also potential team members

Communication:
1. ⏰ Referral source should be updated on engagement at a minimum of once a week. | ⚒ Interactions should be recorded on the Weekly Reporting Form and filed

Continue to use the ⚒ Gathering the Family Story Form Specifically assess for additional needs and strengths | |

PHASE	ACTIVITY	FORM/TOOL	EVALUATION
Engagement Cont..	**Preparation for First Family Team Meeting** ⏰ Expectation is to have first meeting within 30 days of making first face to face contact		⏰ **CANS must be completed within 30 days from enrollment**

	1. Combine information from Gathering the Family Story and collateral to discuss with family to formulate Vision, Needs, Strengths, team members	⚒ Team Meeting Prep Form	
		⚒ Team Meeting Prep Form	
	2. Prioritize Needs.		
	3. Assess for the need to formulate a Safety & Stability Plan at **every** interaction		
	4. Schedule time to review Team Meeting Prep form with Coach.		
	5. After coach has approved Team Meeting Prep form, meet with family to schedule the Wraparound Team Meeting. Plan on location, identify who is going to make invitations to team members	⚒ Team Meeting Guide	
	Transition out of Wraparound: This should be discussed at every Wraparound team meeting in the context of reaching the Vision		
PHASE	**ACTIVITY**	**TOOL**	**EVALUATION**
Action Planning	**Facilitate Wraparound Team Meeting**		
	1. Formulate an action plan, delegate tasks and time frames	⚒Action Plan Form	🕐 Refer to the *New Mexico High Fidelity Wraparound Program Manual*

2. Assess for the need to formulate a Safety & Stability Plan at **every** interaction

3. Schedule next Wraparound Team Meeting at the end of this Family Team Meeting

4. Within 48 hours of Wraparound Team meeting distribute Action Plan Form & Safety/Stability Plan Form (If applicable) to all team members

Lack of Engagement:
Engagement barriers are inherent in Wraparound. The Wraparound facilitator must demonstrate skill in bridging engagement barriers. For this reason lack of engagement should not generally constitute a reason for discharge. | ⚒ See Wraparound Transition Procedure for additional time frames during Pre-Engagement | *and Provider Implementation Guide,* for details as to expectations and frequency for the administration of the **WFI, TOM and DART**

⏰ **CANS must be updated every six months or at life changing events as outlined in the CANS protocol** |

PHASE	ACTIVITY	TOOL	EVALUATION
Adaptation	**Continuing the Wraparound Process**
1. Subsequent Wraparound Team meetings should take place biweekly (more often if necessary) for the first two months of the Wraparound process. Thereafter at least once a month ⏰ Frequency | .

⚒ Variations to frequency of Family Team meetings should be done after consultation with Wraparound coach | ⏰ Refer to the *New Mexico High Fidelity Wraparound Program Manual and Provider Implementation Guide,* for details as to expectations and frequency for the administration of the **WFI, TOM and DART** |

Adaptation	should be reflective of the family/team needs 2. All subsequent Family Team meetings should focus on measuring the Action Plan's benchmarks and a review of the Vision, Strengths, Needs, Benchmark, and Strategies 3. Continue to engage family, system partners, providers, supports to coordinate delegated tasks 4. Continue to engage family, system partners, providers, supports to assess for efficacy of the Action Plan's Vision (Family only), Needs, & Strategies 5. ⏰ Crisis: A Wraparound Team Meeting should be scheduled as soon as possible, but no later than 48 hours following a crisis. Phone call attendance is acceptable if necessary to meet timeline 6. ⏰ Crisis: Post a crisis the Action Plan's Elements should be revised within one week of the crisis	⚒ Coaching sessions are consultations of Action Plan elements, barriers, & troubleshooting ⚒ Weekly Reporting Form ⚒ Safety and Stability Plan Guide & Form	

PHASE	ACTIVITY	FORM/ TOOL	Evaluation
Transition	**Start to transfer Wraparound process to a Wraparound Team members** 1. Staff with Wraparound coach to initiate this phase 2. Bring team together to form a transition plan of care for you to exit the Wraparound facilitator role: • Determine what formal services may continue and how they will be funded. • Determine which informal/natural supports will continue to carry out transition plan and beyond • Determine who can take over transition role 3. Create a post transition crisis plan. 4. Transition Wraparound facilitator responsibilities to identified party	⚒ Wraparound Transition Procedure	

PHASE	ACTIVITY	FORM/ TOOL	EVALUATION
Discharge	**Discharge family from NM High-Fidelity Wraparound** 1. Staff with Wraparound coach to initiate this phase 2. ⏰ Family must be discharged from NM High-Fidelity Wraparound within 7 days of discharge staffing	⚒ NM High-Fidelity Wraparound Transition Form	

Appendix C-2

NM High-Fidelity Wraparound Referral Form

Form Must be Completed in Full

Referral Source

Referring Agency _____   **Date:** _____

Referring Person _____   **Phone:** _____   **Email:** _____

Is the Referred person involved with CYFD?   Yes ☐   No ☐   **Is CYFD the Legal Guardian?** Yes ☐ No ☐   **Is the Legal Guardian aware of this Referral?** Yes ☐ No ☐

(Name the CYFD legal guardian on Pg. 3-Agency/System Involvement)

Information on Referred Individual

First Name _____   **Last Name** _____

Preferred Name? _____   **Sex**   Male ☐   Female ☐   Other ☐

DOB _____   **AGE** _____   **Self-Identified Ethnicity** _____

Individual's First Language? _____   **Language most comfortable communicating in?** _____

Does the Referral live at home?   Yes ☐   No ☐   **If "No" where does individual Reside?** _____

Current Address _____   **City** _____   **State** _____   **Zip** _____

Best Contact Phone Number _____   **What MCO provider is individual covered under?** _____

Caregiver's Name   **Relation**   **Contact Number**

_____   _____   _____

Family/Caregiver/Support Information

If CYFD is the Legal Guardian are there contact restrictions with family members?   Yes ☐ No ☐

Can this # Receive Texts?

1-Parent's Name _____   **Best Phone Number** _____   Yes ☐ No ☐

Language most comfortable communicating in? _____   **Interpretation Servs. Needed?**   Yes ☐ No ☐

Current Address _____   **City** _____   **State** _____   **Zip**

Can this # Receive Texts?

2-Parent's Name _____   **Best Phone Number** _____   Yes ☐ No ☐

Language most comfortable communicating in?   **Interpretation Servs. Needed?**   Yes ☐ No ☐

Current Address _____   **City** _____   **State** _____   **Zip** _____

Is Parent 1 a Legal Guardian?   Yes ☐ No ☐   **Is Parent 2 a Legal Guardian?**   Yes ☐ No ☐

Please list those currently involved with the referred person
(Family, Attorneys, MCO Care Coordinator, CASAs, Treatment Provider, School Staff, etc.)

Name	Relation	Phone #
Name _____	**Relation** _____	**Phone #** _____
Name _____	**Relation** _____	**Phone #** _____
Name _____	**Relation** _____	**Phone #** _____
Name _____	**Relation** _____	**Phone #** _____
Name _____	**Relation** _____	**Phone #** _____
Name _____	**Relation** _____	**Phone #** _____
Name _____	**Relation** _____	**Phone #** _____
Name _____	**Relation** _____	**Phone #** _____

Agency/System Involvement

Is Referred involved with CYFD? Yes ☐ No ☐   If "Yes" Which Service   PS ☐ JJS ☐ Transition ☐ CBHC ☐

Name of CYFD Worker (PS/JPO/BHS) _____ County _____ **Contact Number** _____

Name of CYFD Worker (PS/JPO/BHS) _____ County _____ **Contact Number** _____

Check all the Referred individual is involved with   BH Provider ☐   School/Spec. Ed. ☐   Adult/Juvenile Court ☐   Other ☐

Has the Referral been diagnosed with an SED or SMI diagnosis?   Yes ☐   No ☐

History of Services/Intervention-Newest to Oldest (For More Space Please use the Reverse Side)

Name of Provider	Contact Number/Person	Service/Type of Support	Approximate Dates of Service
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use the back of this sheet if you need additional space)

NEW MEXICO HIGH-FIDELITY WRAPAROUND

CENTER OF INNOVATION For Behavioral Health and Wellbeing

Referral Form 03/2022

Behavioral Health

Referral's Mental Health Diagnosis	Date of Diagnosis	Medication
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list concerning and at risk behavior

_____	_____	_____
_____	_____	_____

Education

Is referred person enrolled in school or employed? Yes ☐ No ☐   If in school, what grade level? _____   If in school, does individual attend / If employed # of jobs in the last 12 months Yes ☐ No ☐ _____

Please list education History-Newest to Oldest (Use Reverse for Additional Space)

School	Dates Attended	Contact Person	Contact Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NEW MEXICO HIGH-FIDELITY WRAPAROUND   CENTER OF INNOVATION For Behavioral Health and Wellbeing

NM High-Fidelity Wraparound Consent Form

The following items are essential to the care of you and/or your family while participating in Wraparound.

You should know that:

Participant Rights

1. You and your child or guardian's participation in Wraparound is completely voluntary.
2. You may stop participating at any time. This will not affect your other services in any way.
3. The length of your participation in Wraparound will depend upon decisions made by you, your family, and your Wraparound team.
4. If you or your child talks about harming themselves, someone else, or child abuse and/or neglect, we are required by law to report this to the proper authorities to make sure they and others are safe.

Approval

By signing below, I acknowledge the following:

1. **Acknowledgement of receipt of participant rights:** *I have read and understand my rights as a participant in Wraparound.*

2. **Consent for information to be used in evaluation:** *I understand that non-identifying data obtained during my enrollment in Wraparound will be used for evaluating the effectiveness of the program. No information presented in evaluation reports will contain any identifying personal information.*

3. **Consent for participation in Wraparound:** *I hereby give my consent for me and/or my child to participate in Wraparound.*

Unless otherwise specified below, this consent will expire 12 months from the date it was signed. This consent or any part of this consent may be canceled at any time with written notification.

| Youth Name (please print) | Date of Birth | Date consent will expire |

| Youth's Signature | | Date |

| Parent or Legal Guardian's Signature *(required if enrollee under age 14)* | Date |

| Witness Signature | Date |

Distribution
Copy of form to youth/family

Appendix C-4

CONSENSUS & CONSENT TEAM MEETING VERIFICATION FORM

Date of Referral					
Date of CCT		Start Time		End Time	

CURRENT BEHAVIORAL SERVICES & COMMUNITY SUPPORTS THE FAMILY IS INVOLVED WITH

CCT ATTENDANCE

NAME	CONNECTION TO YOUTH/FAMILY	HOW DID THIS PERSON PARTICIPATE (In person, via video, via telephone)	

CCT OUTCOME

_____ Enrolled	_____ Youth/Family Declined
_____ Decision Delayed	_____ Other, please describe.

Person Facilitating CCT:		Job Title	

NM High-Fidelity Wraparound ~ SAFETY and STABILITY PLANNING GUIDE AND FORM

A safety and stability event can be defined as a situation that exceeds one's coping mechanism and puts them or others at risk. A Safety and Stability plan is designed to keep people safe when there is a safety and stability event. These events usually follow a cycle characterized by three stages that can be used to develop a Safety and Stability plan:

- **Predict:** This stage is one where information is gathered to understand an individual's strengths, supports, and what gets triggered inside of them? (Wraparound calls it the cognition or underlying need.)

- **Prevent:** This stage is characterized by connecting strength-based interventions and supports to safety and stability event triggers to deescalate potential safety and stability events.

- **Protect:** This is a proactive stage to minimize the results of an escalated safety and stability events. It answers the question of "What steps to take when a situation escalates to a safety and stability event?" It alerts the individual's supports as to how to keep that person and themselves safe and how to help to bring that person back to baseline.

Developing a Safety and Stability Plan

- Developing a safety and stability plan is not unlike the process of gathering the family story and action planning. It starts with understanding the narrative the family has about past safety and stability events, both their history and current manifestations. The more the plan can come from authentic conversation, the more effective the plan will be.

- A Safety & Stability Plan should be completed:
  - Within 15 days of enrollment
  - Within 48 hours of a safety and stability event occurring. This is done at an emergency team meeting.
  - Whenever a new safety and stability concern is identified. Use the Safety and Stability Planning Risk Assessment (located on page 2) as a guide to determine when a plan is needed.

- Any plan must be reviewed and updated in the Team Meeting and added to the Safety Domain on the Action Plan. Team meetings occur at a minimum of every 30 days.

- Depending on the needs of the youth or family, there may be local, state, or national hotlines that could be useful. Research and check out any that may be helpful and share with your family. The number can then be put in the safety plan.

If a Safety and Stability Event Occurs

- If a team is in place, it should convene within 48 hours (as many team members as possible should participate– on phone if necessary) to review what happened and update the plan.
- If the safety and stability event occurs during engagement, before a team is in place, the facilitator should complete an immediate plan with the youth/family and then develop the preventive plan to be reviewed at the first Team Meeting. While the wording of this plan is directed at youth, the plan can be completed for any family member when safety and stability of the household are of concern.

Safety/Stability Planning Risk Assessment				
Describe the behavior that causes safety or stability concerns, then assess where it fits on the grid below.				

Likelihood of Occurrence	Impact/Severity			
	Major Life Changing	Very Serious	Marginal	Minimal
Predictable	🟥	🟥	🟨	⬜
Probable	🟥	🟥	🟨	⬜
Possible	🟥	🟨	⬜	🟩
Remote	🟨	⬜	⬜	🟩
	⬜	⬜	⬜	🟩

🟥 Safety/Stability Plan Required Immediately	🟨 Safety/Stability Plan Required within 15 days	⬜ Safety/Stability Plan updated at the next team meeting	🟩 Hidden Strength

NM High-Fidelity Wraparound ~ Safety and Stability Planning Narrative

PREDICT

1. What behaviors do you engage in (or that happen to you) that might be considered a Safety & Stability event or unsafe to yourself or others? (e.g.: cutting, drugs, running away, fighting, etc.)

2. Are there any medical concerns or conditions related to your safety concerns (e.g.: recent injuries, surgeries, med changes, serious allergies, pregnancy, etc.)

3. What are some past events that were triggers for thoughts that have led to the behaviors you identified? (e.g.: getting a bad grade, friend mad at you, fighting with parents, etc.)

4. *Early cognitive warning signs:* What are the *thoughts* & feelings you experienced before you engaged in the behaviors you identified? (e.g. invalidated, sad, angry, shamed, lonely, etc.)

PREVENT

5. *Early behavioral warning signs:* What are some behaviors you might display before you engage in the "unsafe" behaviors you identified? (e.g. getting mad more easily, irritable, isolating, not eating, etc.)

6. What are some of your strengths that help you get through difficult times like this?

7. Who can help to prevent things from escalating? Who are you most likely to reach out to? What have they done that was helpful?

PROTECT

8. Who can help deescalate if a safety and stability event occurs? Who are you most likely to reach out to? What have they done that was helpful? (e.g.: sitting with you, listening to you, distracting you, etc.)

9. Is there something that others have done in the past in a safety and stability event that did not feel helpful? (e.g.: telling you to get over it, yelling at you, being intrusive, etc.)

10. How would others know when the safety and stability event was over? (What would they be able to observe?)

NM High-Fidelity Wraparound – Safety and Stability Plan			
What current events in your life may lead to unsafe behavior or a Safety and Stability Event? (For example, how Box 3 led to Box 1)	What gets triggered inside of you? (Wraparound calls it the cognition or underlying need) *refer to box 4	What actions can you and others do to diffuse what was triggered inside of you? (number them starting with the least restrictive and least intrusive, include contact information if relevant) *refer to box 6 and 7 as one of many sources	If what was triggered is not diffused what can I and others do to create safety and to prevent things from getting worse. (number them starting with the least restrictive and least intrusive, include contact information) *refer to box 8, 9 and 10 as one of many sources

NM High-Fidelity Wraparound ~ Safety and Stability Planning Narrative
Completed Example

PREDICT
1. What behaviors do you engage in (or that happen to you) that might be considered a Safety & Stability event or unsafe to yourself or others? (e.g.: cutting, drugs, running away, fighting, etc.)
Sometimes I cut on my arms too deeply and it becomes dangerous
2. Are there any medical concerns or conditions related to your safety concerns (e.g.: recent injuries, surgeries, med changes, serious allergies, pregnancy, etc.)
A couple of years ago I got an infection from cutting. Nothing now.
3. **What are some past events that were triggers for thoughts that have led to the behaviors you identified? (e.g.: getting a bad grade, friend mad at you, fighting with parents, etc.)**
When someone has disrespected me When I broke up with my girlfriend
4. *Early cognitive warning signs:* What are the *thoughts* & feelings you experienced before you engaged in the behaviors you identified? (e.g. invalidated, sad, angry, shamed, lonely, etc.)
I think I am nothing and nobody and worthless I think that my life is hopeless I feel numb and like I am an empty shell

PREVENT
5. *Early behavioral warning signs:* What are some behaviors you might display before you engage in the "unsafe" behaviors you identified? (e.g. getting mad more easily, irritable, isolating, not eating, etc.)
Withdrawal I push everyone away I play my music extra loud I look for reasons to argue or fight
6. What are some of your strengths that help you get through difficult times like this?
I can talk about me feelings in the right setting. I have a couple of good friends who know how to talk to me when I get like this. Also, I have good team members who I trust. I can express some of my darker feelings by writing poetry I can distract myself and change my feelings by playing guitar I am disciplined about taking care of myself. For example, I like to work out at the gym (not a member now because of no money)
7. Who can help to prevent things from escalating? Who are you most likely to reach out to? What have they done that was helpful?
My friends Carlos and Jason know how to talk and listen to me and are always up to take a walk My therapist Kelly Green is supportive and does not judge me and will return my calls My wrap facilitator Arturo Calderon knows what to do, but I don't feel pushed into doing things I don't want to do.

PROTECT
8. Who can help deescalate if a safety and stability event occurs? Who are you most likely to reach out to? What have they done that was helpful? (e.g.: sitting with you, listening to you, distracting you, etc.)

My aunt Evie talks to me without making me feel worse than I already do
My mom will leave work and come home. She is a good cook
Carlos is taking EMT classes and has first aid training
Arturo is good at having ideas

9. Is there something that others have done in the past in a safety and stability event that did not feel helpful? (e.g.: telling you to get over it, yelling at you, being intrusive, etc.)
Constantly asking if I am ok or not.
Needing me to talk about what I am feeling
Telling me that I need to exercise self-control
Telling it is not a big deal and that everything will be ok

10. How would others know when the safety and stability event was over? (What would they be able to observe?)
They would see me relaxed and more willing to talk
I would be hanging around outside my apartment

NM High-Fidelity Wraparound – Safety and Stability Plan Completed Example			
What current events in your life may lead to unsafe behavior or a Safety and Stability Event. **(For example, how Box 3 led to Box 1)**	**What gets triggered inside of you? (Wraparound calls it the cognition or underlying need)** ***refer to box 4**	**What actions can you and others do to diffuse what was triggered inside of you? (number them starting with the least restrictive and least intrusive, include contact information if relevant)** ***refer to box 6 and 7 as one of many sources**	**If what was triggered is not diffused what can I and others do to create safety and to prevent things from getting worse. (number them starting with the least restrictive and least intrusive, include contact information)** ***refer to box 8, 9 and 10 as one of many sources**
"If someone disrespects me, like ghosting me or if someone criticizes me in a mean way it makes me want to cut on my arms"	"I start thinking my dad was right when he told me I was worthless"	"When I start to think that I am worthless…I" 1. I will get out my guitar and play songs that make me feel better 2. I will get my journal out and write poetry 3. I will ask my mom if we can bake together 4. I will ask a friend (either Jason or Carlos) to go for a walk with me. Jason (505) 123-4567, Carlos (575) 987-5612 5. I will call my therapist Kelly (505) 874-5612 6. I will call Arturo to help me change my thinking (505) 360-0280) 7. Mom will put away all the sharps. **8.** I will call the NM Crisis line 1-855-NMCRISIS (662-7474)	1. I will make sure I have a first aid kit in my apartment and will use it if I have to. I will ask Arturo (505) 360-0280 or Carlos (575) 987-5612 to help me pick out a good one 2. If I cut myself I will put a bandage on it. Then will call Carlos and have him come look at it. He knows about medical things. If he thinks I have cut too much I will go to doctor or call ambulance. If it is ok we will go for a walk. 3. If I can't get Carlos, I will call Aunt Evie (505-247-4563) and ask her to come check on me. When she comes over we will have her plan on checking in with me every hour. 4. If I can't reach them, I will call my mom and ask her to come home from work. 5. If none of this works or if I am bleeding badly I will call 911.

NM High-Fidelity Wraparound Gathering the Family Story Guide and Form

Initial engagement with a family and gathering their story requires **curiosity**, **openness**, a sense of **positive regard** and **deep listening** for Strengths, Vision, Needs, Informal/Natural Supports and Safety/Stability issues. It also requires the ability to ask questions that will help draw out the story and the information you will need to create a strong working alliance, form a team and develop an effective Action Plan.

Gathering the family story *"is like meeting a person with whom you wish to develop a relationship. It is like meeting someone for the first time at a social gathering and getting to know them better through conversation. Some of the best people to converse with are the ones that know what questions to ask to get us to talk about the things that mean the most to us. When we walk away from that kind of interaction we feel validated regarding who we are, our work, or whatever it was we shared about from the core of our being."* (Excerpted from "*The Exploratory Interview*", Family Partnership Institute, San Jose, CA)

The Form

The Gathering the Story Form starts with a list of life domains intended to guide a Wraparound facilitator in a discovery of understanding that is holistic and comprehensive. A facilitator should seek to understand the functionality status of each domain, barriers to each domain when relevant, while also identifying strengths that allowed the person to persevere through the challenges of said domain. Even though behavior is closely tied to functionality a Wraparound facilitator's goal is to always search for the "Unmet Need" that is driving the behavior.

Upon having a holistic perspective of each life domain, a Wraparound facilitator can begin to formulate the Wraparound elements needed to start Action Planning.

General Tips

- Focus on open-ended questions.
- Start with less personal questions and move to more personal questions.
- Ask permission to take notes.
- You are NOT trying to get a chronological story.
- Do NOT problem-solve or identify strategies (this is the last step when you are developing an Action Plan during the team meeting. Resist the urge to jump to it unless there is an imminent safety and stability concern)

Opening/Setting the Context

- Explain context and why understanding their full story (needs, values, strengths, hopes, barriers etc.) is important to partnering with them and achieving their hopes for the future.
    - *"I would like to use this time to get to know you/your family better. As you know, with Wraparound we are interested in learning about much more than your problems or what brought you here. We want to build a team and a plan based on your hopes for the future and using the strengths that you already have."*

Strengths

- Do not rely on or stop at asking "Tell me about your strengths." Many people cannot answer that question easily and/or may think it is bragging if they do. You also often don't get a sense of functional strengths (strengths that people use in their daily lives to cope, thrive, achieve, etc.)

- Remember you are listening for strengths of the family as a whole and of each individual member.
- *Listen for and observe* strengths in all of your interactions with the family. Think about the following categories when you are trying to identify strengths:
    - **Attitudes/Values:** summarizes the values and attitudes which the family holds. E.g: a strong sense of tradition, a respect for the privacy of others, a concern for family loyalty, a belief in independence, etc.
    - **Skills/Abilities:** this category includes hard skills as well as soft "social" skills. E.g.: hobbies and interests such as wood working or math, ability of the family to plan ahead or cook together, etc.
    - **Attributes/Features:** this category includes descriptive statements one can make about the family or an individual in the family. E.g.: family spends time together, family is organized, family is emotionally attached, etc.
    - **Preferences:** statements in this category chronical family preference and build a base in which interventions can be matched with the choices of the family. E.g.: family likes to handle problems in private, tradition is important to the family, etc.
- Keep asking yourself: *"what strengths do I hear and how can they help the family reach their Vision?"*
- Examples of questions to elicit strengths:
For Youth:
    - *If you could say one good thing about yourself, what would it be?*
    - *I like your (hair, make-up, clothes, etc.). Did you come up with that yourself?*
    - *What is your favorite color? Musician? Sport? Person? Friend? Subject in school?*
    - *If you could live anywhere, where would you live? Why?*
    - *Tell me more about your friends.*
    - *What do you value most in a friendship? (loyalty, fun, etc.)*
    - *Tell me about your personality/how your friends would describe you?*
    - *Name two good thinks about your parents/school/community. Name two things you don't like.*
    - *Tell me about the best day you had with your family in the past 6 months. What did you do?*
    - *What about art? Do you have a favorite type or favorite artist?*
    - *Do you have a pet or a favorite type of pet? What do you like most about the pet?*
    - *What was the best time you ever had with your family? What did you like about it?*
    - *Which of your parents do you think you are most like? Why?*
    - *Who do you admire most in the world, in your family? Why?*
For Parents/Caregiver:
    - *What do you do for fun?*
    - *Who are your close friends and why are they special to you?*
    - *What is your neighborhood like?*
    - *Where were you like as a kid?*
    - *Who has been the biggest influence on your life?*
    - *What was the best vacation you ever took? What made it the best?*
    - *What do you do to "blow off steam"?*
    - *What do you picture your life like five years from now?*
    - *If you have one goal for this next year, what would it be?*
    - *What are the best things about yourself? Your family? Your community?*
    - *How did you meet your spouse/significant other?*
    - *What makes you mad?*
    - *What are your favorite books? Movies? Music?*
    - *What really makes you smile?*
    - *What do/did you admire most about your own parents?*
    - *Describe the best time you ever had with your son or daughter. When was that and what was happening?*

Vision

- Examples of questions to prompt for Vision:
    - *What are your hopes for the future?*
    - *If you could wake up tomorrow and this situation would be changed, what would it be like? What would be different?* (prompt for what would be good, positive - not just the absence of negative)
    - *Can you paint a picture of what your life without needs would look like?*
    - *If you reached your goals, what would your life be like? (If families have specific goals)*

Underlying Needs

- Remember, underlying needs are what drive surface problem behaviors
- Needs answer the question "why"
- Listen for barriers that get in the way of a family meeting their Vision. Barriers may be hidden underlying needs.
- Make sure you have listened for/covered major life domains
- Insert Questions or prompts
    - *What feelings and thoughts are you having when you act in ways that get you in trouble?*
    - *Do you have ideas about what might be driving this behavior?*
    - *What is in the way of you reaching the vision you have shared with me?*
    - *What would you like to think or feel more of that would help you make real progress in your life?*

Building a Team

- Listen as the family tells their story, who is involved in their daily lives, who they spend time with, who they rely on, etc.
- Examples of questions to prompt for Supports:
    - *Who can you laugh/cry with?*
    - *Who are you most comfortable telling your deepest thoughts?*
    - *Who helps watch the kids?*
    - *What do you do for fun and who do you do it with?*
    - *Who can you call at 2 am in an emergency?*
    - *Who has influence over decisions in your life?*
    - *Who are your getting services from?*

Safety and Stability

- Listen and ask about concerns that need safety and stability planning.
- Listen and ask for what strengths and resources have helped family with safety and stability concerns in the past?

NM High-Fidelity Wraparound Gathering the Family Story Form

Life Domains Incorporating CANS (Child & Adolescent Needs & Strengths)	Description		Strengths / Supports *Including youth, family and community*
	What? *What is the status of the domain? Describe the concerning behaviors & events in this domain*	**Why?** *If domain is problematic, what is family's understanding of why it's happening*	
Overall Family Relationships (including extended family) Quality of relationship and communication caregiver involvement, resources and needs			
Behavioral / Emotional Needs of all family members Emotional states that impact functioning (i.e. depression, anxiety, thought disorder, adhd, etc.)			
Substance Use Severity, duration, environmental influences, motivation to change, any recovery supports			
Housing Stability Circumstances that may affect safety/stability of housing			

School / Employment	What?	Why?	Strengths / Supports
School attendance, behavior, achievement employment satisfaction, skills, career interests			
History / Symptoms of Trauma			
Review ACES and current symptoms, ex. dysregulation, hypersensitivity, avoidance, numbing, dissociation			
Cultural / Spiritual			
Cultural/spiritual identity, potential needs or helpful supports, ex. Language, rituals, etc.			
Finances			
Source and stability of income. Are income limitations creating stress? Overall financial literacy			
Social/Recreational/Community Life			
Interests, activities as potential supports			
Interpersonal Relationships			
Nature/quality of friendships, work/school colleagues etc.			

Legal / CYFD Involvement	What?	Why?	Strengths / Supports
Active charges, probation/parole, etc. Include any current or history of involvement with Protective Services or Juvenile Justice Services			
Physical/Medical needs of family			
Health needs influencing the function of members of the family, ex. medication adherence, sleep problems, etc.			
Developmental			
Issues re: cognitive abilities, communication, self-care/ daily living skills, sexual development, early childhood challenges that affect current behavior			
Risk History			
History/concerns re: suicide, runaway, physical or sexual violence, exploitation			

	Description		
For Transition-Aged Youth Only	**What?** *What is the status of the domain? Describe the concerning behaviors & events in this domain*	**Why?** *If domain is problematic, what is family's understanding of why it's happening*	**Strengths / Supports** *Including youth, family and community*
Independent Living Skills			
Specific strengths/needs related to maintaining independence (ex. budgeting, tenancy, boundaries, etc.)			

Self-Care			
Ability to properly care for self and living environment (hygiene, cleaning, etc.)			
Transportation			
Ability to travel through the community to get needs met			
Employment Job search and application skills, career aspirations, work ethic, on-the job challenges (attendance, performance, peer relations)			

	Description		
	What?	**Why?**	**Strengths / Supports**
For Youth who are parents	*What is the status of the domain? Describe the concerning behaviors & events in this domain*	*If domain is problematic, what is family's understanding of why it's happening*	*Including youth, family and community*
Knowledge of needs Awareness of special needs of children re: nutrition, stimulation, safety, etc.			
Organization Ability to manage the multiple needs of being a young parent			
Involvement of both parents/support caregivers			
	Description		

For Children Under 5	**What?** *What is the status of the domain? Describe the concerning behaviors & events in this domain*	**Why?** *If domain is problematic, what is family's understanding of why it's happening*	**Strengths / Supports** *Including youth, family and community*
Caregiver Knowledge, organization, social resources, mental health, physical health, substance use, post-traumatic reactions, etc.			
Child Challenges Impulsive, hyper, anxiety/depression, attachment difficulties, adjustment to trauma, sleep, atypical behaviors, etc.			
Child Functioning Social/emotional, developmental/intellectual, medical/physical			
Child Risk Behaviors/Factors Self-harm, exploitation, birth weight, failure to thrive, etc.			

Possible Team Members

Name	Relationship	Name	Relationship

Additional Strengths of Individual, Team Members, or Community

Describe additional strengths in functional terms. How does the strength show up in the world? How do you know a person has that strength? The more detail the more it can be used in planning.

Vision
In the family's words: what do they want their life to look like in the future. What would their life look like if all of their underlying needs were met? If things could magically change for them, what would the outcome look like?

Other Notes

NM High-Fidelity Wraparound Team Meeting Guide

A Wraparound team meeting is a crucial part of the process as it sets the context where significant change can begin, continue and be celebrated. There are inherent activities and skills that can make a Wraparound team meeting effective and pleasant. Towards this end this guide was developed to help a Wraparound facilitator to plan and to carry out a Wraparound team meeting.

The chart below outlines the activities that should be conducted prior to a Wraparound team meeting

ACTIVITY: Prepare Materials for Team Meeting	**CHECK**
• Invite and then confirm attendance of invitees	
• Gather your materials: Flip Charts, Markers, Tape.	
• Complete visual aids that are appropriate prior to meeting	
• Complete & print agenda for the meeting (See Team Meeting Agenda Below) If meeting is virtual, prepare any documents you will need on your computer.	
• **Ensure a Release of Information has been signed and on file for every team member**	
ACTIVITY: Attend to Family's Perceptions	**CHECK**
• Explain to the person enrolled/family/ team members exactly what to expect during the Wraparound team meeting and what information will be shared	
• For live meetings, plan seating arrangements if needed. This is suggested when family members could be intimidated or be uncomfortable with certain team members	
• Be conscious to not subgroup prior or after the meeting to avoid appearance that the family is being talked about by team members	
ACTIVITY: For in-person meetings know your environment	**CHECK**
• Will the meeting room be accessible prior to the beginning of the meeting so that the facilitator can set up?	
• Is there wall space for the display of visual aids?	
• Is there enough space for all team members?	
• Is there a phone available (If Necessary)	

Team Meeting Agenda

An agenda is a useful tool to structure the Wraparound team meeting. It outlines the topics of discussion which in turn can keep the team focused. A Wraparound Agenda parallels the Wraparound Core Elements that guide the development of an Action Plan. Below is a sample of the points an agenda should cover followed by a description of each point.

- Introductions/Purpose
- Meeting Agreements
- Sharing Functional Strengths/Successes
- Sharing "John's" Vision
- Unmet Needs
- Benchmarks
- Strategy Development
- Schedule next Team Meeting
- Close

* Ensure a Release of Information has been signed and on file for every team member.

Introduction/Purpose: At this point every member in the team shares their name and their relation to person enrolled in Wraparound. If there are team members on the phone pay special attention that they are not over looked.

Facilitator will provide a brief overview of the purpose and function of High-Fidelity Wraparound. This would include a brief description of how the team is there to support a family's hopes and dreams for the future, which is called their vision. It also would include discussion of the barriers to that vision, which we call underlying needs, and that the function of the team is to help the family address those underlying needs so they can reach their vision.

Meeting Agreements: Use a flip chart, chat room or virtual white board to write the agreements and make sure they remain accessible. These agreements are meant to provide boundaries that the team agree are important to keep so that the team meeting can progress and be of benefit. Some examples that are often suggested are: (These are examples, each team should create their own agreements)

- ➢ Turn off phones or identify if there is a need to keep them (ex. Someone is on call for emergencies) Allow people to finish their statement before speaking (No Interrupting)
- ➢ Talk to each other with respect
- ➢ Stay Strengths- based
- ➢ Take a break if needed

Functional Strengths: During this part of the meeting the facilitator shares the strengths of the person enrolled in Wraparound. This is not a place to just list a number of interests or likes, rather the facilitator should share with the team the enrolled person's functional strengths (See example below) and evidence of how that strength manifests itself.

Interest/like	Functional strength / evidence
John likes music	When John becomes depressed he uses his guitar playing to help him manage his sadness
Andrea is good at math	Even though Andrea missed a lot of school because of changes in her foster care family, she persevered and has managed to keep a high average in math.

After sharing the functional strengths, the facilitator should ask each team member to share a functional strength that they bring to the team. If the person enrolled in Wraparound knows the team well he/she can share the functional strengths he/she has experienced from each team member. This is a very powerful exercise to build team cohesion, however, the enrolled person should prepare a list of the team's functional strengths prior to the meeting.

> Sharing functional strengths during the first few meetings is important, however sharing the same functional strengths at subsequent meetings can become repetitive and potentially inconsequential. Therefore, it is important to keep identifying additional strengths as the process progresses. Also, at times, "Functional Strengths" can be supplemented with "Successes." Success in the agenda would be the place where accomplishments, progress, positive examples of the person enrolled in Wraparound can be shared.

Sharing the Vision: At this place of the meeting, the Vision that has been developed through "Gathering the Story," is shared with the team. This part of the agenda should be addressed with energy because the enrolled person is, in essence, sharing their personal hope for their future. It is the "North Star" that provides the destination the team will be encouraging and supporting throughout the Wraparound process.

Unmet Needs: This step in the agenda should be treated with a lot of sensitivity because unmet needs are often related to painful experiences. In addition, the facilitator should be very intentional to not allow the team to dwell in negative behavior associated with the unmet need as it can be discouraging and frustrating to the individual.

The initial unmet needs should be generated during Gathering the Family Story and documented in the Team Meeting Prep form. Team members can ask questions and comment on the needs identified. If team members feel like other needs should be added, the facilitator should guide the conversation to assure the language is not shaming, that the identified unmet need is a helpful explanation for the "why" of a behavior, and that the youth/family clearly agree and support what is being said. If there is resistance or reluctance, facilitator should consider putting the need in a "parking lot" (and added to appropriate section of the Action Plan) for future consideration. Youth/families must agree to any new unmet needs that relate to them that become part of the plan. During this step a facilitator should ask team members to add any non-negotiables, emergent issues that may have not been identified

Benchmarks: Follow the D.O.M.A. acronym to establish a benchmark that measures progress/change of a Benchmarks answer the question: What would begin to be different if a specific need was beginning to get met, and how would we know?

Strategy Development: The facilitator must be very careful to make sure that the strategies developed are addressing the unmet needs. Be aware that team members often use this part of the agenda to prescribe services. Even though services are not inherently bad, often they do not address the unmet need of an individual. Rather, prescription of services are often intended to contain behavior. Finally, a facilitator should also assure that strategies are built around the individual's functional strengths and that team members are assigned strategies of the Action Plan.

Schedule Next Team Meeting: A Wraparound team meeting may be one of the few instances where you may have all the members of the team in the same room. Use this opportunity to always schedule the next team meeting. Remember the frequency of meetings are based on the intensity needed to meet the individual's needs.

Close: Always thank everyone for their participation and advise that you will contact everyone before the next team meeting to offer support or answer questions.

Note that the agenda sample above is for an initial Wraparound team meeting, however subsequent meetings should follow the same order but the appropriate points would change to "Review" i.e. "Review of John's Vision" etc.

Useful Skills for facilitating a Wraparound Team Meeting

- Be proactive by beginning the discussion, the team will be looking to you for direction
- Keep all communication strengths based, be ready to reframe deficit-based statements, and when needed, remind the team of the agreements
- Keep on track by using the agenda and the meeting agreements
- Focus on solutions that address the unmet needs
- Remain neutral
- Whenever possible solicit the individual's/family's voice
- Be mindful of the time
- Pay attention to seating
- Summarize meeting including decisions made about primary focus
- Try to customize (favorite cartoon/anime character, quote, sports team, etc.) the team meeting form for the family to show them that it is personalized for them.

Useful Skills for facilitating a Wraparound Team Meeting- Phone/Virtual Conferences

- Be ready to ask team members to wait to discuss agenda topics until the conference call starts
- When doing introductions always start with the families first.
- When doing introductions group individuals according to the system they represent.
        (i.e. Can the team members from the "MCO/CYFD-PS" introduce themselves.)
- When a team member wants to speak he/she should alert the facilitator and wait to be called. If you are online, the person can raise their virtual hand to let you know they wish to speak.
- Do frequent summarizations

- Be aware of team members on the phone, we want to be sure that everyone feels included and a part of the process.
- When you are the host of an online meeting, it is important that you are familiar with the platform you are using for the meeting, (zoom, google meets etc.) especially the host controls. If you are not familiar with the platform, ask your provider agency for an orientation.
- Decide in advance if team members will be allowed to share their screens or chat. Set the security settings when you start the meeting to allow/not allow access.
- It is helpful in zoom to have your participant window open. This will show if someone is in the waiting room.
- Enable the play sound when someone joins or leaves in Zoom to give yourself an audible signal that someone is in the waiting room by clicking on the three dots at the bottom of your participant window and checking this selection.
- Ensure that the youth and family are set up to engage in a meeting virtually. Make sure they have the appropriate app downloaded on their computer or phone and they know how to join the meeting.
- Ensure that the youth and family are comfortable with the technology and participating in a virtual meeting. If this will be a new experience, a practice meeting where they can log on with the facilitator and make sure they know how to mute/unmute etc. can be helpful. Frustration with technology can derail a meeting and discourage active participation.

NM High-Fidelity Wraparound TEAM MEETING PREP FORM

Who is on my team? (Name and Relationship)		
Name	Relationship	F=formal IF= informal N= natural

Functional Strengths of Youth / Family / Team Members	
Name	Functional Strength

Family Vision

Life Domain where Underlying Need exists	Underlying Need What is getting in the way of reaching their vision? What gets is the way of improving this life domain? What is driving the concerning behavior?	Need (Concrete or underlying)	Whose need is it?	Priority of Underlying Need*

*family Priority of Underlying Needs: (1) being most important

_____   _____

Coaches Signature   Date

(Must be obtained prior to scheduling first team meeting

NM High-Fidelity Wraparound <u>Action Plan</u>

Family Name:		Wraparound Facilitator's Name:	
Date of This Meeting:		Date of Next Meeting	
Is this Plan in the Transition Phase?	Yes ☐　　No ☐		

Wraparound Team Meeting Participants

Name	Relationship	Type: N=Natural, I=Informal, F=Formal	Name	Relationship	Type: N=Natural, I=Informal, F=Formal

Status of Safety and Stability Plan

☐ No new safety and stability needs identified at this time. Previous Safety and Stability plan remains active

☐ We need to plan for the need according to the Safety/Stability Risk Assessment (select one below)
　　☐ Immediate
　　☐ Within 15 days

STRENGTHS - SUCCESSES - ACCOMPLISHMENTS:

NM High-Fidelity Wraparound Action Plan

FAMILY VISION:

Please rate how close you are to your Vision today
(1=Not Close & 10=Reached): □1 □2 □3 □4 □5 □6 □7 □8 □9 □10

WHAT ARE YOU WORKING ON? (Mark ONE): □ UNDERLYING NEED   OR   □ CONCRETE NEED

ENTER NEED STATEMENT

Benchmark-Only one per need

ENTER BENCHMARK

STRATEGY - WHAT ARE WE GOING TO DO TO MEET THE NEED (DESCRIBES AN ACTION THAT WILL TAKE PLACE)	Is this a community based or a formal service strategy? (C or F)	WHO IS GOING TO DO IT?	WHEN WILL IT BE DONE?	WHEN WAS IT REVIEWED?	STRENGTH OR SUPPORTS USED TO HELP COMPLETE THE TASK
Note/Misc:					

WHAT ARE YOU WORKING ON? (Mark ONE): ☐ UNDERLYING NEED   OR   ☐ CONCRETE NEED

ENTER NEED STATEMENT

Benchmark-Only one per need

ENTER BENCHMARK

STRATEGY - WHAT ARE WE GOING TO DO TO MEET THE NEED (DESCRIBES AN ACTION THAT WILL TAKE PLACE)	Is this a community based or a formal service strategy? (C or F)	WHO IS GOING TO DO IT?	WHEN WILL IT BE DONE?	WHEN WAS IT REVIEWED?	STRENGTH OR SUPPORTS USED TO HELP COMPLETE THE TASK
Note/Misc:					

Needs identified but not prioritized in this plan.
1.
2.
3.

Either prioritized or non-prioritized needs must include all needs in CANS that received a score of 2 or 3.

NM HIGH-FIDELITY WRAPAROUND REPORTING FORM

Documentation is an important part of the Wraparound process. It is a best practice to keep regular and continuous record of all interactions related to a family and youth a facilitator has in the Wraparound process. In addition to the narrative of the interactions, key data can contribute to the coaching process and help to shape training opportunities to enhance the Wraparound practice. Towards this end NM High-Fidelity Wraparound has developed a Weekly Report Form.

The following describes the utilization of this form:

Frequency:
1. NM High-Fidelity Wraparound Weekly Report Form should be completed on every open family or youth
    a. In a case where contact has been lost with a family or youth a NM High-Fidelity Wraparound Weekly Report Form should still be completed explaining the status
2. NM High-Fidelity Wraparound Weekly Report Form should be completed for a weekly period and forwarded to the facilitator's Wraparound coach on the first business day that follows the reporting week (Usually the following Monday)

Instructions:
1. The first section requests the following information:
    a. Facilitator Name
    b. Wraparound Coach: Please select the coach that was assigned to the facilitator
    c. Youth's Name: The name that appears on the NM Wraparound Referral Form
    d. Location: List your division and county (i.e. JJS-Bernalillo)
    e. Date: The date NM High-Fidelity Wraparound Weekly Report Form is sent to Wraparound coach

3. The second section entitled "Tracking" requests the following information
    a. Referral Date
    b. Date NM High-Fidelity Wraparound Consent form was signed
    c. Date of First Engagement: Date first face to face contact was made
    d. Date of First Wraparound Team Meeting
    e. Date of Last Wraparound Team Meeting
    f. Number of Wraparound Team Meetings to Date
    g. Date of last CANS completed by Facilitator
    h. Date of last Safety and Stability Plan update

4. The third section is entitled "Wraparound Facilitator Note" requests the following information
    a. Date: The date of the interaction between the facilitator and second party
    b. Total Time: Duration of interaction in minutes
    c. Location: Place where interaction took place, select one of the options
    d. Type of Contact: Select one of the options
    e. Narrative: List who was involved in the interaction and describe what happened during this time. Specify how the interaction related to furthering the Wraparound process.

Wraparound Weekly Reporting Form		
FACILITATOR'S NAME: Click here to enter text.	**WRAPAROUND COACH:** Click or tap here to enter text.	
YOUTH'S NAME: Click here to enter text.	**LOCATION:** Click here to enter text.	**DATE:** Click here to enter a date.

TRACKING			
REFERRAL DATE Click here to enter a date.	**DATE NM WRAPAROUND CONSENT FORM SIGNED** Click here to enter a date.	**DATE OF FIRST ENGAGEMENT** Click here to enter a date.	**DATE OF FIRST WRAP. TEAM MEETING** Click here to enter a date.
DATE OF LAST WRAP. TEAM MEETING Click here to enter a date.	**NUMBER OF WRAP. TEAM MEETINGS TO DATE** Click here to enter a date.	**DATE OF LAST CANS completed by facilitator** Click here to enter a date.	**DATE OF LAST SAFETY AND STABILITY PLAN UPDATE** Click here to enter text.

WRAPAROUND FACILITATOR NOTE		
DATE: Click here to enter a date.	**TOTAL TIME:** Click here to enter text.	**LOCATION:** Choose an item.
TYPE OF CONTACT: Choose an item.	*IF THERE IS NO CONTACT IN THIS PERIOD PLEASE EXPLAIN BELOW*	
NARRATIVE (Include who you interacted with, & how interaction relates to the Wraparound process): Click here to enter text.		

WRAPAROUND FACILITATOR NOTE		
DATE: Click here to enter a date.	**TOTAL MEET TIME:** Click here to enter text.	**LOCATION:** Choose an item.
TYPE OF CONTACT: Choose an item.	*IF THERE IS NO CONTACT IN THIS PERIOD PLEASE EXPLAIN BELOW*	

NEW MEXICO HIGH-FIDELITY WRAPAROUND

CENTER OF INNOVATION
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NARRATIVE (Include who you interacted with, & how interaction relates to the Wraparound process)

Click here to enter text.

WRAPAROUND FACILITATOR NOTE		
DATE: Click here to enter a date.	**TOTAL TIME:** Click here to enter text.	**LOCATION:** Choose an item.
TYPE OF CONTACT: Choose an item.	*IF THERE IS NO CONTACT IN THIS PERIOD PLEASE EXPLAIN BELOW*	

NARRATIVE (Include who you interacted with, & how interaction relates to the Wraparound process):

Click here to enter text.

WRAPAROUND FACILITATOR NOTE		
DATE: Click here to enter a date.	**TOTAL TIME:** Click here to enter text.	**LOCATION:** Choose an item.
TYPE OF CONTACT: Choose an item.	*IF THERE IS NO CONTACT IN THIS PERIOD PLEASE EXPLAIN BELOW*	

NARRATIVE (Include who you interacted with, & how interaction relates to the Wraparound process):

Click here to enter text.

WRAPAROUND FACILITATOR NOTE		
DATE: Click here to enter a date.	**TOTAL TIME:** Click here to enter text.	**LOCATION:** Choose an item.
TYPE OF CONTACT: Choose an item.	*IF THERE IS NO CONTACT IN THIS PERIOD PLEASE EXPLAIN BELOW*	
NARRATIVE (Include who you interacted with, & how interaction relates to the Wraparound process): Click here to enter text.		

NM HF WRAPAROUND COACHING LOG

NAME OF YOUTH:	
FACILITATOR:	**First Coaching Date:**
Date of Team Meeting Prep Form Approval:	

BACKGROUND/HISTORY:

First Team Meeting:	Last Team Meeting:	Next Team Meeting:
Safety Concerns?		
Services Involved?		

VISION (Include dates of Revision):	
NEED 1 (Include Dates of Revision)	
Status	
Benchmark	
NEED 2 (Include Dates of Revision)	
Status	
Benchmark	
NEED 3 (Include Dates of Revision)	
Status	
Benchmark	
NEED 4 (Include Dates of Revision)	
Status	
Benchmark	
Team Members:	

UPDATES:

Date: **Phase:**   ☐ Doing for   ☐ Doing with   ☐ Cheer on

NEXT STEPS:

UPDATES:

Date: **Phase:**   ☐ Doing for   ☐ Doing with   ☐ Cheer on

NEXT STEPS:

UPDATES:

Date: **Phase:**   ☐ Doing for   ☐ Doing with   ☐ Cheer on

NEXT STEPS:

UPDATES

Date: **Phase:**   ☐ Doing for   ☐ Doing with   ☐ Cheer on

NEXT STEPS:

NM High-Fidelity Wraparound
TRANSITION PROCEDURE GUIDE

I. 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 _____**

NEW MEXICO HIGH-FIDELITY
FACILITATOR CAPACITY FORM

When new Facilitators in Training begin, the Wraparound process can feel a bit overwhelming. Best practice is to build up the number of families being served gradually. This way the FIT can begin to develop some rhythm and flow to the work, and more fully understand the values, core elements and other aspects of the practice. To encourage this, there is a cap of 6 families (60% capacity) placed on new facilitators. Facilitators cannot exceed this cap until this form is filled out by their coach.

NM High-Fidelity Wraparound Facilitator in Training, (Insert Name of Facilitator) is enrolled in

the Facilitator in Training track and is demonstrating the necessary comprehension and skills

necessary to deliver of the NM High-Fidelity Wraparound model to a degree of fidelity that

merits the lifting of the 60% assigned youth/family cap effective immediately.

_____   _____   _____
NM High-Fidelity Wraparound   Signature   Date
Endorsed Coach (Print Name)

NEW MEXICO HIGH-FIDELITY
WRAPAROUND

NM High Fidelity Wraparound Training Descriptions

Wraparound 101 (2.5 hours) This training introduces High-Fidelity Wraparound to individuals who are not familiar with it. This training defines Wraparound, explains its place in the continuum of care and presents Wraparound's supporting evidence and outcomes. Participants will learn the set of values that guide the Wraparound philosophy and the core elements that structure the process.

Wraparound eLearning Modules (4 CEU hours total) NMHF Wraparound has developed 5 eLearning modules as pre-requisites to the Wraparound Facilitator certification training track. The first module is an overview of the Facilitator-in Training Track and each content module 2-5 contains relevant content knowledge checks throughout and a quiz at the end that must be passed to receive credit (1 CE each)

   Module 1 – Facilitator-in-Training Overview Module 1 describes the rigorous training and certification process known as the NM High-Fidelity Wraparound Facilitator in Training (FIT) Track. Before taking on the responsibilities of a Facilitator, it is important to understand High Fidelity Wraparound and the critical role Facilitators play in this process.

   Module 2 – History and Research of Wraparound (1 hour) Module 2 reviews the history and research of Wraparound both at the national level and in New Mexico. Wraparound and its place within a Children's System of Care is explored to include utilization and cost drivers of certain treatment modalities within the current system. The effectiveness of Wraparound in comparison to other treatment modalities is discussed.

   Module 3 – What is Wraparound? (1 hour) Module 3 explores what Wraparound is and where it fits within a System of Care and system of care coordination. The definition of Wraparound and the Theory of Change upon which Wraparound operates are discussed in detail. Participants will learn about the distinctive components of Wraparound and how it differs from other interventions.

   Module 4 – Values of Wraparound (1 hour) Module 4 presents each of the 11 Core Values that are Essential to the practice of High-Fidelity Wraparound in New Mexico. A Wraparound Facilitator is expected to work with a family, providers and system partners while consistently applying these values. When these values are consistently practiced, a youth and family starts to believe that their voice matters and that there is hope for change. At the same time, providers and system partners experience the power of collaboration and validation. The definition of each value, why it is needed and the value's benefit to the Wraparound process is discussed.

   Module 5 – ACES (1 hour) Module 5 explores Adverse Childhood Experiences and the lifelong impact of early childhood trauma on a person's physical and mental health. Prevalence of ACEs at both the national and state level is discussed. Participants will learn their own ACE score and consider how ACEs may impact the youth and families involved with NM High-Fidelity Wraparound.

Foundations of High-Fidelity Wraparound Practice (24.5 hours): Describes the value-based philosophy that differentiates High-Fidelity Wraparound from other practices. The High-Fidelity Wraparound process according to its core elements and their implementation towards practice is explored and participants will have an opportunity to practice. Wraparound Facilitators will be equipped with the necessary skills and knowledge to begin working with youth and families.

High-Fidelity Wraparound Follow-Up Training I: Documentation, Safety and Stability Training (6 Hours): Participants will learn how to use the High-Fidelity Wraparound model to create a strength-based Crisis and Stability plan that is built around the cycle of Predict, Prevent, Protect and Predict. Participants will also learn how to integrate this into the Action plan and tie safety and stability issues to underlying needs. The documentation training will review all of the tools used in the New Mexico High-Fidelity Wraparound process and instruct on the processes, protocols and documentation expectations that guide the NM High-Fidelity Wraparound process.

High-Fidelity Wraparound Follow-Up Training II: Engagement, Teaming and Conflict Resolution (6 Hours): Engagement is the foundation of the High-Fidelity Wraparound process. Ultimately Wraparound will not be successful without meaningful engagement. In this training, a Wraparound Facilitator will learn key skills to enhance the practice of engagement, drawing strongly on models such as the Nurtured Heart Approach and Motivational Interviewing. Facilitator will learn to identify the signs of strong or weak engagement, and creative strategies for when engagement is faltering. Participants will also learn about teaming and the process of moving from teams that rely on formal supports to teams that are primarily composed of natural and informal supports. Participants will explore how to manage conflict in the context of the High-Fidelity Wraparound approach and how to use conflict creatively to build an effective Action Plan.

High-Fidelity Wraparound Follow-Up Training III: Deepening Our Understanding of Vision, Needs and Benchmarks (6 Hours): The High-Fidelity Wraparound elements of Vision and Needs are often grasped well when explained, but can be challenging to meaningfully incorporate when working with families. Goals are often mistaken for Vision and services are often mistaken for Needs. The intent of this training is to teach skills to discover Vision and Needs, to differentiate them from other items, and to effectively apply them in an Action Plan. Building on these skills, the training will explore how to utilize Benchmarks to gauge the effectiveness of an Action Plan and honor the outcome-based value of High-Fidelity Wraparound.

High-Fidelity Wraparound Follow-Up Training IV: Ethics Across the System of Care – Certified and Credentialed Professionals (5.5 Hours): Differentiate amongst ethics, values, morals, and laws, and describe why these distinctions are important to everyday practice. Explain the relationship between privacy laws and ethical practice. Describe the purpose of professional boundaries for both providers and youth & families and how they support ethical practice. Summarize how cultural humility is relevant to ethical everyday practice. Discuss and describe professional scope and how this varies by professional title and credentials. Identify first steps for addressing colleagues' possible ethics violations. Demonstrate ethical concepts covered by applying them to case studies. Summarize best ethical practices and the role of supervision to this practice

New Mexico Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool that is used throughout the New Mexico Child Welfare system. Its underlying philosophy is person-centered, and its approach should always be trauma sensitive. Once a youth/family enters the NM High-Fidelity Wraparound process, this tool is utilized by the facilitator to support gathering and organizing of relevant information while moving through the phases of Wraparound. The domains in the Gathering the Family Story tool have been aligned with the life domains in the CANS. This information is used within Wraparound to support the work of the team in identifying unmet needs and prioritizing them within the Action Plan. This tool also provides outcome data that can be presented by the facilitator to youth/family's Wraparound team members to give concrete, objective feedback on outcomes. The CANS data also measures outcomes at both the individual and aggregate levels, allowing the State of New Mexico to monitor the effectiveness of the Wraparound program.

Wraparound Fidelity & Outcomes Measurement Evaluation Training for Facilitators (3.5 hours)
NM High-Fidelity Wraparound uses instruments to evaluate fidelity and outcome measures: The WFI EZ, the TOM, the DART are tools developed with the High-Fidelity Wraparound Evidence Research Team (WERT) from the University of Washington. This training is designed to orient Wraparound Facilitators on the domains these tools measure and how to utilize the results to improve practice.

NEW MEXICO HIGH-FIDELITY
WRAPAROUND

Facilitator In Training (FIT) Track

Wraparound facilitators must complete the Wraparound Certification path credentialed by the New Mexico Credentialing Board for Behavioral Health Professionals (NMCBBHP) and coordinated by the NMSU Center of Innovation for Behavioral Health and Wellbeing. FITs are expected to follow all the NM High-Fidelity Wraparound Model and Program Manual expectations. Wraparound Facilitator Application and Registration is through https://centerofinnovationnm.org

Phase	Activity	Activity	Activity	Activity	Activity
Phase 1 "Tell" Initial Orientation and Preparation *FIT*	**Attend Wraparound 101** This is optional prior to starting the FIT Track.	**Complete Facilitator-in-Training Application on the NMSU COI Website**	**Complete all Pre-Requisite eLearnings.** Information on how to access will be emailed upon acceptance of the FIT application.	*If available: Observe Team meetings at your agency.*	**Register and participate in Wraparound Foundations of Practice** Fully Participate in Foundations Training and receive certificate of completion. *"Tell, Show, Practice"*
Phase 2 "Show" *No more than 6 assigned Family/Youth*	**FIT will coordinate with Coach a Family/Youth Engagement meeting** Coaching session (in person or phone conference) Debrief Immediately after	**Coach will facilitate "show" FIT 1st team meeting. FIT observes** Coaching session Debrief Immediately after	**Coach will co-facilitate a total of 2 team meetings with FIT** (this can happen in the same week/mos. different family/youth) Coaching session to Debrief Immediately	**FIT participates in Group Coaching Sessions**	**Register and participate in Wraparound Follow-up 1.**
Phase 3 "Practice" *Family/youth assignment increases**	**Coach co-facilitates w/ FIT 4th team meeting** *(if applicable).* Debriefing Immediately following the team meeting.	**Coach Observes FIT team meeting** (not a TOM, coach may interact if needed). Debriefing Immediately following	**Coach Completes Certification Evaluation. FIT does self -evaluation** Coach and FIT review evaluations and plan to improve competencies.	**Coach conducts 1st TOM* w/FIT. FIT prepares family/youth prior to team meeting.** Coach Reviews TOM w/FIT	**Register and participate in Wraparound Follow-Up 2**

Phase 4 Coaching and Evaluation *FIT has a full assignment (no more than 10).*	**Coach and FIT conduct 2 WFI-EZ**** (at 2 different family/Youth team meetings) FIT coordinates and prepares family/youth	**Coach conducts 2nd TOM w/FIT.** This should be a different family/youth from 1st TOM. Coach Reviews TOM w/FIT	**Coach completes 1st Certification Evaluation and reviews with FIT** Develop a plan to address domains that do not meet or exceed competency.	**Coach conducts 3rd TOM w/FIT.** This should be a different family/youth from previous TOMs. Coach Reviews TOM w/FIT	**Register and participate in Wraparound Follow-Up Trainings 3 & 4.**
Final Phase Certification This can happen at 6 months	**Coach completes 2nd Certification Evaluation and reviews with FIT** This could be the final evaluation/readiness for exam.	**FIT Completes Application for Certification on the NMSU COI Website and uploads all required back up documentation.** **Coach is sent a link to provide reference and copy of final Evaluation.**	**NMSU COI reviews for completeness and follows up with FIT and Coach to obtain all proof of requirements being met.** **Once complete NMSU forwards to BHS Wraparound Manager for approval.**	**Once approved FIT will be sent a letter with permission to sit for the exam along with instructions for how to create a profile with the NMCBBHPs online certification system "Certemy" and instructions on how to register for exam.**	**FIT sits for the Exam.** **If FIT passes, they will be issued a certificate valid for 2 years. If they do not pass the first time may re-take the exam.**

*TOM with Family/Youth who have had 2 team meetings. Coach will provide copy of TOM to CYFD-BHS
**WIFI with Family/Youth enrolled at least 3 mos. and have had 3 team meetings. Coach and/or FIT will provide WFI to CYFD-BHS

Definitions: **Coach**- Endorsed Wraparound Coach. **CIT**-Coach in Training. **FIT**-Facilitator in Training. **CWF**-Certified Wraparound Facilitator.

HFW-High Fidelity Wraparound. **TOM:** Team Observation Measure. **WFI:** Wraparound Fidelity Index.

7.1.23

NEW MEXICO HIGH-FIDELITY
WRAPAROUND

Facilitator-in-Training Verification Checklist

This checklist is intended to serve as a guide for Facilitators-in-Training and their Coaches to ensure that all requirements for certification are met prior to submitting the official application. For a full explanation of all requirements for certification please see the NM High-Fidelity Wraparound Program Manual & Implementation Guide. This document, along with all supporting documents, will be uploaded with Facilitator Application for Certification online form. Acceptance or denial of application will be communicated to the applicant within 30 days via letter. Upon approval, applicant will be scheduled to sit for exam.

Facilitator in Training Name: _____

Coach Name: _____

The following High-Fidelity Wraparound criteria for Wraparound Certification have been met. *FITs must complete all requirements within 6-12 months*

Initials	Requirement *Upload copies of all certificates where applicable*	Date Completed
	Orientation and Training Requirements	
	Facilitator-in-Training Application (enrollment)	
	Pre-Requisite E-learning Modules	
	Foundations of Wraparound Practice Training	
	Follow-up Training I: Documentation, Safety and Stability	
	Follow-up Training II: Engagement, Teaming and Conflict Resolution	
	Follow-up Training III: Deepening Our Understanding of Vision, Needs and Benchmarks	
	Follow-up Training IV: Ethics Across the System of Care for Certified and Credentialed Professionals	
	Child and Adolescent Needs and Strengths (CANS) Certification *(required for those that began FIT track on or after 4/1/2023)*	
	Fidelity & Outcomes Measurement Evaluation Training	
	Coaching & Fidelity Monitoring Requirements	
	60-hours of Coaching by an Endorsed Wraparound Coach *You will upload signed coaching logs*	
	Implemented the NM Wraparound model with a minimum of three enrolled youth/families within the 12-month period. **List evaluation IDs of 3 youth/families:** _____ , _____ , _____	
	Complete a minimum of <u>3 Team Observation Measures</u> (TOM)s & <u>2 Wraparound Fidelity Index</u> (WFI)s within the 12-month training period.*(Will be verified in WrapStat)* **TOM Dates:** _____ , _____ , _____ **WFI Dates:** _____ , _____	
	Met or exceeded all of the competencies outlined in the Facilitator Evaluation Form. *Will be submitted by coach.*	
	Letters of Reference *In your electronic application you will provide the name and email of your 3 references, they will be sent a reference form to complete.* ***Please inform your references and ask them to return the form timely.***	
	Reference from Peer/Colleague	
	Reference from outside agency with whom you have worked in a Wraparound setting	
	Reference from Wraparound Coach	

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Children, Youth & Families Department
STATE OF NEW MEXICO

NEW MEXICO HIGH-FIDELITY
WRAPAROUND

Facilitator in Training Coaching Hours Log

A minimum of 60 is required during FIT track, though most will do more than 60 hours during their 6-12 month FIT track, please submit logs of all hours completed during FIT track.

Wraparound Facilitator Name: _____ Wraparound Coach Name: _____

Date	# Hours	I or G*	Domain	Notes
Total Hours				

I = Individual Coaching   **G = Group Coaching**

Domain 1: Values & Elements: Facilitators will have a fluent understanding of NM High-Fidelity Wraparound Values and Elements and be able to articulate them according to the audience and apply them in work with families, coworker interaction, and in representation of the Agency

Domain 2: Engagement: Ability to build rapport and a trusting relationship with a family/youth and other supports in order to gain their confidence in the Wraparound process as evidenced by inclusion of information/history, and participation in the development and implementation of the Action Plan.

Domain 3: Action Planning: Skill to develop an action plan by recognizing, interpreting, and utilizing its components, and by identifying barriers that could warrant a review and edit of the action plan

Domain 4: Teaming Facilitator advocates for decision making to be done in a team based format while upholding the value of family/youth voice and choice. This is done by building collaboration with team members through communication, acknowledgement and conflict resolution.

Domain 5: Safety Planning: Facilitator is able to recognize and evaluate safety risks including, but not limited to, self-harm, self-endangering, exploitation, and housing permanency

Domain 6: Coordination/Prioritization/Maximization: Facilitator is effective in use of available time and resources to meet the fidelity expectations of the NM High-Fidelity Wraparound process

NM HIGH-FIDELITY WRAPAROUND FACILITATOR COMPETENCY EVALUATION FORM

NM High Fidelity Wrapround believes that better outcomes for youth and families enrolled in Wraparound come from maintaining a high-fidelity Wrapround practice. NM High Fidelity Wrapround Endorsed coaches will assess Facilitators in Training (FITs) for their competency in Wraparound practice on a quarterly basis up to the time the FIT is ready to apply for Wraparound certification. Below are six competency domains that are consistent with competency in practice. NM High Fidelity Wraparound facilitators must, at minimum, meet basic competency in each item under each domain to qualify for Wraparound certification and to maintain certification over time.

   N/A   **Not Applicable** – Facilitator has not yet begun to address this issue in practice.
   N/I   **Needs Improvement** –Facilitator has beginning understanding and skill but needs to grow skills
          to meet competency
   M   **Meets Basic Competency** – Facilitator clearly understands the purpose of the competency item
          and can effectively and consistently implement it in identifiable way in practice
   E   **Exceeds Basic Competency** – Facilitator stands out in his or her ability to understand and exemplify
           the implementation of this item. Facilitator can teach it to others.

DOMAIN 1: Values & Elements: Facilitators will have a fluent understanding of NM High-Fidelity Wraparound Values and Elements and be able to articulate them according to the audience and apply them in work with families, coworker interaction, and in representation of the agency				
Facilitator knows and has a clear understanding of the NM High-Fidelity Wraparound values and consistently applies them towards the practice of the Wraparound process	N/A	N/I	M	E
Facilitator effectively educates on the NM High-Fidelity Wraparound elements and promotes their use as the structure for building a single family/youth Action Plan.	N/A	N/I	M	E
Facilitator builds a collaborative and inclusive relationship with involved systems such as representatives from school, child welfare, juvenile justice, and other relevant systems	N/A	N/I	M	E
Facilitator can explain and actualize the benefits of creating strength-based and needs-driven plans that are not reliant on formal services.	N/A	N/I	M	E
Facilitator updates coach on progress of every family/youth and seeks coaching when faced with a barrier to the Wraparound process and implementation.	N/A	N/I	M	E
Describe steps needed to progress any N/A and N/I rating				

Domain 2: Engagement: Ability to build rapport and a trusting relationship with a family/youth and other supports in order to gain their confidence in the Wraparound process as evidenced by inclusion of information/history, and participation in the development and implementation of the Action Plan.				
Facilitator maintains effective, timely, and frequent contact with the parent/caregiver(s) and the youth with the objective that they will constructively contribute to developing an Action Plan.	N/A	N/I	M	E
Facilitator maintains effective, timely, and regular contact with key representatives from school, child welfare, juvenile justice, and other relevant systems with the objective that these representatives can constructively contribute to developing an Action Plan.	N/A	N/I	M	E
Facilitator maintains active and ongoing communication with the family, youth, supports, relevant systems and members of the Wraparound team	N/A	N/I	M	E
Facilitator seeks to understand cultural perceptions, immigration history, and related needs of the family and/or youth. Cultural elements are acknowledged and incorporated in Gathering the Story and Action Planning.	N/A	N/I	M	E
Describe steps needed to progress any N/A and N/I rating				

Domain 3: Action Planning: Ability to develop an action plan by recognizing, interpreting, and utilizing its components, and by identifying barriers that could warrant a review and edit of the action plan				
Facilitator understands and utilizes the NM High-Fidelity Wraparound model theory of change and NM Wraparound elements (Team Based, Strength Based Vision, Needs, Strategies, Benchmarks) in Action Planning	N/A	N/I	M	E
Facilitator ensures that Action Planning is centered on the identified youth/child AND the family, while acknowledging non- negotiables from involved systems.	N/A	N/I	M	E
Facilitator assesses for progress through benchmark achievement and is able to deconstruct plan to identify the barrier(s) to progress.	N/A	N/I	M	E
Facilitator progresses the Action Plan from being dependent on formal services to community-based resources	N/A	N/I	M	E
Facilitator coordinates implementation of Action Plan through task delegation, communication with team members, and creating team accountability related to designated responsibilities	N/A	N/I	M	E
Describe steps needed to progress any N/A and N/I rating				

Domain 4: Teaming: Ability to work with the family to build an effective team with an emphasis on natural and informal supports, to engage and support all team members, manage any conflict, and create a working collaboration so that effective decisions can be made that support the family's vision				
Facilitator leads the ongoing development of a Wraparound team composed of the family, youth, natural and informal supports, providers, and other involved systems	N/A	N/I	M	E
Facilitator effectively conducts outreach, recruitment, and retention of team members through education about the Wraparound process, and individual and agency engagement	N/A	N/I	M	E
Facilitator advocates for decision making to be done in a team-based format while upholding the value of family/youth voice and choice. This is done by building collaboration with team members through communication, acknowledgement and conflict resolution.	N/A	N/I	M	E
Facilitator can evolve the Wraparound Family team from being composed of a majority formal supports to a majority of informal and natural supports	N/A	N/I	M	E
Facilitator is aware of the impact and influence the setting and attendees of a Wraparound meeting can have on the family/youth	N/A	N/I	M	E
Describe steps needed to progress any N/A and N/I rating				

Domain 5: Safety/Stability Planning: Facilitator is able to recognize and evaluate safety risks including, but not limited to, self-harm, self-endangering, exploitation, and housing permanency				
Facilitator is versed in the completion of the NM Wraparound High-Fidelity Safety/Stability Planning form	N/A	N/I	M	E
Facilitator ensures that the Safety/Stability Plan incorporates supports and community resources; uses strengths as safety steps; and is formatted to progress from the least restrictive to the most restrictive steps.	N/A	N/I	M	E
Facilitator schedules Emergency Wraparound Meetings according to necessity and or crisis in a timely manner	N/A	N/I	M	E
Describe steps needed to progress any N/A and N/I rating				

Domain 6: Coordination/Prioritization/Maximization: Facilitator is effective in use of available time and resources to meet the fidelity expectations of the NM Wraparound High-Fidelity process				
Facilitator effectively uses time management skills in order to balance needs of families, safety planning, trainings, and additional responsibilities as a facilitator	N/A	N/I	M	E
Facilitator coordinates and manages Action Plan tasks/strategies and/or services in order to assure that tasks/strategies are completed	N/A	N/I	M	E
Facilitator uses the correct NM Wraparound High-Fidelity tools and prepares the necessary documents and materials prior to the meeting, such as the Action Plan, Safety/Stability Plan, data on progress, etc.; Facilitator has enough copies to share with each team member	N/A	N/I	M	E
Facilitator asks for concrete help from coaching staff to resolve conflicts, break down barriers, and overcome other obstacles as needed	N/A	N/I	M	E
	N/A	N/I	M	E
Describe steps needed to progress any N/A and N/I rating				

Evaluator's Statement

How long have you coached this applicant?

How many families is the Facilitator serving?

Describe the strengths of the Facilitator?

Describe areas needing development in addition to areas captured above:

I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Endorsed Coach Signature: _____ Date _____

Facilitator's Signature:_____Date _____

Supervisor's Signature: _____ Date _____
    (If Applicable)

*All completed NM High-Fidelity Wraparound Facilitator Competency Evaluation Forms are required to be submitted with certification application.

NEW MEXICO HIGH-FIDELITY
WRAPAROUND

COACH IN TRAINING (CIT) TRACK

NM High-Fidelity Wraparound provides an intensive Wraparound Coaching Endorsement Program. The purpose of this program is to provide Wraparound Provider agencies with the necessary support and training to sustain a High-Fidelity Wraparound (HFW) practice. The program is designed to provide training and support to Certified Wraparound Facilitators (CWF) who are identified to become Endorsed Wraparound Coaches. CIT's are expected to follow the NM High-Fidelity Wraparound HFW Model. *The Coach in Training Track must last a minimum of 6 months, but not exceed 9 months. The Coach in Training must coach at a minimum one facilitator and complete the all of the phases detailed below. Please refer to NM High-Fidelity Wraparound Program Manual and Implementation Guide for additional information and guidelines.*

Phases in the Coach in Training Track are intended to be fluid and organic and not a check list. CITs may move back and forth between phases as they build competency and identify areas for continued growth. CITs and their Master Coach will check in on a regular basis to make sure all activities are completed. Once the Coach in Training is ready they will submit to CYFD-BHS for Endorsement approval. A Master Coach (MC) must be approved by CYFD-BHS as having the adequate skill and experience to provide training and support to new Coaches in Training.

INITIAL ORIENTATION AND PREPARATION

- ➢ **Certified Wraparound Facilitator** is identified as a potential candidate to become an **Endorsed Coach**.
- ➢ **Apply** to become a **Coach in Training** (CIT)
- ➢ A **Master Coach** (MC) is assigned to the CIT
- ➢ Application is reviewed by CYFD-BHS. Letter is sent acknowledging acceptance into CIT program.
- ➢ Master Coach and CIT review the **phases of coach development**: • Engagement, Shadowing, Implementation, Practice, Transition
- ➢ MC and CIT create a schedule for the activities listed in Phase 1.

PHASE 1 – ENGAGEMENT

Spirit of ENGAGEMENT phase:
Sharing the ability to build rapport and a trusting relationship with the facilitator to promote learning. To provide support in order to promote confidence and skill development in the Wraparound process.

- ➢ CIT meets with Master Coach **(MC).** Together **review all NM High-Fidelity Wraparound documents** including *Gathering of Family Story, Team Meeting Prep Forms, Action Plans and Safety Plan.*

➢ CIT meets with assigned facilitators, **listens for strengths** and **areas for development.** Reviews youth/family assignments.

➢ CIT **observes** the Master Coach facilitate 1:1 and/or group coaching sessions. Debrief immediately following each observation, focusing on the **engagement process**. **Discuss:** What the CIT learned from the engagement meetings.

PHASE 2 – SHADOWING ("DOING FOR")

Spirit of SHADOWING phase: To promote learning through observing, but also allowing coaches to identify their own strengths and how they can implement them into the Wraparound process.

➢ **CIT observes** Master Coach co-facilitate a team meeting with facilitators and then **Debrief with Facilitators** using the *Coach Observation and Support Tool.*

➢ **CIT observes** the MC complete a TOM and **debrief with facilitators.**

➢ **CIT** continues to **observe** MC facilitate 1:1 and/or group coaching sessions. Debrief immediately following. **Discuss:** What skills/techniques does the CIT see the MC using to coach the Facilitators?

➢ **CIT observes** MC train on the **Fidelity Tools** to facilitators. Fidelity is managed via the University of Washington's Wraparound Evaluation and Research Team- most often referred to as WERT. Their database is called Wrap-Stat. Coaches should be comfortable training and supporting facilitators in these tools.

   The three tools used in New Mexico are:
   o **WFI-EZ** Wraparound Fidelity Index-Short Version
   o **TOM** Team Observation Measure
   o **DART** Document Assessment and Review Tool

➢ CIT and MC **meet regularly** to review **competency development.**

PHASE 3 – IMPLEMENTATION 1 ("DOING WITH")

Spirit of IMPLEMENTATION 1 phase: Providing support learning and encouragement through a team approach. Promoting coaching with individualized strengths while encouraging self-efficacy.

➢ CIT and MC **co- facilitate** 1:1 and/or Group **coaching sessions** with facilitators. **Debrief** following each session.
   o Log Hours in **Coaching Observation Log.**

- CIT and MC **co-facilitate** a complete **TOM** process, including debriefing.

- CIT and MC **co-facilitate** a **DART** process, including debriefing.

- CIT and MC **co-facilitate/train** one or more Wraparound 101 trainings or Wraparound Follow-up trainings. **Debrief** following each training.

- CIT and MC **meet regularly** to review competency development. Specifically identify **areas needing growth** and **develop plans for improvement**.

PHASE 4 – IMPLEMENTATION 2 ("CHEER- ON - PRACTICE AND OBSERVATION")

Spirit of IMPLEMENTATION 2 phase: Continued support as the coach takes on their new responsibilities. Promote their individualized understanding of NM High-Fidelity Wraparound Values and Elements and encourage their ability to articulate them.

- CIT performs most activities **on their own.**

- **CIT co-facilitates** meetings as appropriate with Facilitators (**MC observes** some of the time).

- **CIT conducts a TOM** with Facilitators, including debrief. **MC observes and debriefs**.
    - It is expected that a CIT conduct **a minimum of 3 TOMs and receive and average score of 75% of higher** before they apply for Endorsement, more may be necessary.

- **CIT facilitates** 1:1 and group coaching with facilitators. **MC observes and debriefs**.
    - Log Hours in **Coaching Log.** 20 observed hours minimum is needed before Endorsement.

- **CIT completes** a **WFI-EZ** on their own. **Debriefs with MC.**

- CIT and MC **meet regularly** to review competency development. Specifically identify **areas needing growth** and **develop plans for improvement**, with a focus on finalizing the **Competency Assessment and passing the Competency Panel Assessment**.

PHASE 5 – ENDORSEMENT

> *Spirit of ENDORSEMENT phase:* You are now endorsed. Continue to support and promote the NM High-Fidelity Wraparound Values and elements as you coach and lead your facilitators.

- ➢ MC completes **CIT Coach Competency Assessment** and **CIT Endorsement Verification Checklist.**

- ➢ **CIT, Master Coach, and Agency Supervisor sign <u>Coaching Agreement</u>**

- ➢ CIT completes **online endorsement request**, uploads necessary documents and acknowledges commitment to maintaining coach requirements.

- ➢ CYFD-BHS reviews packet for completion and **makes approval decision.**

- ➢ If approved, CYFD- BHS will sign **Coaching Endorsement Letter.** If not approved, the CIT will send letter with outcome and recommendations.

NEW MEXICO HIGH-FIDELITY WRAPAROUND

Coach in Training Coaching Observation Log

This log is for Coaches in Training (CIT) to log their coaching sessions with facilitators that are observed by their master coach as a part of the CIT track. The facilitators who are being coached by the CIT will also record the sessions in their coaching logs. CITs need a minimum of 20 observed hours in Phase 4 of the CIT track with a mixture of group and/or individual sessions and domains to apply for endorsement.

Wraparound Coach in Training (CIT) Name: _____

Wraparound Master Coach Name: _____

Date	# Hours	#Phase 4 hours	I or G*	Domain	Notes
Total Hours					

* I = Individual Coaching   **G =** Group Coaching

Domain 1: Values & Elements: Facilitators will have a fluent understanding of NM High-Fidelity Wraparound. Values and Elements and be able to articulate them according to the audience and apply them in work with families, coworker interaction, and in representation of the Agency.

Domain 2: Engagement: Ability to build rapport and a trusting relationship with a family/youth and other supports in order to gain their confidence in the Wraparound process as evidenced by inclusion of information/history, and participation in the development and implementation of the Action Plan.

Domain 3: Action Planning: Skill to develop an action plan by recognizing, interpreting, and utilizing its components, and by identifying barriers that could warrant a review and edit of the action plan.

Domain 4: Teaming: Facilitator advocates for decision making to be done in a team based format while upholding the value of family/youth voice and choice. This is done by building collaboration with team members through communication, acknowledgement and conflict resolution.

Domain 5: Safety Planning: Facilitator is able to recognize and evaluate safety risks including, but not limited to, self-harm, self-endangering, exploitation, and housing permanency.

Domain 6: Coordination/Prioritization/Maximization: Facilitator is effective in use of available time and resources to meet the fidelity expectations of the NM High-Fidelity Wraparound process.

Coach in Training Competency Assessment

Name of Coach-in-Training: _____

Name of Master Coach: _____

Date Assessment Completed: _____
(if completed over multiple days list the final date you met)

1- Not at all developed   2 – Marginal development   3 – Medium Development
4 –Advanced Development   5 – Highly skilled – able to model for others
          Must score a 4 or higher to become an Endorsed NM High-Fidelity Wraparound Coach

Engagement		1	2	3	4	5
	Able to articulate to facilitators the importance and dynamics of family engagement.					
	Able to articulates the barriers to family engagement and knows strategies to overcome them.					
	Can quickly identify the markers of effective and non-effective engagement.					
	Able to think creatively and help design unique engagement strategies for each family.					
	Able to help the facilitator recognize opportunities to pull out the youth/families natural supports, strengths and possible safety and stability needs.					
	Able to help the facilitator identify who the client is (is it the youth, or is it the family).					
	Able to effectively communicate, support, develop and meet the needs of each facilitator.					

Comments on Engagement:

Vision		1	2	3	4	5
	Can articulate to facilitators the importance of a vision – how a vision is the motivational and directional element of the Wraparound process.					
	Can identify when a vision is actually a goal and can help facilitator understand how to move it toward a vision.					
	Can describe how needs, benchmarks, and strategies need to tie back to the vision and what to do if they do not.					
	Able to help a facilitator know what to do when a family vision does not match their behavior.					
	Able to help facilitators identify needs of team members					
	Able to coach a facilitator to guide a family through the process in getting to a singular vision when there are multiple visions.					

Comments on Vision:

Strengths Youth / Family Voice and Choice		1	2	3	4	5
	Can describe why strengths are critical to be used throughout Wraparound					
	Knows how to respond to criticism that Wraparound "only cares about strengths and not the hard, difficult behaviors"					
	Can identify when a facilitator is losing strengths-based focus and knows how to creatively address it					
	Able to help facilitator ensure youth and family have a voice and choice at the table, and that no decisions are made without the youth/family					
	Able to help the facilitator manage a youth/family voice and choice when there is disagreement					
	Able to help facilitator assure that strengths are functional and are deeply incorporated into the process.					

Comments on Strengths, Youth & Family Voice and Choice:

Needs/ Benchmarks/ Strategies		1	2	3	4	5
	Can articulate how needs fit into overall Wraparound theory and practice, and how they interact with vision, strengths, benchmarks, strategies and safety plans.					
	Able to clearly distinguish concrete needs, underlying needs and safety needs					
	Can help facilitators differentiate a need from a goal or a problem statement					
	Is adept at listening for and hearing needs statements within family narratives. Can help facilitators learn this listening skill					
	Can role model gathering a family story that elicits need statements					
	Can use an understanding of needs to help a facilitator get "unstuck" with a youth or a family					
	When a facilitator is presenting a family situation for supervision, can give meaningful feedback about needs statements and how they are or are not being utilized effectively					
	Can help facilitators create family awareness about the dissonance between a vision unfulfilled and current behaviors, and how needs emerge from that awareness					
	Helps facilitators work with their team to learn how needs: • Do not lend themselves to quick fixes • Expand the areas in which we can plan to help • Expand the actual pathways to helping • Help people understand why they are helping					
	Knows how to teach how Benchmarks are tied to meeting needs.					
	Able to ensure, teach, and coach that Benchmarks are measurable and meaningful to family					
	Able to help facilitator's identify when strategies are not effectively linked to the vision, needs and/or benchmarks.					

Comments on Needs/Benchmarks/Strategies:

Teaming / Natural Supports		1	2	3	4	5
	Able to teach the facilitators the importance of being fully prepared for a team meeting. • Team meeting prep form • Sign in sheet • Agenda • Flip charts, markers • Positive attitude					
	Can identify and articulate reason for holding a meeting where youth/family are not present.					
	Can help the facilitator utilize and know the appropriate time to use the "Ask each team member" technique.					
	Can help the facilitator utilize and know the appropriate time to use the "tell me a time when" technique					
	Able to effectively coach the facilitator in identifying natural supports, especially when youth/families claim they do not have anyone in their lives. CIT will coach facilitator in using the proper tools such as the Support Map					
	Able to effectively coach the facilitator in building team when a team doesn't exist.					
	Able to coach the facilitator to effectively incorporate natural supports in the team.					
	Able to coach the facilitator in helping families utilize and accept the help of natural supports.					
	Able to help facilitator's negotiate between youth/family and system partners when there is a disagreement over the use of natural supports.					
	Able to identify and coach around poor boundaries between the facilitator and the youth/family.					

Comments on Teaming/Natural Supports:

Safety and Stability Planning		1	2	3	4	5
	Can help facilitators identify when a safety plan is needed					
	Can help facilitator identify action steps for safety that are "real" and that can work for a youth and family and team members					
	Can help facilitator ensure the safety and stability plan covers predicting, preventing and protecting					

Comments on Safety and Stability Planning:

Conflict Management / Other		1	2	3	4	5
	Can help facilitator "diagnose" the source of team conflict					
	Can help facilitator understand the need to "lean in" to conflict and to identify actions to address conflict that are effective					
	Can guide the facilitator in managing conflict in different environments (intra family, system, political)					
	Able to assist coaches help facilitators complete Paperwork / documentation in a timely and effective manner.					
	Can assist facilitators in utilizing all wrap fidelity tools					
	CIT is able to help a facilitator rely on Wrap values and core elements to guide dilemmas in practice.					

Comments on Conflict Management/Other:

Recommendations:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____   _____

Coach in Training Signature   **Date**

_____   _____

Master Coach Signature   **Date**

_____   _____

Agency Supervisor Signature   **Date**

NEW MEXICO HIGH-FIDELITY
WRAPAROUND

Coach Endorsement Verification Form

Coach in Training Name: _____

Supervising Coach Name: _____

The following NM High-Fidelity Wraparound Coach Endorsement program criteria have been met:

Initials of Master Coach indicating criteria was met:

	Provide regular coaching to a minimum of 1 Facilitator (either FIT or CWF)
	Conduct a minimum of 3 Team Observation Measures. **Dates Provided:** _____, _____, _____
	Has an average score of at least 75% on the last three Team Observation Measures conducted and entered into the WERT data base.
	Co-Facilitate a minimum of 1 Wraparound 101 or Follow up Training, with demonstrated competency as a trainer. **Training Title and Date Provided:** _____
	Received a minimum of 20 hours of observation of coaching skills in all areas identified in the coach in training track. Coaching observation hours should be logged in the **Coaching Observation Log.**
	Met or exceeded all of the competencies outlined in the Coach Competency Assessment.
	Passed the Competency Panel Assessment

This document along with all supporting documents, will be uploaded with Coaching Endorsement Request form. Acceptance or denial of endorsement will be communicated to the applicant within 30 days via letter.

_____   _____

Wraparound Coach in Training Signature   Date

_____   _____

Wraparound Master Coach Signature   Date

NM High-Fidelity Wraparound Coach Agreements and Requirements

Please initial before each statement

_____ I confirm that I am a Certified Wraparound Facilitator through the New Mexico Credentialing Board for Behavioral Health Professionals, and I agree to maintain certification.

_____ I agree to coach a minimum of 1 wraparound facilitator, and no more than 8 wraparound facilitators (please refer to capacity grid). Any exceptions will need to be approved by CYFD-BHS.

_____ I agree to attend and actively participate in monthly Wraparound Coaching Learning Community Meetings. Absences must be excused by CYFD-BHS. More than three absences in a calendar year may result in loss of endorsement.

_____ I agree to administer the required observations for the designated facilitators. This includes meeting deadlines indicated in the fidelity assessments and outcome measures protocols.

_____ I agree to consistently and effectively utilized all NM High-Fidelity Wraparound tools and forms.

_____ I agree to maintain any required documentation in supporting facilitators during their certification process.

_____ I agree to present documentation to the NM High-Fidelity Wraparound Team at CYFD-BHS upon request.

_____   _____

Coach in Training Signature   **Date**

_____   _____

Master Coach Signature   **Date**

_____   _____

Agency Supervisor Signature   **Date**

NEW MEXICO HIGH-FIDELITY
WRAPAROUND

Fidelity Grievance Form

NM High-Fidelity Wraparound and CYFD-Behavioral Health Services is committed to high fidelity wraparound practice in New Mexico. In situations where this standard may come into question any member of the community can file a grievance with CYFD-Behavioral Health Services. ***This form is to be used exclusively for grievances regarding the fidelity of Wraparound practice and not for grievances regarding services of a behavioral health provider.*** Please email this form to the CYFD-BHS Clinical Manager, Rosella.McCaffrey@cyfd.nm.gov

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Date grievance filed: Click here to enter a date.

Name of the person filing grievance: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text.   **State:** Click here to enter text. **Zip:** Click here to enter text.

Phone number: Click here to enter text.   **Email:**   Click here to enter text.

Name of the person(s) or program on who the grievance is against:

Click here to enter text.

Agency that this person(s) work for: Click here to enter text.

Please describe your grievance using as much detail as you can including dates, times, and persons involved: Click here to enter text.

How do you feel the actions above contradicted the values and/or process of the Wraparound model?   Click here to enter text.

Please list the names of people who witnessed the events described in your grievance and their relation to you: Click here to enter text.

**Signature of the
person filing grievance** _____   **Date:** _____

**For Administrative use only
Name of CYFD-BHS
staff who received this grievance:** _____

**Date this grievance was received by
CYFD-BHS staff:** _____

Resolution to Grievance: Click here to enter text.