

APPENDIX Q: Fidelity Checklists for Service Providers

Client identifier: _____

Identification Fidelity Checklist			
Action Item:	Completion Date:	Comments (including challenges, improvements, and successes):	Outcome Questions:
Identify a need for IPC process			
Review IPC Criteria			
Ask First Nations, Inuit and Métis identifying questions			<p>If the child/youth/family self-identifies as aboriginal, which cultural group did they indicate?</p> <p><input type="checkbox"/> First Nations - Community:</p> <ul style="list-style-type: none"> <input type="radio"/> Cree <input type="radio"/> Algonquin <input type="radio"/> Mohawk <input type="radio"/> Mi'kmaq <input type="radio"/> Ojibway <input type="radio"/> Other (please specify): _____ <p><input type="checkbox"/> Métis - Community: _____</p> <p><input type="checkbox"/> Inuit: Region/Community: _____</p> <p>1. Other (please specify): _____</p> <p>2. was a referral to the Aboriginal Integrated Plan of Care process made? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Ask Francophone identifying questions			<p>If the child/youth/family self-identifies as Francophone, was an active offer made to continue the process in the cultural and linguistic services of their choice? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>What was the outcome?</p>

Identification Fidelity Checklist			
Action Item:	Completion Date:	Comments (including challenges, improvements, and successes):	Outcome Questions:
Connect with Agency Implementation Lead			
Seek Informed Consent			
Connect with potential Integrated Care Team members (through Agency Implementation Leads)			Which agencies were contacted to participate as members of the Integrated Care Team?
Receive agreement from service providers to participate as Integrated Care Team members			
Identify potential IPC Leads			Please list the potential IPC leads that were identified: _____ _____
Complete IPC-CANS			Did the youth/family have an opportunity to provide feedback and make changes to the IPC-CANS before its submission to Coordinated Access? Yes <input type="checkbox"/> No <input type="checkbox"/>
Connect with AIL to determine whether or not to proceed with application			

Referring Service Provider Name: Email: Date Checklist Completed:	Total Estimated Hours:
Agency Implementation Lead Name: Email:	Total Estimated Hours:
Potential Integrated Care Team members:	

Name:
Organization:
Email:

Name:
Organization:
Email:

Name:
Organization:
Email:

Client identifier: _____

Selection and Criteria Approval Fidelity Checklist			
Action Item:	Completion Date:	Comments (including challenges, improvements, and successes):	Outcome Questions:
Complete CA application forms			
Submits IPC-CANS and Coordinated Access application form to Mental Health Committee at Coordinated Access			
Client and family is supported and encouraged to actively participate in CA process			What role did the child/youth and/or family have in the Coordinated Access presentation?
Referring Service Provider follows up with the client and family once decision is made			
Determine Integrated Plan of Care Lead with child/youth/ family			Who did the child, youth, and family choose for the IPC Lead? Who is the back-up IPC Lead?

Referring Service Provider Name: Email: Date Checklist Completed:	Total Estimated Hours:
Agency Implementation Lead Name: Email:	Total Estimated Hours:

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<u>Orientation Meeting Fidelity Checklist</u>			
Action Item:	Completion Date:	Comments (including challenges, improvements, and successes):	Outcome Questions:
Organize Orientation meeting			What is the date of the Orientation meeting?
Vision statement is developed and documented			
IPC initial meeting is discussed			

IPC Lead Name: Email: Date Checklist Completed:	Total Estimated Hours:
Agency Implementation Lead Name: Email:	Total Estimated Hours:

Client identifier: _____

IPC Initial Planning Meetings Fidelity Checklist			
Action Item:	Completion Date:	Comments (including challenges, improvements, and successes):	Outcome Questions:
Organize IPC initial team meeting			What is the date of the Initial Team meeting? Did the client and/or family attend the first portion of the meeting? Yes <input type="checkbox"/> No <input type="checkbox"/>
Service Summaries are distributed			Did all Integrated Care Team members complete service summaries? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, which summaries were missing? _____
IPC template is completed			How many meetings did it take to complete the IPC template?
Crisis management strategy is developed			How many meetings did it take to complete the crisis management strategy?
Team Commitment was reviewed			
Tips for an Effective Meeting document was reviewed			
Conflict Resolution Pathways document was reviewed			
Meeting frequency, progress checks and ongoing communication is established			What is the meeting frequency for this client? How was it established?
IPC Lead Name:			Total Estimated Hours:

Email: Date Checklist Completed:	
Agency Implementation Lead Name: Email:	Total Estimated Hours:
Integrated Care Team members (if different from Identification stage) Name: Organization: Email: Name: Organization: Email: Name: Organization: Email: Name: Organization: Email: Name: Organization: Email: Name: Organization: Email: Name: Organization: Email:	

Client identifier: _____

IPC Ongoing Meetings Fidelity Checklist			
Action Item:	Completion Date:	Comments (including challenges, improvements, and successes):	Outcome Questions:
Identify if the IPC needs to be revised if an Integrated Care Team member identifies a need			How many meetings occurred this month? Who called these meetings?
Review and monitor progress toward the vision and the goals outlined in the IPC			Was the IPC revised? Yes <input type="checkbox"/> No <input type="checkbox"/>
Assess if changes to Integrated Care Team are necessary			Did any changes to the Integrated Care Team take place? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what was the reason?
Client and/or family completes the Perception of Care measure (at 1 st meeting and 6 month intervals)			
Review IPC-CANS, every 6 months after initial completion			

IPC Lead Name: Email: Date Checklist Completed:	Total Estimated Hours:
Agency Implementation Lead Name: Email:	Total Estimated Hours:
New Integrated Care Team members Name:	

Organization:

Email:

Name:

Organization:

Email:

Leaving Integrated Care Team members

Name:

Organization:

Email:

Name:

Organization:

Email: