

## ISF Mental Health Agency Implementation Checklist

This checklist is designed to be completed by the Mental Health Agency Team once a quarter to monitor activities for implementation of the Interconnected Systems Framework (ISF). The team should complete the **Action Plan** at the same time to track items that are In Progress or Not Yet Started. The Action Plan is located at the end of the checklist.

Agency:

School:

ISF Coach:

District:

Date of Report:

Person Completing Report:

Team Members:

Complete quarterly with your coach						
Status: <b>A</b> = Achieved, <b>I</b> = In Progress, <b>N</b> = Not Yet Started						
		Date:				
ESTABLISH COMMITMENT			Goal to achieve by			
<p><b>1. Agency's Support &amp; Active Involvement</b></p> <ul style="list-style-type: none"> <li>Agency commits to adequate FTE for clinical supervision to be provided on a routine basis with school mental health clinician(s).</li> <li>Agency provides adequate logistical, technical, and financial support to the school mental health office.</li> <li>Agency commits to adequate FTE for an ISF coach who will actively participate in all required coaching activities.</li> </ul>	Status:					
<p><b>2. Staff Support</b></p> <ul style="list-style-type: none"> <li>Agency supports professional development needs of the team, including participation in cross training activities with school partners and training for EBPs as appropriate.</li> <li>A clinical supervisor provides weekly of on-site support, including participation in any relevant meetings, case consultation, and overall clinical supervision of the clinician(s).</li> <li>Staff members are employed on a full or part-time basis, salaried and with benefits. (not sure if we can say this, but something about stability of the workforce?)</li> </ul>	Status:					
ESTABLISH & MAINTAIN TEAMS			Goal to achieve			
<p><b>3. District and Community Leadership Team Established</b></p> <ul style="list-style-type: none"> <li>Leadership from the Agency commits to actively participate on the DCLT.</li> <li>These individuals have the authority to make key decisions regarding policy, funding, leveraging resources, and providing support to the ISF Implementation.</li> </ul>	Status:					
<p><b>4. School Building System Teams</b></p> <ul style="list-style-type: none"> <li>Agency commits to have staff with mental health expertise actively participate on building system teams for Tier I, Tier II, and Tier III.</li> <li>These assigned staff attend system meetings monthly.</li> </ul>	Status:					

<b>SYSTEM COLLABORATION</b>		<b>Goal to achieve within</b>			
<b>5. Communication</b> <ul style="list-style-type: none"> <li>Agency and SMH Clinician have established a system/procedure for communication with school staff and administration, as well as families and other community partners. This includes phone, email, etc. in addition to how to access help outside of school hours during a crisis.</li> <li>A process has been developed to refer students to the SMH Clinician. Families, school staff and administration, and appropriate community partners are made aware of the process to refer a student for mental health services.</li> <li>SMH Clinician has a process in place to communicate with family and school partners as appropriate regarding the progress of interventions and supports for the student(s) enrolled in services.</li> </ul>	Status:				
<b>6. School partnership</b> <ul style="list-style-type: none"> <li>Agency assists school partners in accessing and understanding community data on a routine basis. These data are then used to inform the selection of interventions across tiers.</li> <li>Agency and SMH Clinician work collaboratively with school partners to build awareness and promote an understanding of social emotional aspects in consideration of the selection of interventions.</li> </ul>	Status				
<b>7. Family partnership</b> <ul style="list-style-type: none"> <li>Agency and SMH Clinician actively engage families as equal partners regarding interventions.</li> <li>Families provide consent, input, and feedback regarding impact of interventions.</li> <li>Transfer of knowledge and skills from interventions are transferred to family members.</li> </ul>	Status				
<b>8. Other service system stakeholders</b> <ul style="list-style-type: none"> <li>The team coordinates with other systems a youth and family may be involved with such as children and youth or juvenile justice.</li> <li>The team service as a liaison between the school and other systems on behalf of a youth and family.</li> </ul>	Status:				
<b>Tier III SMH Clinical Intervention</b>		<b>Goal to achieve within</b>			
<b>9. Screening and assessment</b> <ul style="list-style-type: none"> <li>Screening and other data are used, in addition to direct referrals, to determine appropriate need for mental health intervention.</li> <li>The SMH Clinician will complete a comprehensive biopsychosocial assessment in order to select appropriate EBPs.</li> <li>Family and school input will be included in the assessment process.</li> </ul>	Status:				

Complete quarterly with your coach Status: A = Achieved, I = In Progress, N = Not Yet Started					
		Date:			
<b>10. Adhere to System of Care Principles</b> <ul style="list-style-type: none"> <li>Interventions are family-focused.</li> <li>Interventions focus on resiliency and strengths across domains.</li> <li>Interventions have contextual fit and are culturally sensitive.</li> </ul>	Status:				
<b>11. Use of Evidence Based Practices (EBPs)</b> <ul style="list-style-type: none"> <li>Using appropriate screening and assessment tools, the SMH Clinician identifies appropriate treatment goals with input from family and school partners.</li> <li>The Clinician selects EBPs based on screening/assessment and available data.</li> <li>The Clinician progress monitors interventions using data based decision making and reports progress regularly to both family and school partners.</li> </ul>	Status:				
<b>OUTCOMES</b>		Goal to achieve within			
<b>12. Completion of evaluation tools</b> <ul style="list-style-type: none"> <li>Interventions are monitored for both fidelity and impact.</li> <li>The Strengths and Difficulties Questionnaire (SDQ) is completed quarterly both by the family and school and results are shared. (We can change this to be less specific or if a different screener is used)</li> </ul>	Status:				
<b>13. Review of available data</b> <ul style="list-style-type: none"> <li>Clinician regularly reviews academic data such as attendance, grades, and discipline infractions to inform interventions.</li> <li>Clinician regularly reviews other data such as risk of change in placement at home or school; screening/assessment data; and EBP fidelity measures.</li> <li>Clinician regularly requests feedback from families, school partners, and other stakeholders to gain knowledge of perceptions of care and change in functioning.</li> </ul>	Status:				
<b>14. Satisfaction surveys (we could delete or change to what ever surveys, etc. will be used in the study)</b> <ul style="list-style-type: none"> <li>Clinician requests families to complete satisfaction surveys, reviews results, and implements feedback</li> <li>Clinician requests school partners to complete satisfactions surveys, reviews results, and implements feedback.</li> </ul>	Status:				

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		Date:			
<b>15. Goal planning</b> <ul style="list-style-type: none"> <li>Goals are developed that are based on all available data.</li> <li>Goals are developed with student, family, and school partner input.</li> <li>At least one measurable goal focuses on the behavioral health challenge(s) impacting the student's ability to meet the school's ISF expectations.</li> </ul>	Status:				
	16.	Status:			

**Additional Comments & Information:**

**Mental Health Agency Action Plan**

Only include those items in Team Implementation Checklist that are marked "In Progress" or "Not Yet Started"

Activity	Activity Task Analysis (What)	Who	By When

Adapted from Sugai, Horner, Lewis-Palmer, 2001  
 Team Implementation Checklist, Version 3.1, September, 2011  
 Sugai, G., Horner, R., Lewis-Palmer, T., & Rossetto Dickey, C.