

Consistency to Practice Checklist



Aboriginal Agency
Implementation Lead



Aboriginal Integrated
Plan of Care Lead

Client: _____
Name

AIPC Lead: _____
Name



Aboriginal Agency Implementation Lead

IDENTIFICATION	
Referring Service Provider and Agency Implementation Lead review potential referral and confirms criteria eligibility	
VISIONING THE CARE	
Determine, with the child and family, whether the AIL will be the Lead on the IPC	
<ul style="list-style-type: none"> • If the AIL will not be the Lead on the IPC: <ul style="list-style-type: none"> ○ Determine who will be the Lead on the IPC Name: _____ ○ Complete the internal referral to the chosen Lead 	
Complete any paperwork required by your organization with client	
Complete Aboriginal IPC process Consent Form	
Gather client's story	
Gather and complete any existing or required assessments	
Assess continuation of AIPC process	
<ul style="list-style-type: none"> • If client will not be supported by the AIPC process: <ul style="list-style-type: none"> ○ Support the necessary navigation to appropriate programs within Aboriginal service system ○ Ensure that all involved are clear on what services are involved going forward 	
Conduct Mini Circles	
<ul style="list-style-type: none"> • If client is already receiving non-Aboriginal services: <ul style="list-style-type: none"> ○ Gather client and family's perception of the services. Are there any barriers? ○ If there are barriers, contact non-Aboriginal Service Providers involved and conduct mini circles 	



Aboriginal Integrated Plan of Care Lead

VISIONING THE CARE	
Create vision statement with client and family	

Identify potential Navigation Care Team members	
Obtain any additional informed consent to contact potential Navigation Care Team members	
Explore inviting an Elder with client and family	
Contact each non-Aboriginal AIL from the agencies selected to be a part of the Navigation Care Team	
Gather the name and contact information of each service provider for each non-Aboriginal organization	
GATHERING THE CIRCLE	
Distribute Service Summary templates to Navigation Care Team for completion	
Share Service Summaries with Navigation Care Team and client/family	
If an Elder was selected, contact the Elder to invite them to join the Navigation Care Team	
Schedule Initial Circle	
Prepare child and family for the Initial Circle	
INITIAL CIRCLE	
Explain the purpose of the Initial Circle	
If an Elder is not present, open the Circle	
Elicit Navigation Care Team introductions	
Explain the expectations of the Circle and confirm everyone's roles and responsibilities	
Elicit sharing from the team, beginning with client	
Develop Integrated Plan of Care	
Develop Steps to Success	
Develop Safety Plan	
Set ongoing Circles	
If an Elder is not present, close the Circle	
Create and send a summary of the Circle to all Navigation Care Team members	
Ensure that the Perception of Care Measure for the Initial Meeting is completed	
ONGOING CIRCLES	
Revise Integrated Plan of Care	
Revise Steps to Success	
Review and revise Safety Plan	
Ensure care is culturally-safe	
NEXT STEPS	
Ensure that the Perception of Care Measure for Ongoing Meetings is completed	
When Navigation Care Team agrees that the AIPC process is no longer required, develop a sustainable, youth-directed transition plan outlining ongoing activities	