

OCTOBER  
2007

KANSAS INSTITUTE FOR  
POSITIVE BEHAVIOR SUPPORT



Kansas Institute for  
Positive Behavior Support

# KIPBS Evaluation Report 2007

## Executive Summary of Progress and Accomplishments

### 1. Training Professionals to Facilitate Positive Behavior Support Planning and Implementation in Community Settings

A total of 4 cohorts of community-based professionals have completed the year-long KIPBS training and a 5<sup>th</sup> cohort is currently participating in the training. These professionals spend 8-10 hours a week or more participating in online activities, attending regional classes, and working with onsite mentors who assist individuals in facilitating two positive behavior support (PBS) plans with children, or adults with disabilities.

Thirty-three KIPBS trained facilitators are now eligible for Medicaid reimbursement for PBS services they provide to community-based teams supporting children who engage in problem behavior. This is an increase of 8 KIPBS trained facilitators now eligible for Medicaid reimbursement for providing PBS related facilitation and services for those community-based teams. An additional 13 professionals are currently participating in the KIPBS training.

Not all of the individuals participating in the KIPBS training intend to bill Medicaid for services. In fact, a number of professionals choose to participate in the training in order to assist in restructuring their organizational policies, procedures, and training systems for their staff. Other individuals participating in the training work for the state and are seeking to learn more about how PBS can be embedded within existing services.

Social and Rehabilitation Services (SRS) is now providing training to educators as part of an interagency agreement. Educators who choose to audit the training (auditors are not expected to complete all training tasks and do not intend to bill Medicaid in the future) are part of a state-wide effort to implement school-wide positive behavior support (SWPBS). These educators work on SWPBS systems change that is funded by the Department of Education. For more information about SWPBS, see [www.pbis.org](http://www.pbis.org).



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## 2. Establishing Processes for Evaluation and Policy Development to Ensure Effective KIPBS Practices

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Quality of written PBS plans developed and facilitated by professionals participating in KIPBS training are evaluated by KIPBS staff. A total of 40 plans for children and adults have now been evaluated by KIPBS staff within the training program. This is an increase since the last year's evaluation report of 18 plans scored by KIPBS staff members. Data for children supported by professionals from the KIPBS training in Cohort 3 are presented later in this newsletter.

A total of 33 additional children received PBS services in 2005 and 36 additional children received services in 2006. Children receiving PBS services from graduates of the KIPBS training are evaluated. All newly trained KIPBS Facilitators are expected to submit a PBS plan for review by KIPBS staff for their first prior authorized cases. If this first PBS plan is scored by KIPBS staff as attaining an overall average percent score of 80% or higher on the *PC-PBS*

*Checklist*, the professional is approved to continue to bill for PBS-related services. For purposes of continued quality assurance, 25% of all billed cases are randomly selected for review by KIPBS staff. This policy was put in place in 2006. A total of 7 KIPBS Facilitators have had their first billed cases reviewed and are continuing to provide services. Data for the subsequent review of 25% of all cases billed will be available for the 2008 evaluation newsletter.

Additionally, a KIPBS Facilitator Board was formed during 2007 to establish an ongoing support and evaluation process for professionals who are actively billing. The Facilitator Board meets every 2 months to discuss issues such as processes for self-evaluating aggregate data related to early termination of cases, establishing policies related to the billing process, and establishing a code of ethics for all KIPBS graduates.

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## 3. Facilitating Organization-wide Planning in order to Ensure Effectiveness and Sustainability of PBS Practices

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Starting with Cohort 5, all professionals attending the KIPBS Facilitator training bring teams of people from their organization together three times a year to discuss data, systems, practices and outcomes that help prevent problem behavior from occurring and reduce the need for more intensive PBS services. Teams share how they are collecting data to evaluate PBS implementation, describe the types of policies that assist in maximizing the use of KIPBS Facilitators, share information about billing and reimbursement issues, and discuss ways in which positions have been established for full time KIPBS

Facilitators.

Organization-wide planning tools are being piloted by organizations who have professionals participating in the KIPBS training system. These tools were provided by a state-wide PBS team, PBS Kansas, and provide a way for organizations to self-assess the extent to which they are implementing PBS in a systematic and comprehensive way to prevent problem behavior (see [www.pbskansas.org](http://www.pbskansas.org) in the resource section for information about organization-wide PBS planning).

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## 4. Encouraging Interagency Collaboration by Taking Lead Roles in State-wide PBS Planning Processes

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KIPBS staff members hosted a state-wide PBS planning process that began in June of 2005. Since that time, a dedicated "state team" of 19-25 people, now known as PBS-Kansas, have met regularly to work on a state-wide action plan intended to maximize existing resources and encourage the use of PBS across state systems for children and adults. Stakeholders attending the PBS-Kansas meetings include state professionals in developmental disabilities, children and family services, mental health,

early childhood, and education, family members, providers from various human services, and university professionals.

This state team is not considered an official part of the KIPBS. Rather, the purpose of the KIPBS has been to provide supportive contributions such as maintaining the website, scheduling events, and attending and participating in the PBS-Kansas meetings.

Another set of planning meetings occurred in 2006 that focused on creating an action plan for Child Welfare. In addition, a number of state professionals and child welfare providers participated in the KIPBS training program.

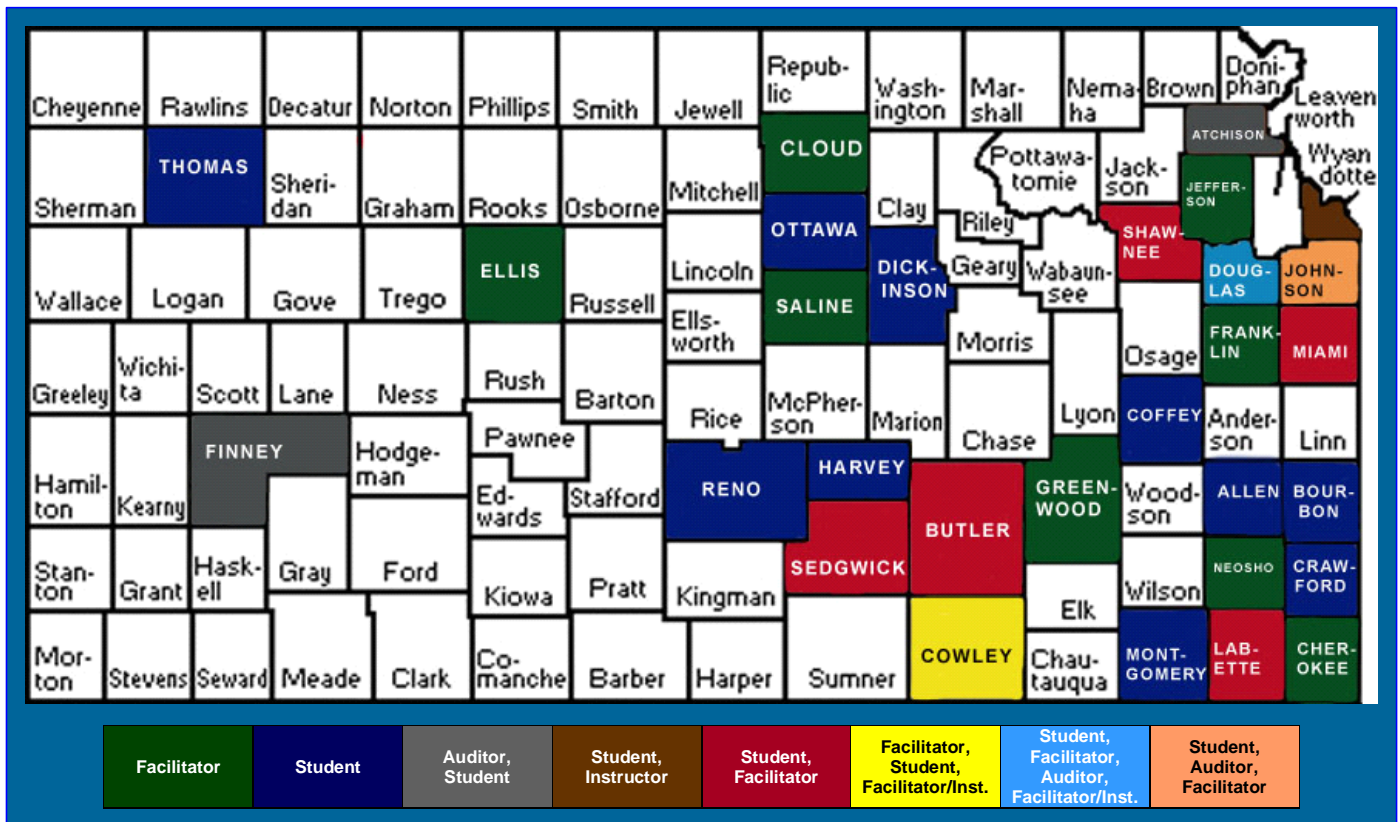
State-wide action planning is also occurring in the area of school-wide positive behavior support (SWPBS) and KIPBS staff members attended the planning meetings facilitated by the Department of Education during 2007. This state-wide team is

working on an action plan for implementing SWPBS across Kansas. State leaders in the education field also attend PBS-Kansas meetings regularly and report to the team on progress being made in the educational contexts in which they work. Additionally, KIPBS Facilitators are actively contributing at least 12 hours a year to systems change activities (see page 9 for more details). KIPBS Facilitators donated over 849 hours of their time to a number of different types of systems change efforts across Kansas from 2004 through 2006.

### Impact of KIPBS Training and Service in Kansas

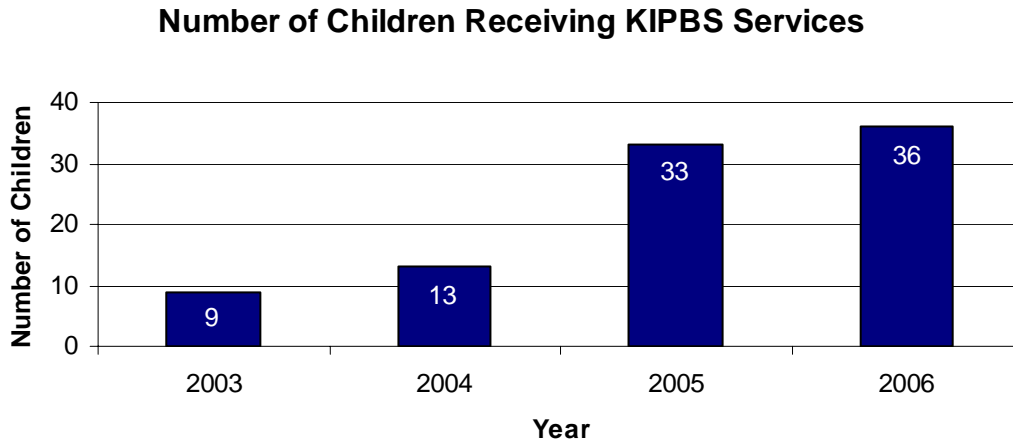
There are 33 KIPBS Facilitators who are now eligible to receive Medicaid reimbursement by facilitating PBS with teams supporting children who engage in problem behavior. In Figure 1 below, a map shows locations of KIPBS Facilitators who are providing services, professionals participating in training (referred to as “students” on the map), and auditors such as educators and state agency professionals who participate in the course but do not intend to bill for services, and finally, KIPBS instructors.

Figure 1. KIPBS Impact across the State of Kansas Cohorts 1 - 5



Any child eligible for “Kan-be-Healthy,” a Medicaid program for children under the age of 21, is now eligible to receive PBS services. Professionals successfully completing the training provided by the KIPBS are eligible to receive reimbursement for facilitating PBS and wraparound or person-centered plans for children. Kansas SRS has granted the KIPBS project the responsibility for determining prior authorization of KIPBS training graduates to access reimbursement for PBS-related services they provide to eligible recipients.

Figure 2. Number of Children Receiving KIPBS Services each Year



In 2006, 12 female and 24 male children from 8 different Kansas counties received PBS services. The average age of children receiving PBS services is 9 years old with a range from 2 years old to 19 years of age.

The billing system for KIPBS Facilitators became fully operational during February, 2005. Figure 2 shows the number of children who have received services from KIPBS Facilitators each year. A total of 33 children received PBS services in 2005 and an additional 36 children received services in 2006.

### Quality of Positive Behavior Support Plans Evaluation of the Quality of Professional's Written PBS Plans Before and After Training

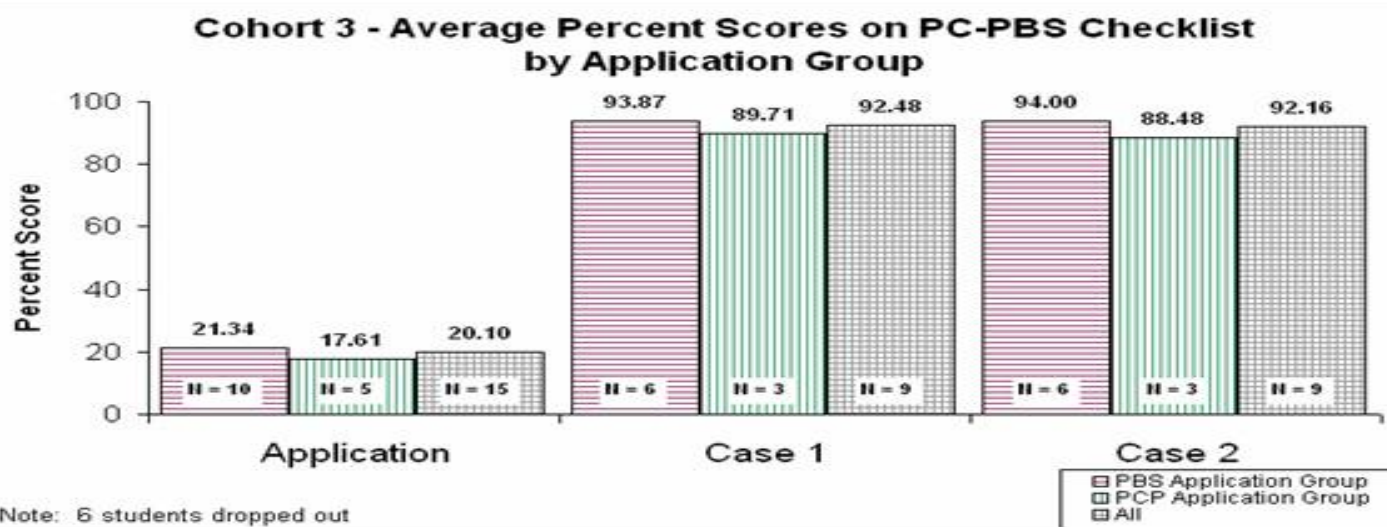
PBS plans are submitted by professionals completing the KIPBS training for KIPBS staff review. Each PBS plan is evaluated using the *PC-PBS Checklist*. The *PC-PBS Checklist* contains a list of the critical elements of person-centered strategies and PBS that are considered by experts to be necessary for a comprehensive written PBS report. Wraparound and PCP strategies provide an important context for the PBS process. Thus, critical wraparound/PCP features are embedded within the *PC-PBS Checklist*. The evaluations of Cohorts 1 and 2 were completed using two different checklists, one for PCP and one for PBS. Starting with Cohort 3 during 2005-2006, the checklists were combined to form the *PC-PBS Checklist* to reinforce the importance of integrating person-centered planning into the PBS process. As a result, Cohort 3 data are the first data collected using the combined *PC-PBS Checklist* and are the only PCP/wraparound and PBS data presented in this KIPBS evaluation report for 2007. Separate PCP/wraparound and PBS data from Cohorts 1 and 2 were presented in the KIPBS Evaluation Report 2006 and are available upon request. Cohort 4 data will be available in the 2008 Evaluation Newsletter.

During 2006, all instructors and KIPBS staff participated in *PC-PBS Checklist* inter-rater agreement meetings. All participants read and scored the same

written reports independently, and then met to discuss and resolve any discrepant rating results. All instructors and KIPBS staff have received an inter-rater score of 75% or higher for 3 written plans.

Individuals applying for the KIPBS training were asked to submit an example of a written wrap-around, PCP, and/or PBS plan they facilitated prior to KIPBS training. This PBS plan completed before the KIPBS training was scored using the *PC-PBS Checklist* as a pre-test measure. The data on the vertical axis in Figure 3 on the next page shows the average percent scores professionals in KIPBS training received on the written PCP and/or PBS plans using the *PC-PBS Checklist*. The first three histogram bar graphs on the left side of Figure 3 show the average percent scores for these pre-training application plans. The first bar graph shows average percent scores of the PBS plans obtained through the application process as a pre-test measure of the professionals' PBS planning skills and/or experience. The second bar graph shows the scores on application PCP pre-training plans. The third bar graph shows the combined pre-training score for PCP and PBS plans. Ten PBS pre-training application plans and five PCP plans were submitted during the application process. Six professionals dropped out of the training program.

**Figure 3. Average Percent Scores on a Child or Adult’s PCP/Wraparound and/or PBS Plans Before and After the KIPBS Training using Plans Turned in During the Application Process and Post Training Measures on Two Case Studies During the Course**



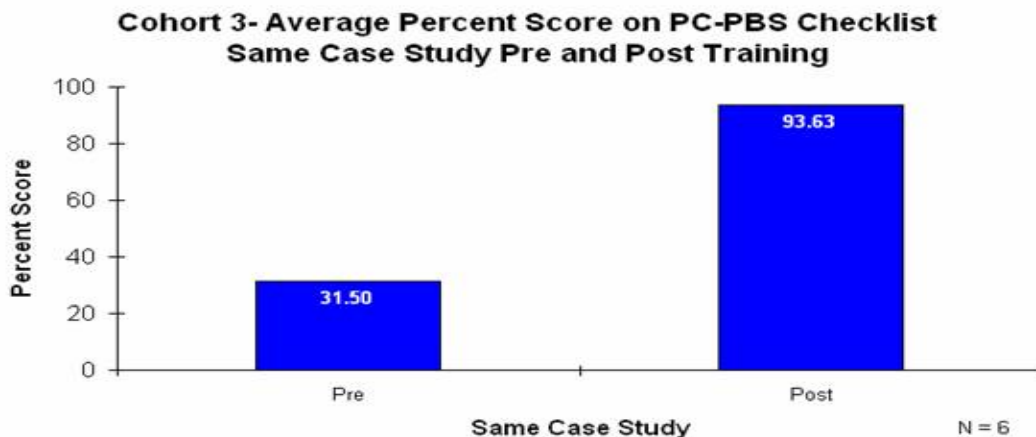
Of the ten professionals who submitted PBS plans during the application process, six continued the training and submitted two case studies with an average percent score of 93.87% and 94% respectively. Two professionals dropped out of the PCP application group leaving three professionals who submitted two case studies which received a score of 89.71% for case study one and 88.48% for case study two.

### Evaluation of Individual Children’s/Adult’s Written PBS Plans Before and After Training Program

Effects of KIPBS training were also evaluated by comparing children’s/adults’ written PBS plans that were developed before and after the professional in training started facilitating the PBS team process. These written reports submitted both pre and post KIPBS training were scored using the *PC-PBS Checklist* to evaluate whether there were improvements in the quality of the plans after KIPBS training. As shown in Figure 4, only six plans were obtained as pre-training measures before professionals in Cohort 3 began facilitating teams

for their first case study. Professionals participating in Cohort 3 training reported that no PBS or PCP/wraparound plans had been developed for 12 of the children and adults receiving support prior to the beginning of KIPBS training. Figure 4 shows that the average percent scores on written PC-PBS plans increased significantly after Cohort 3 professionals in training began facilitating PBS teams compared to the scores on PC-PBS plans completed by Cohort 3 prior to KIPBS training.

**Figure 4. Average Percent Scores on a Child or Adult’s PBS Plans Before and After the KIPBS Training using Plans Turned in Prior to PBS Facilitation and Post Training Measures on Two Case Studies During the Training Program**



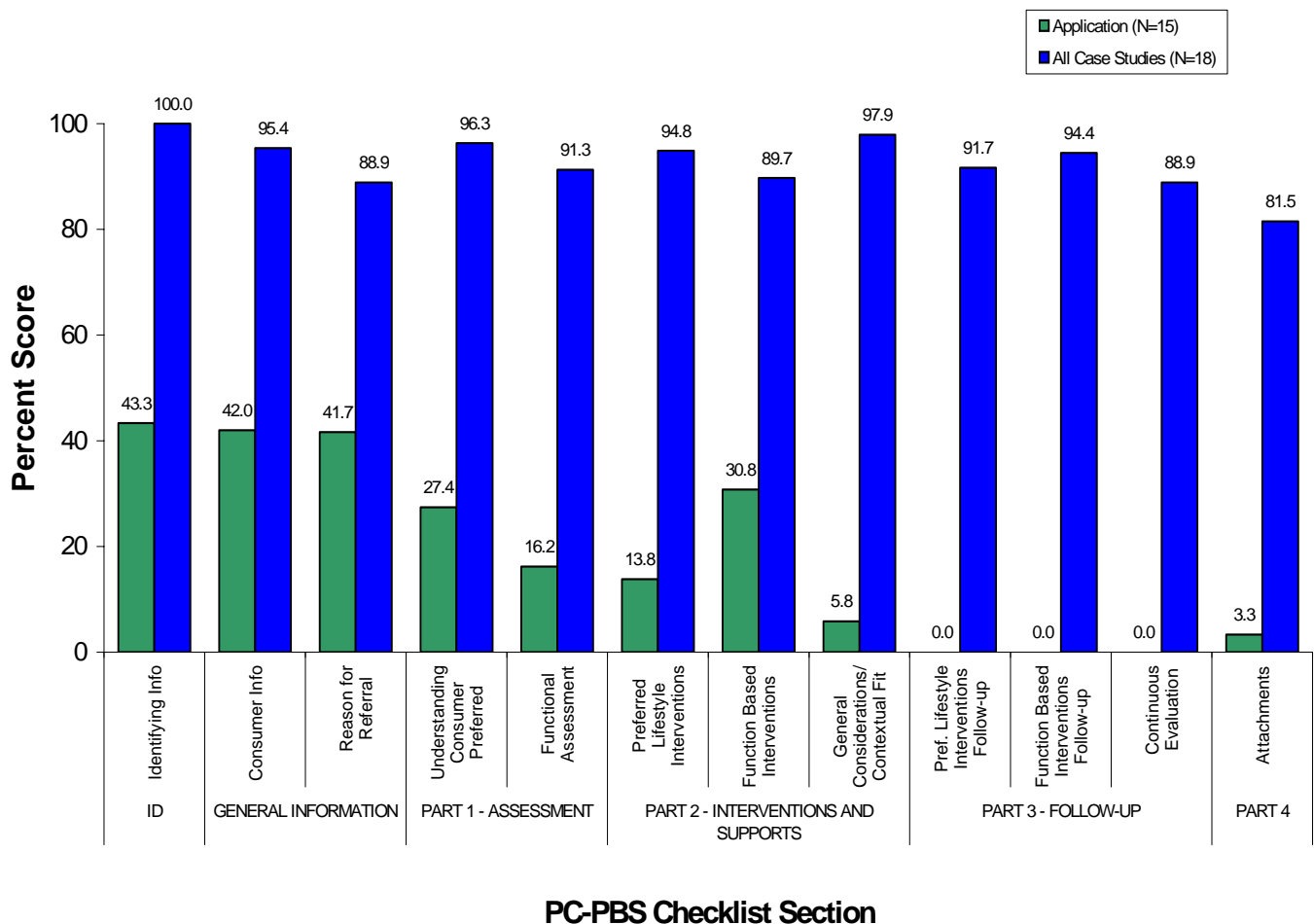
“PBS was very valuable to our family. It taught us how to change our behavior, which in turn helped change our sons. We have a much calmer home now! Thanks PBS!”

Parent

The *PC-PBS Checklist* includes four measure how well the plan fits the substantive sections that, combined, skills, values and resources of the address essential wraparound/PCP team (e.g. contextual fit) and the and PBS plan elements. Figure 5 shows average percent scores on the *PC-PBS Checklist* for both application pre-test plans on all case studies submitted during the training. The results of the pre-post evaluation across all subsections of the four sections of the *PC-PBS Checklist* are included. As can be seen in Figure 5, the most substantial improvements in written plans after 90% to nearly 100% that demonstrated mastery as a result of KIPBS training were in the subsections of the *PC-PBS Checklist* that training.

**Figure 5. Average Percent Scores on the *PC-PBS Checklist* for all Subsections of each Part of the Plan: Comparisons of Application Pre-Plans to Case Study Plans Submitted During the Training Program**

**Cohort 3 - Average Percent Score on the *PC-PBS Checklist* for each Section of the Plan**



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## Impact of Positive Behavior Support Plans

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**Impact of PBS Plans:** An effective PBS plan is necessary but not sufficient for achieving meaningful outcomes. Another necessary step in the evaluation process is to assess the outcomes or impact following implementation of a PBS plan for either or both problematic and positive social behaviors. An essential part of interpreting outcome

data involves determining to what extent the teams chose interventions that directly addressed the functions that were maintaining the problem behaviors. And, ultimately, it is essential to evaluate evidence regarding possible changes in the child's/adult's quality of life from the perspective of the child, family, and team members.

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**Evidence of Behavior Change:** It is very important that written PBS plans include empirical evidence supporting the reasons for choosing which specific interventions are implemented. Without empirical data, it is difficult to know whether the team should spend the time and effort on specific interventions. The *KIPBS Impact Assessment*, now in development, was created to evaluate how well a written plan provides empirical evidence for the selection of interventions. The first step in an impact assessment is to examine any existing empirical data reported in the plan using broadly ac-

cepted visual analysis procedures and interpretation standards (Kazdin, 1982). KIPBS staff define empirical data as including both baseline and intervention measures, and data collected on them are presented in a visual summary (a graph) showing evidence that behavior was observed and recorded before and after the PBS plan was implemented. Anecdotal data are defined as information describing the impact of interventions that is available in written records or numerical form but has no documentation that it was collected systematically before and after intervention.

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**Changes in Problem Behavior and Appropriate Behavior:** The impact of the interventions based on the PBS plans developed by professionals during completion of the KIPBS training were evaluated by scoring the visual graphs of problem behavior over time on a rating scale of 1-5, with "1" indicating that no decrease in problem behavior was apparent and "5" indicating a significant decrease in problem behavior was apparent. A score of "3" indicated that no change in the problem behavior was observed. These scoring criteria are based upon commonly accepted standards for interpreting visual graphical data (Kazdin, 1982). The impact on appropriate behavior was also measured on a 5 point scale, with "1" indicating no increase in appropriate behavior, "5" indicating a significant increase in appropriate behavior, and "3" indicating no change.

on the written PBS plan, a "2" indicated some negative impact, a "3" indicated there were no changes to quality of life, a "4" indicated that some positive impact had occurred, and a "5" indicated that there was a significant positive impact on quality of life.

Two quality of life scores were used to evaluate whether there were changes in the quality of life for the child/adult and for the caregivers/team members. A rating of "1" indicated a significant negative impact in quality of life due to intervention(s) based

Table 1 presents the results of the KIPBS Impact Assessments of intervention(s) based on the written plans developed by Cohort 3 professionals in training. The table also shows only a very slightly positive mean impact score across all items for all Cohort 3 problem behavior interventions. ***Further analysis of all child/adult scores on all items of the KIPBS Impact Assessment, revealed that, although some impact scores on some behaviors were rated lower, every child's/adult's plan included one or more target problem behavior(s) that received scores of either a "4" (some decrease in problem behavior) or a "5" (a significant decrease in problem behavior). The same scoring and interpretation pattern held true for impact scores of interventions to increase appropriate behavior(s).***

**Table 1: Summary of KIPBS Impact Assessment of Interventions Based on Plans Developed During Training**

<p><b>Cohort Three Impact Data Summary</b> (Data for the 9 out of 17 professionals who completed all course requirements)</p>
<p>18 out of 18 plans included empirical data</p> <ul style="list-style-type: none"> <li>• 17 plans had empirical data for problem behavior</li> <li>• 14 plans had empirical data for appropriate behaviors</li> </ul>
<p><b>Problem Behavior:</b> 18 plans, 51 behaviors reported, 48 had empirical data Impact Mean = 3.52 (range 1-5)</p>
<p><b>Appropriate Behavior</b> 18 plans, 36 behaviors reported, 21 had empirical data Impact Mean = 3.71 (range 1-5)</p>
<p><b>Impact on Quality of Life for Child</b> Mean = 3.78 (range 2-4)</p>
<p><b>Impact on Quality of Life for Team</b> Mean = 3.72 (range 3-4)</p>

**Link Between Function of Problem Behavior and Interventions Selected**

KIPBS training emphasizes that PBS plans should include a description of what the problem behaviors are and what functions the problem behaviors served for the children or adult. This description was summarized and written as a hypothesis in each PBS plan. These hypothesis statements are intended to describe what happens before, during and after problem behaviors occurred and were based on observations, interviews, and any other relevant available information about the child/adult. Interventions included in a PBS plan must be clearly directly linked to this hypothesis statement in order to have any likelihood of having a positive effect on the problem behavior. The scoring system for this part of the *KIPBS Impact Scale* is still in development, and data on the link between the function of problem behavior and interventions selected will be reported in the 2008 evaluation report.

**Systems Change and PBS in Kansas: Organization-wide & State-wide Planning**

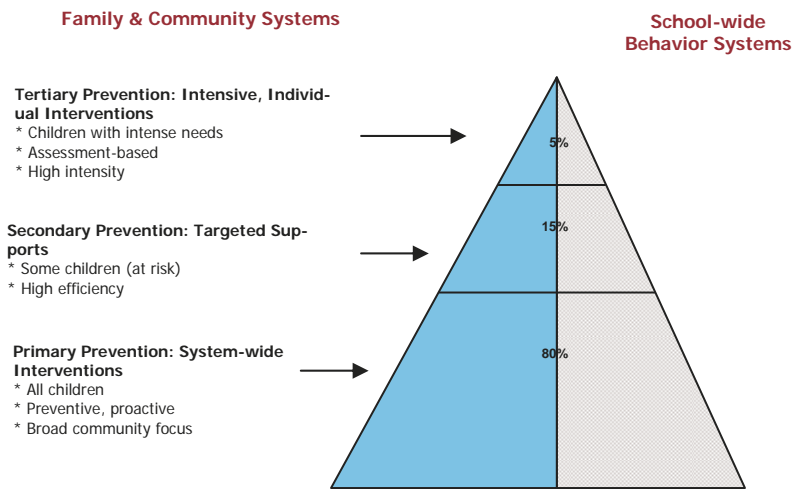
Billing patterns from KIPBS Facilitators across Kansas suggest that organizations that have not had professionals providing PBS training and facilitation prior to the KIPBS training have difficulties establishing a stable billing and reimbursement pattern. In some cases, a number of professionals from an organization participate in training but never begin billing Medicaid for reimbursement of PBS services. One way to ensure that the time and resources dedicated

to KIPBS Facilitator training results in positive outcomes for an organization, e.g. Medicaid reimbursement, is to create an action plan for moving forward with PBS. The organization-wide planning required to do this involves the development of a systems change plan for preventing problem behavior and establishing policies and procedures that support KIPBS Facilitators.

**The Triangle Model for Prevention**

Figure 6 shows a model that was first used by the community mental health field as a way in which to structure a vision of services aimed at prevention of chronic serious mental illness when possible. The “levels” of the triangle in Figure 6 are referred to as primary, secondary, and tertiary prevention, and are used by PBS practitioners to describe varying levels of “universal” to highly individualized approaches for increasing appropriate behavior and decreasing problem behavior. Primary prevention includes “universal” strategies for reducing the likelihood of problem behaviors in **all** children/adults within an organization, school, community or region. Secondary prevention strategies are aimed at reducing the likelihood that children/adults who are “at risk” for further escalation of problem behavior will not actually engage in such an escalation due in part to receiving further supports and learning opportunities in addition to primary prevention strategies. Tertiary prevention strategies include more intensive individualized PBS for children and/or adults with disabilities who engage in serious or chronic problem behaviors. This Triangle model approach can be used as a framework for PBS in many different types of organizations in community settings. Professionals participating in KIPBS Facilitator training are now asked to form planning teams that include all of the stakeholders within an organization. The purpose of the planning team is to conduct a self assessment and to build an action plan for embedding positive behavior support systematically and systemically throughout an organization using the triangle logic as it relates to prevention of serious problem behavior as a guide.

Systems change and organization-wide planning regarding problem behavior has grown most substantially in recent years through the development of school-wide positive behavior support (SWPBS) programs in public schools. Currently there are 6 districts and 20 schools in Kansas implementing SWPBS with funding from the Kansas Department of Education. Some of these districts have begun reaching out to KIPBS Facilitators to increase inter-agency participation and to link school PBS planning with complementary community-based resources. For more information about SWPBS see [www.pbis.org](http://www.pbis.org).



**Figure 6. The Triangle Model for Prevention**

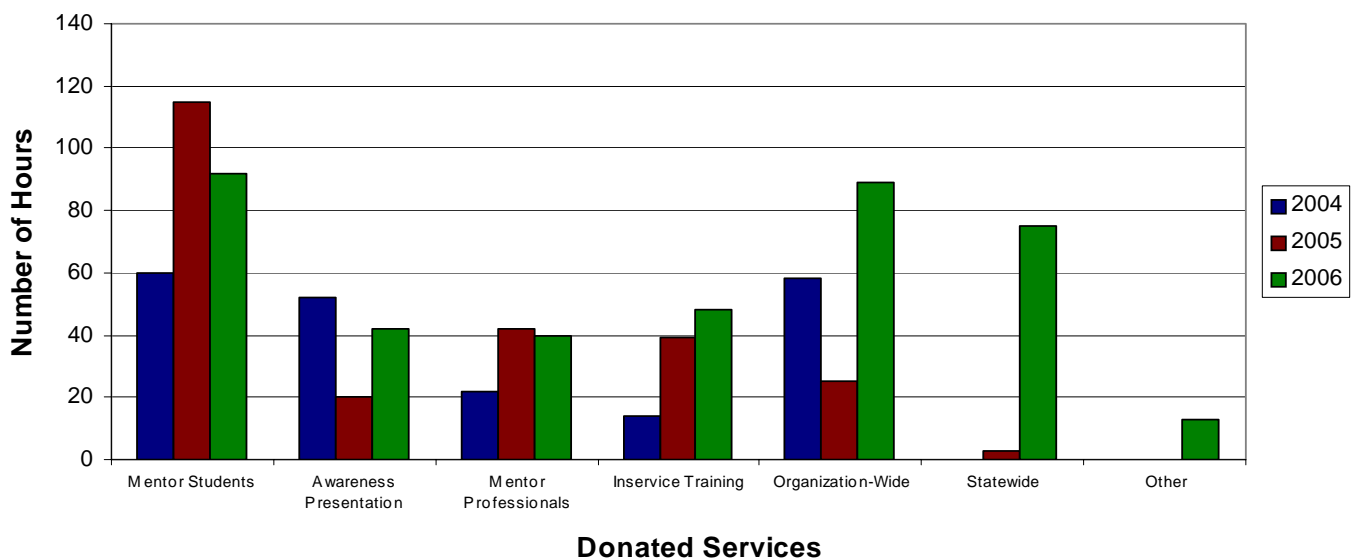
### KIPBS Donated Mentor Time

Another way in which KIPBS is making an impact on human service and related systems across the state is through donated time from KIPBS graduates. KIPBS graduates must donate 12 hours a year in order to maintain eligibility for billing. As shown in Figure 7, the types of activities counted as donated time include mentoring other KIPBS students, presenting PBS within a variety of community settings and organizations, mentoring colleagues at work who are interested in learning how to facilitate PBS, de-

signing in-service trainings, initiating or participating in a variety of organization-wide system change efforts, and/or participating in statewide PBS planning. From 2004 until 2006, KIPBS Facilitators donated over 849 hours of their time to a number of different types of systems change efforts. A growing number of KIPBS professionals have been providing awareness trainings at conferences such as Interhab or in response to requests for information about PBS from various community organizations.

**Figure 7. Donated Mentor Time from 2004-2006 by KIPBS Facilitators**

### Hours Donated by KIPBS Facilitators



## Module and Website Statistics

### KIPBS Modules

Figure 8 shows the KIPBS modules website statistics for the period of 2002-2006 on [www.kipbsmodules.org](http://www.kipbsmodules.org) beginning with its inception in August of 2002. The graph shows that overall visitors to the online modules are on an increasing trend. During the time of this report, there were 158 visitors from Kansas, 118 from California, 38 from Pennsylvania.

Table 2 summarizes hits, total visits, and total unique visitors from August, 2002 to December, 2006. A "visit" is defined as a group of one or more hits from a specific site within a set timeframe which by default is 30 minutes. This metric extrapolates and reports a count documenting the number of times a single user comes to a website. We report visitors and unique visits as part of the site statistics since the total visits to the site gives a better idea of site usage than page hits. Page hits include each document, image and style sheet as a separate hit in each numerical count by a person visiting the site.

### KIPBS Website

Figure 9 show the website statistics for [www.kipbs.org](http://www.kipbs.org) for 2002-2006 beginning in August of 2002. The KIPBS website has received 124,376 visitors since the Traffic Facts program began in August, 2002. With the exception of 2005, the visits to the KIPBS website have steadily increased since 2002.

Of the visitors to the website during the time of this report, 405 have been from Kansas, 1,573 from California, and 543 from British Columbia. The total number of hits on the KIPBS website since 2002 is now 1,978,571.

Table 3 summarizes hits, total visits, and total unique visitors from August, 2002 to December, 2006. The statistics for 2006 have more than doubled from 2005.

Both websites were moved to a different server on May 1, 2005 to improve performance and bandwidth. The site statistics reporting tool was changed from summarystats v2.1 to traffic facts v3.1.

Figure 8. Total Annual Visits to the KIPBS Modules

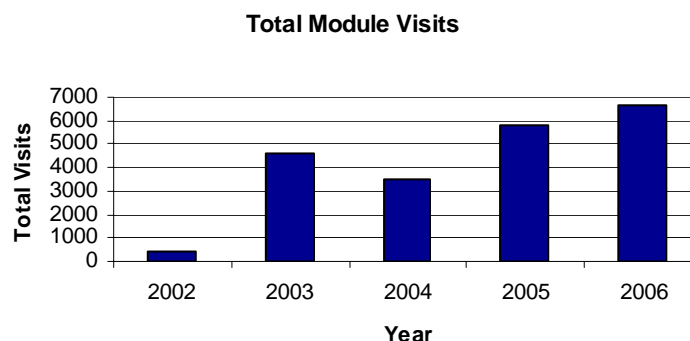


Table 2. Annual Data for Module Website

Year	Total Hits	Total Visits	Total Unique Visitors
2002	2,966	426	71
2003	29,951	4,601	353
2004	17,477	3,523	349
2005	348,207	5,844	3,108
2006	398,429	6,636	4,942

Figure 9. Total Number of Visits to the KIPBS Website

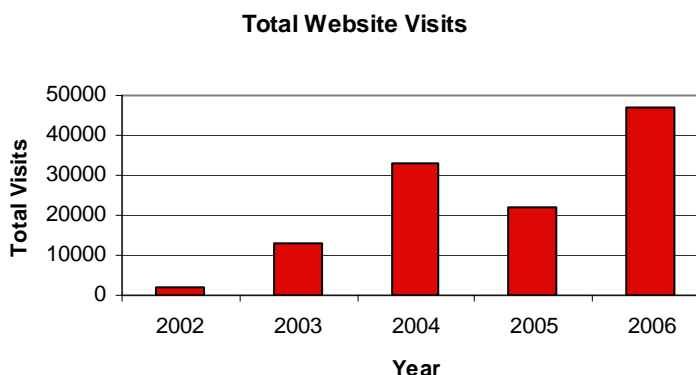


Table 3. Annual Data for KIPBS Website

Year	Total Hits	Total Visits	Total Unique Visitors
2002	73,949	1,888	869
2003	540,100	12,859	5,706
2004	412,652	32,998	19,665
2005	309,608	22,015	12,661
2006	642,262	54,616	35,837

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## PBS Kansas



Statewide planning meetings have been occurring on a quarterly basis since July, 2005. Approximately 19-25 individuals attend each of these quarterly meetings from Kansas public and private agencies and organization serving children and adults in fields including developmental disabilities, mental health, child welfare, and education. Self

advocates, family members and individuals from state and local organizations have been working on an action plan that was updated during 2006. PBS Kansas members have been working on an action plan that has included the development of a website, surveys of higher education settings, and ideas for marketing PBS across the state. The vision for the PBS Kansas group is to promote self assessment and evaluation processes that can be used at the state-wide organizational level to report on both fidelity of implementation of high quality services and impact of individual PBS planning. Over time, groups using the same fidelity of implementation tool who participate in inter-rater agreement processes will combine data to share aggregate information on PBS implementation across the state.

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“When I moved to Lawrence in 2004, my three-year-old son had just been diagnosed with Autism... When we began to work with my son, he had little to no speech, threw constant and sometimes severe tantrums, and had almost no social or self-help skills. Through our facilitator’s unending and unfaltering support, his life has turned around tremendously! He is now almost six years old, has typically developing speech, has little problem behaviors, and his social and self-help skills are through the roof!” - Parent

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### KIPBS Facilitator Board Recognition List

The following individuals are active KIPBS Facilitator Board members. A special thank you goes out to these professionals and their organizations for their outstanding commitment and efforts in supporting the Kansas Institute for Positive Behavior Support. We appreciate all that you do!

Michelle Beasley

Amanda Little

Wendy Seymour

Matt Enyart

Nan Perrin

Susan Slothower

Kerry Farr

Sara Quick

Sara Tillett

Jeanenne Lester

Kelcey Schmitz

Jeanne Tomiser

Katie Zerr

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## Learn More About PBS

### Association for Positive Behavior Support

<http://www.apbs.org>

### National Technical Assistance on Positive Behavioral Interventions and Supports

<http://www.pbis.org>

### The Center on the Social and Emotional Foundations for Early Learning

<http://www.challengingbehavior.fmhi.usf.edu/index.html>

### Training Modules for Preventing Problem Behavior

<http://www.csefel.uiuc.edu/modules.html>

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Modules: [www.kipbsmodules.org](http://www.kipbsmodules.org)

## What is the Kansas Institute for Positive Behavior Support?

The Kansas Institute for Positive Behavior Support (KIPBS) provides opportunities for professionals to learn to facilitate positive behavior support (PBS) plans with children and adults. Professionals who complete the program successfully are eligible to bill Medicaid for PBS services.

However, training professionals in PBS is insufficient to guarantee significant and sustainable behavior change, for children, as well as for the adults who implement interventions as part of a team process. Essential elements of PBS also include developing policies and procedures that support efforts to prevent problem behavior, designing communication networks, and emphasizing data-based decision making within a team process. Real outcomes occur when organizations change policies, practices, and procedures to promote healthy environments and prevent problem behavior.

To make a significant impact on the lives of children, the Kansas Institute for PBS program concentrates on activities in three major areas:

- Training professionals who become eligible for Medicaid Reimbursement
- Encouraging organization-wide planning to increase the effectiveness of PBS
- Participating in and facilitating state-wide planning to embed PBS across Kansas services.

### Mission of KIPBS

- Provide training for professionals who will become eligible for Medicaid reimbursement
- Encourage and support community-based organization-wide PBS planning; and
- Facilitate state-wide PBS planning.