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.


___ 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.