EASA PROCESS CHECKLIST

Community Education

____ 1. Create your own organizational brochure using state template.

____ 2. Ask each individual and family entering the program about their experience of onset and help seeking; integrate this information into community ed strategy.

____ 3. Plan outreach to core audiences, including specific messaging.

____ 4. Each time you provide information about early psychosis and how to refer, collect info in centralized tracking system.

Referrals (expect average 3 hours)

____ 1. Maximize rapidity of response; ensure access to 24-hour crisis & method of triaging.

____ 2. From first phone call, attend to safety and strengths-focused engagement. Initiate risk assessment.

____ 3. From first phone call, provide psychoeducation to family/referent.

____ 4. If screened out, work with family/referent to make sure they are connected before you end contact.

____ 5. Where allowed, talk to referent directly & send referent a letter explaining outcome of referral and where referred if not EASA.

____ 6. Be persistent in engaging; use consultation as needed for problem solving.

Intake and assessment (expect as much as 6 hours in first week)

____ 1. Complete EASA family input form and agency paperwork

____ 2. Introduce to all team members and services; introduce to transitional process, schedule joining sessions for MFG.

____ 3. Treat assessment as engagement process; use therapeutic model of assessment.

____ 4. Complete comprehensive strengths assessment.

____ 5. Address areas of assessment listed in practice guidelines in agency assessment.

____ 6. Identify the person's self-identified needs, goals and motivations (Joining).

____ 7. Assess family perceptions, strengths and needs (Joining)

____ 8. Use strength's assessment to guide treatment goals.

____ 9. Use the person's words in the treatment plan.

____ 10. Complete crisis plan and keep it on file with local crisis team.

____ 11. Request and follow up on labs.

____ 12. Introduce to supported employment/education if a desire for work or school is expressed.

____ 13. Complete an outcome review every calendar quarter (10th day of the month—Jan 10, April 10, July 10, October 10)

____ 14. Meet with family to review treatment plan, diagnosis, progress every 90 days.; maintain regular contact.

____ 15. Provide ongoing comprehensive psychoeducation and treatment (using feedback ) with focus on areas in the practice guidelines.

Transition

____ 1. Use transition checklist in planning throughout.

____ 2. At 18 months or 6 months prior to discharge create transition plan using checklist.

____ 3. Complete graduation ceremony for participant and family.

Discharge

____ Complete outcome review with discharge information.

____ Check in periodically as beneficial.

____ Provide opportunities for ongoing contact such as alumni events, mfg, etc.