

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.