**The Michigan IECMHC Model Fidelity Check List (FY21)**

(To be reviewed for ***each*** active case, at least monthly with SEC supervisor. This document will *not* be submitted to the state coordinator or the database. It is to help guide your supervisory conversations with the goal of increasing fidelity for each case, and for identification and planning to address any barriers to fidelity.)

**For the Month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How many total ACTIVE cases on my caseload?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Of these Active cases, how many are in transition to close?\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Goal** of 12-18 active cases at any time of both Programmatic and CFF. **Programmatic Annual Goal**: serve 15-20 Programs. **CFF Annual Goal**: serve 20 individual cases

| **Required Components** | **Fidelity Best Practice Standard**  ***\*indicates REQUIRED step*** | **Completed?** |
| --- | --- | --- |
| Referral/Intake | 1. Referral checklist completed 2. Site visit w/ QIC 3. Team meeting to determine CFF/Programmatic approach 4. Child Care Participation Agreement completed\* 5. If CFF- Reviewed family rights\* 6. If CFF- Signed Family Consent\* 7. Intake data input into data base\* | 1. Yes/No \_\_\_ 2. Yes/No \_\_\_ 3. Yes/No \_\_\_ 4. Yes/No \_\_\_ 5. Yes/No \_\_\_ 6. Yes/No \_\_\_ 7. Yes/No \_\_\_ |
| Observation and Assessment | 1. Observations completed\* *(within 14- 30 days of intake)* 2. **CFF**- Pre and Post DECA's completed (Providers *and* Family)\* 3. **Programmatic-** 100% Pre and Post completed\*:   -CHILD for preschool classrooms/sites  -TPITOS- for I/T classrooms/sites  -CAREgiving Checklist Pre and Post completed for HB sites | 1. Yes/No 2. Pre DECA- Provider completed \_\_\_\_ 3. Pre DECA- Family completed \_\_\_\_\_ 4. Post DECA- Provider completed \_\_\_\_\_ 5. Post DECA- Family completed \_\_\_\_ 6. Pre CHILD completed\_\_\_\_ 7. Post CHILD completed \_\_\_\_\_ 8. Pre TPITOS completed\_\_\_\_\_\_\_\_ 9. Post TPITOS completed\_\_\_\_\_\_ 10. Pre CAREgiving Checklists completed \_\_\_\_ 11. Post CARE giving Checklists completed \_\_\_\_ |
| Action Planning | 1. Team meeting held with family/provider to complete plan\*   *(Action Plan completed within 45-60 days OR 6-8 visits from SECs initial contact with provider)*   1. Action Plan completed\* 2. Review of Action Plan\*   *(Must have 1 Goal included to reflect the date for team review of Action Plan- updated at initial action plan meeting and each review meeting- at least every 3 months)*  4. Use of CSEFEL Pyramid Framework/strategies  5. Use of DECA strategies | 1. Yes/No\_\_\_\_ 2. Yes/No\_\_\_\_ 3. Yes/No \_\_\_\_ 4. Yes/No\_\_\_\_\_\_\_ 5. Yes/No\_\_\_\_\_\_\_ |
| Training and Coaching | 1. 1 visit per Site/Child (range from weekly – monthly)\* *(CFF case- SEC may provide 1-3 home visits for the family to support initial relationship building; observation/assessment, coaching support and identify needed referrals)* 2. 1-3 hours per visit\* *(Minimum 20-25 hrs. of coaching per week in total for all active cases*) 3. 5-15 hrs. of preparation, follow-up and data entry per week for all active cases\* 4. Use of coaching strategies\* (CSEFEL/DECA) 5. Implementation meetings\* minimum 2 hrs. per month *(Meeting with Provider/Director/staff to discuss/reflect on plan)* | 1. # of Visits \_\_\_\_\_\_ 2. # of hours coaching (per case) \_\_\_\_\_\_\_\_\_ 3. # hours for preparation, follow-up and data entry \_\_\_\_\_ 4. Yes/No \_\_\_ 5. # implementation meeting hrs \_\_\_\_ |
| Referrals to Outside Services | 1. Varies per need of Child/Family/Site | 1. # of outside referrals provided \_\_\_\_\_ |
| Provider/Family Satisfaction | 1. 100% of Provider/Family surveys completed upon exit\* | 1. Provider survey given \_\_\_\_  2. Family survey given \_\_\_\_\_ |
| Community Outreach/  Formal Trainings | 1. Per Egrams Work Plan #3 Objective: The consultant will deliver *a minimum* of 4 outreach activities in the local community annually\* | Q1: Yes/No \_\_\_\_\_  Q2: Yes/No \_\_\_\_\_  Q3: Yes/No \_\_\_\_\_  Q4: Yes/No \_\_\_\_\_ |
| Reflective Supervision | 1. Reflective supervision, minimum 2hrs per month\* (*Recommend best practice*: between 4-6 hours per month with a combination of both individual and group supervision, addressing both formal IMH cases *and* SEC specific cases, as available ) | # of Individual hours\_\_\_\_\_  # of Group hours\_\_\_\_\_\_\_ |
| Administrative Supervision | 1. Administrative supervision, minimum 2hrs per month\* | Yes/No\_\_\_\_\_ |

**Reflection Questions to consider after a case has been open for 3 months:**

* When will I know it’s time to start transitioning this case?
  + What are “flags” to start thinking of and/or anticipating?
* How/when do I discuss transition planning with the provider/family?
* How do I use the Action Plan to guide transitioning?
* What are 2-3 strategies for obtaining Post Assessments and Satisfaction Surveys that I will use for this case?
* How will I ensure all steps of the model are completed to fidelity and all data is entered into the data base?