## SYSTEM INTEGRATION AND TRANSFORMATION CHECKLIST

**AGENCY NAME:**

| YES | PARTIAL | NO | (Check Most Applicable Answer) | Comments |
|---|---|---|---|---|
| ____ | ____ | ____ | **Representation at Executive Level** | _____ |
| ____ | ____ | ____ | **Representation at Supervision Level** | _____ |
| ____ | ____ | ____ | **Consistent Change Agent Representation** | _____ |
| ____ | ____ | ____ | **Agency Commitment to Dedicate Time for Change Agent Activities & Integration Process** | _____ |
| ____ | ____ | ____ | **Initial and On-Going Presentations to Engage All Agency Staff** | _____ |
| ____ | ____ | ____ | **COMPASS-EZ Completed** | _____ |
| ____ | ____ | ____ | **COMPASS-EZ Results Reviewed** | _____ |
| ____ | ____ | ____ | **Quality Improvement Plan Developed** | _____ |
| ____ | ____ | ____ | **Quality Improvement Plan Implemented** | _____ |
| ____ | ____ | ____ | **Dedicated Time at Agency Staff Meetings** | _____ |
| ____ | ____ | ____ | **Ongoing Communication and Progress Review at All Agency Levels** | _____ |
| ____ | ____ | ____ | **Quality Improvement Plan Reviewed and Revised At Regular Intervals** | _____ |

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