

**Infant Mental Health**

**Site Visit Checklist**

**Please have the following available and ready to review:**

**Quarterly Report Review for the past year:**

* Referrals Total: \_\_\_\_ CPP: \_\_\_\_ Non-CPP: \_\_\_\_ Waitlist: \_\_\_\_

 Comments:

* Successes

 Comments:

* Challenges

 Comments:

* Additional Support Needed: (Trainings)

 Comments:

**Budgets:**

* Burn Rate
	+ CRF’s Needed
* Invoices
	+ Attendance Tracking
	+ Database Deadline

**Database:**

* Clinical Tools
* Clients over 5 Planning
	+ Case Exceptions
* Cases over 18 Months
	+ Case Exceptions
* Average Phase Timeframe
	+ Challenges
* Administrative Monthly Meeting Attendance
* Review No Contact Policy

**Staff:**

**Please have your clinicians each provide a few sentences of what their experience in IMH has been. What are their successes and challenges, as well as requests or recommendations for the program.**

* Caseloads
* Successes
* Challenges
* Rostering Status
* Endorsement Status
* Consulting with Jane
* Credential Requirements
* Retention

**Cases:**

* Discharge Reasons
* Tracking of CIAP and DIAPER
* Fidelity Trackers

**Consultation:**

* How it’s going?
* Take aways?
* What’s not working?