Maryland DDA Readiness Checklist For Organization-Wide Positive Behavior Support

­­­­Organization/County Participating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County/Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Documents/Evidence Complete?** | **Items to Review, Complete and Up-date** |
| **□ YES □ NO** | 1. Commitment to policy development related to positive behavior support and person-centered practices with time allocation for staff development and team-based planning. |
| **□ YES □ NO** | 2. A Team is identified with broad representations, and roles assigned to members (administrator, management, staff members, etc.) and commitment to including a broader group in the meeting process (people supported, family members, community partners, etc.).  **List team member names and roles on page 2.** |
| **□ YES □ NO** | 3. CEO/Executive/Head Administrator is an active participant on the Team and agrees to attend all training days.  **Administrator signature(s) on this Document below indicates agreement.** *See Appendix A: Summary of Time Commitments* |
| **□ YES □ NO** | 4. CEO/Executive/Head Administrator commits (or re-commits) to organization-wide implementation as a 3-5 year process that may require ongoing training and/or revisions to the Strategic Plan and PBS Action Plan.  **Please provide Administrator signature(s) on this Document below.** |
| **□ YES □ NO** | 5. Team commits to meet at least once a month during the year to analyze and problem-solve organization-wide evaluation information. *See Appendix A: Summary of Time Commitments* |
| **□ YES □ NO** | 6. The team will evaluate ongoing interest and buy-in of implementing PBS with staff, people living/working in a setting, and administration. |
| **□ YES □ NO** | 7. Organization has allocated/secured funding to support on-going staff development and cohort training. |
| **□ YES □ NO** | 8. Individual(s) (1-3) identified as a PBS Point of Contact. This person(s) will serve as a primary contact and communication path between the MD DDA around the organization on correspondence related to PBS, and engage in training and technical assistance activities. *See Appendix A: Summary of Time Commitments*  **List confirmed PBS Point(s) of Contact (PoCs).** |
| **□ YES □ NO** | 9. The organization commits to engage in internal training and coaching/technical assistance actives to support staff skill development as the organization implements PBS.  **Administrator signature(s) on this Document below indicates agreement.** |
| **□ YES □ NO** | 10. The organization will work with trainers to identify data that are already collected to use for self-assessment and will work to gather additional information in a manner that works for the organization. |

Successful implementation requires strong administrative support, commitment, and involvement. In recognition of the time, effort, and motivation required to effect positive systems change, my signature below signifies my agreement and recommitment to the above fulfilled expectations for continued implementation.

CEO/Executive/Head Administrator’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Item 2: Team members**

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| Team member name | Role in organization |
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**Item 2: PBS Point of Contact (at least one PoC).**

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| PBS Point of Contact | Role in organization |
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**APPENDIX A**

**SUMMAR OF TIME COMMITMENTS**

Note: Each organization-wide team will be meeting regularly between meetings to work on an action plan created during trainings. Time dedicated to these additional activities vary by organization and are not included in the table below. \*The cost of travel time and expenses to attend all trainings are covered by the organization. Plans to hold in-person team trainings will be made based on state and local COVID-19 guidelines. .

| **Role** | **Expectations** | **Time Commitment (Hours) per person** |
| --- | --- | --- |
| Organization Leadership | * 2 readiness webinars to prepare for team training (estimated 1.5 hrs each) * 3 Full day PBS team training events | Estimated 27 |
| Team Members | * 3 Full day PBS team training events\* (anticipated to occur between March and June, 2022, specific dates TBS once the cohort is identified) * Meetings within organization between training days and after training is completed. | Estimated 24 |
| PBS Points of Contact | * 2 readiness webinars to prepare for team training * 3 Full day PBS team training events\* * 3 Point of Contact webinars (estimated 2 hrs. each) * Meetings within organization between training days | Estimated 33 |
| PBS Facilitators | * PBS Facilitators will be identified during the first year of the project. The following commitment if they are on the team: * 2 readiness webinars to prepare for team training * 3 Full day PBS team training events\* | Estimated 33 |