

**MARYLAND INTEGRATION SYSTEMS INITIATIVE  
SELF-ASSESSMENT AND PLANNING TOOL**

<b>FEATURE</b>		<b>IN PLACE STATUS</b>			<b>Comments/Next Steps</b>
		<b>Yes</b>	<b>Partial</b>	<b>No</b>	
Local Integration Team	1. Local Integration team identified (membership should include representatives from the following areas to ensure local stakeholders is fully represented).				
	a.) School System Student Services and Special Education Directors				
	b.) Core Service Agency's Child and Adolescent Coordinator				
	c.) Juvenile Services Coordinator				
	d.) MD Coalition of Families offices				
	e.) Family, Youth and Community members				
	f.) Local Management Board representative				
	g.) Social Services representative other to include (where present) Youth MOVE Rep, System of Care Case Management entity or Family Navigator, community health provider, non-public special education school rep, recreation services, local health dept, board of education representative or other stakeholders identified by leadership				
	2. Team completes self assessment.				
	3. Team develops vision and mission.				
	4. Team defines regular meeting schedule and meeting process to create an active community of practice that support the sharing and dissemination of information about services.				
	5. Team has support of state /region/local agencies(assigned member of state MISI team meets with team on regular basis and serves as facilitator )				
	6. Team conducts needs assessment that identifies existing collaborations and initiatives utilizing a resource mapping process to determine annual activities.				

	7. Team develops an action plan for addressing gaps and assuring alignment, coordination and integration of supports and services that has measurable outcomes.				
	8. Team develops district and school level protocols for referral and tracking the linkage of students to community-based services.				
	9. Team is culturally responsive to local and regional needs.				
	10. Team submits annual progress report to state.				
Coordination	11. Coordinator is identified and has adequate time allocated to manage day to day operations				
	12. Coordinator maintains communication with state MISI team and participates in state and regional leadership meetings.				
	13. Coordinator provides ongoing training and technical assistance to local region or district teams, coaches and school teams.				
	14. Coordinator works with school systems to help schools, families and individual student behavior teams address systemic barriers to accessing quality mental health care				
Funding	15. Funding sources to cover activities for at least three years can be identified. (coordinator, training activities, marketing, evaluation)				
	16. Grant opportunities and integration activities are identified (e.g. mental health, Systems of Care, disproportionality, drop out prevention, personnel prep)				
	17. Economic Benefits of program (documented as time saved, money saved, etc.) are documented and cost/benefit is computed at least annually.				
Visibility and Dissemination	18. Dissemination activities are identified and implemented to ensure that stakeholders (LMB, Core Service Agencies, Community Mental Health Partners, Parent organizations, businesses and local educational board) are kept aware of local access to trainings, activities and accomplishments (e.g. newsletters, brochures, website, conferences)				

	19. Team identifies clear social marketing plan that includes comprehensive access to online resources, tools. Online trainings and forums. Website also includes networking mechanisms for communities of practice.				
Political Support	20. Local political units share high priority for safe, nurturing, learning environments, climates that are conducive to family and community involvement, increased access to quality mental health care and increased local infrastructure that helps address a range of emotional and behavioral problems for all children and youth.				
	21. Team reports to local political unit (local Board of Ed, parent/community organization) at least annually on the activities and outcomes related to student behavior goals and access to mental health				
	22. District policy, procedures reflect commitment for proactive, preventative approaches.				
	23. District chooses evidence based practices that can be integrated into existing three tiered prevention logic.				
Blending Initiatives	24. Team is informed of upcoming initiatives from state and local partners who have common goals for children and youth.				
	25. Team has plan for reviewing new initiatives, strengthening alignment of Evidence Based Practices for all children and youth				
	26. Team communicates/showcases to state and local leadership the framework/logic and cost benefit associated with blending initiatives.				
Training Capacity	27. Local/Regional/State training events are planned, funded and organized by team using existing state meeting/training calendar.				
	28. Team identifies group of trainers through the state TOT program to build and sustain evidence based curriculum throughout the year.				
	29. Team works with local higher educational institutions to develop coursework for pre-service professionals.				

	30. Team identifies training needs (referral process, crisis and emergency planning, systems design for targeted and intensive supports – curriculum developed by MISI partners)				
Coaching Capacity	31. Team has developed a coaching network that builds and sustains implementation of evidence based practices across all three tiers. Coaching network includes school and community child and adolescent care providers. Coach self assessment is used.				
	32. Regional Coaches selected to become trainers. (TOT model will be led by MISI partners)				
	33. Coach trainings include opportunity for regional trainers to receive ongoing skill building and fluency with curriculum.				
	34. A coach has allocated minutes from their supervisor to provide ongoing technical support to assigned schools.				
	35. Coaches have access to support from local coordinator.				
Evaluation	36. Administrators have access to executive coaching within the district.				
	37. District/Regional team has developed process for assessing:				
	a) extent to which teams are using school-wide PBIS (IPI, Form A, SET, BOQ),				
	b) impact of SW-PBIS on student outcomes (SWIS)				
	c) extent to which the local integration team's action plan is being addressed (district self assessment)				
	38. At least 3 team members have access to PBIS survey coordinator account and pbismaryland.org to guide schools to complete all required forms.				
	39. Schools have access to “data facilitator” to ensure school teams are using data for decision making. Facilitator is trained as:				
	a) SET assessor- training is 2 days plus 3-4 hours to conduct one SET,				
	b) SWIS facilitator- training is 2.5 days and requires up to 50 hours in the first year for each new school.				

	40. Schools are able to summarize and report implementation and outcome data to local leadership team.				
	41. Schools are getting regular performance feedback. (picture form graphs showing progress of PBIS implementation and improved student behavior)				
	42. Schools have an information system that has				
	a) a coherent system for dealing with problem behaviors (e.g. problem behavior definitions, referral form, rules for referral,				
	b) a computer application that makes it easy to enter data and generate reports and is continuously available				
	c) data reports that provide information in picture form to allow school teams to make informed decisions (e.g. The Big Five)				

From Implementers Blueprint (Sugai et al) Adapted for Maryland (Barrett)