The Mission of the Kansas Institute for Positive Behavior Support (KIPBS):

- Train and certify professionals who will provide PBS services to children who are Kan-Be-Healthy eligible;
- Support KIPBS Facilitators on an ongoing basis and evaluate the effectiveness of PBS plans annually;
- Encourage organizational systems change efforts that result in the prevention of problem behavior; and
- Facilitate statewide PBS planning to expand knowledge and awareness of PBS across the state of Kansas

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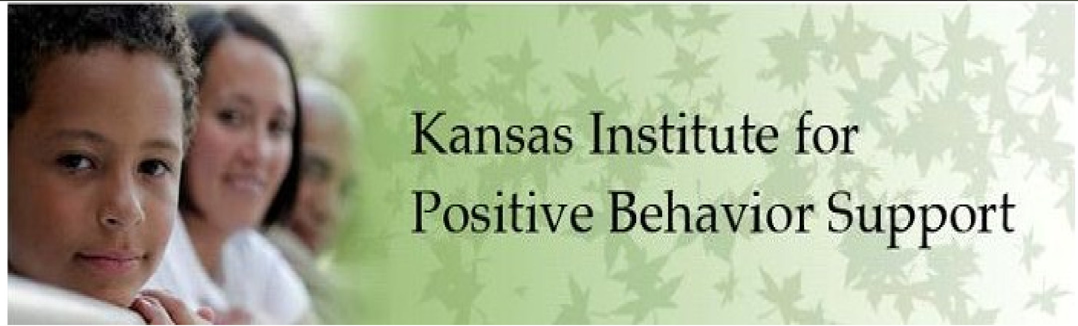


Evaluating the Impact of PBS Plans in Kansas

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

The purpose of this newsletter is to describe how the Kansas Institute for Positive Behavior Support (KIPBS) evaluates PBS plans including: (1) fidelity of implementation of the written PBS plans, and (2) the evidence that PBS plans are having a positive impact on a child. One case study is shared to illustrate the PBS planning process and to show how PBS plans are evaluated. Finally, an example is provided demonstrating how data are summarized across multiple PBS plans and KIPBS Facilitators to evaluate the overall effectiveness of PBS services in the state of Kansas.

What is Positive Behavior Support (PBS)?

PBS refers to a set of strategies that are assessment based and that combine the science of behavior, information about the physical and mental health of a person, and person-centered values in order to increase quality of life and decrease problem behaviors. PBS planning processes include:

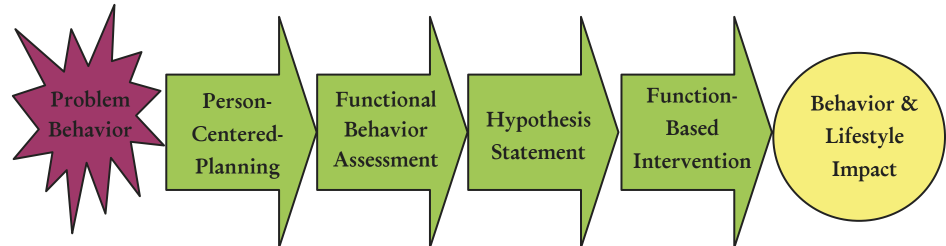
(a) wraparound or person-centered planning (PCP), (b) functional behavioral assessment (FBA), and (c) function-based interventions.

A wraparound or PCP is considered an important first step in the PBS process. ***Person-centered planning*** strategies are used to support children and adults with developmental disabilities as an ongoing problem-solving process to achieve preferred lifestyles based upon their dreams, interests, and choices. ***Wraparound*** is a team-based planning process that places the child and family at the center of all decision making and that results in a unique set of individualized supports, services, and interventions aimed at achieving positive outcomes for a child across multiple life domains (e.g. medical, basic needs, safety, cultural, spiritual) and across settings (home, school, community). Instead of fitting a child into an existing program structure, wraparound and PCP are used to alter existing supports and create new ways to meet the unique needs of each child and his or her family.

Children may engage in problem behavior to escape from or to obtain items, activities, or access to people. The information about why a child engages in problem behavior is used to identify and teach a set of new communication and social skills that will help that child achieve his or her wants and needs.

PBS Facilitation Process/Impact

Figure 1. PBS Facilitation Process.



What is Positive Behavior Support (PBS)? (cont'd)

A **Functional Behavioral Assessment (FBA)** is a process for determining why a person engages in problem behavior. The primary objective is to determine situations and settings associated with both problem behavior and socially appropriate behavior. The purpose of the FBA process is to build a hypothesis statement and gather evidence to support this hypothesis. A hypothesis statement includes four major elements: (1) setting events that increase the likelihood problem behaviors will occur, (2) antecedents or "triggers" that occur immediately preceding a problem behavior, (3) a clear description of the problem behavior, and (4) the consequence (e.g. events that immediately follow a problem behavior).

Children may engage in problem behavior to escape from or to obtain items, activities, or access to people. The information about why a child engages in problem behavior is used to identify and teach a set of new communication and social skills that will help that child achieve his or her wants and needs. In some cases, physiological factors may be the underlying cause of a child's problem behavior. The FBA is used to gather information that will be used to change the settings, activities, and responses to children in ways that naturally prevent or reduce the intensity of problem behavior with socially or physiologically maintained problem behavior.

Function-based Interventions are based on the hypothesis statement developed during the FBA. The focus person and his or her team engage in a brainstorming process to identify interventions that will address each of the four elements of the hypothesis statement. Effective PBS plans include teaching individuals new social and communication skills. When a new social or communication skill addresses the same function as a problem behavior, this new skill is referred to as a *replacement behavior*. For instance, a young child may cry and scream loudly when she sees a favorite toy that is out of reach because in the past, an adult would hand her the toy so that she would stop crying. In this scenario, a *replacement behavior* would be to teach the child to ask for the toy instead of crying and screaming. When KIPBS staff evaluate a PBS plan, they review the link between the hypothesis and the interventions to assess how well the interventions selected address the function thought to be maintaining a problem behavior.

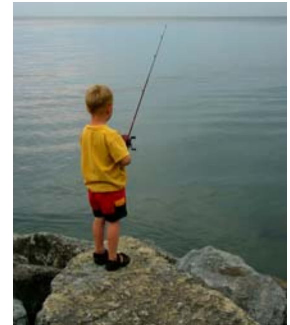
Jake's PBS Planning Process

Jake's story is based on a real PBS Plan and told from the perspective of a KIPBS Facilitator. All of the names used in this story are fictional.
**Italics in green indicate information shared by the KIPBS Facilitator.*

Jake was a seven year old child who had just finished repeating kindergarten when he was referred for PBS services. Jake engaged in a number of serious problem behaviors including: (1) refusing to comply with demands, (2) disrupting or interfering with activities in ways that made it difficult to continue the activities, and (3) self-injury which included both banging his head on walls or other hard objects, and running away. Jake's mother, Susan, contacted a KIPBS Facilitator named Christine for assistance. The following story shows how serious Jake's behaviors had become and how stressful the situation was for Jake's mother, Susan. All of these examples are told from Christine's perspective as a PBS Facilitator.

**Susan was the primary caregiver since her husband, Jake's stepfather, worked at night and often wasn't able to be an active parent in Jake's life. Susan's husband, was a loyal partner, but was not convinced about the benefits of becoming involved with intervention efforts. The first thing Jake's stepfather said to Christine was "Well. Just another face and a different name." Her husband was simply being honest. He had seen so many professionals come and go that one was no different from another. Susan had not been able to hold down a full-time job because the school kept calling her to come get Jake due to his challenging behaviors.*

The first step in the PBS process was to establish a PCP meeting for Jake and to identify Jake's strengths. Christine helped Jake and Susan create the team and begin the PBS process. At the first PCP meeting, Jake and his team identified a number of goals to help Jake begin building a more preferred lifestyle. Examples of the goals the team identified included attending the Boys and Girls Club (since Jake had been suspended recently due to his problem behaviors), letting Jake have his own bedroom separate from his little brother, getting a new family dog, and building stronger relationships with his family by scheduling preferred activities such as going fishing, visiting the zoo, and playing family games. Christine taught Jake's team how to conduct an FBA and, together, the team identified two major reasons why Jake engaged in problem behavior.



Jake's Story

Problems Encountered Before PBS Facilitation

**Jake didn't have any afternoon care because he had been suspended from the Boys and Girls Club.*

**Susan had not been able to hold down a full-time job because the school kept calling her to come get Jake due to his challenging behaviors.*

Function 1: Escape from Non-preferred Tasks

Jake engaged in noncompliance and self-injurious behavior when he wanted to escape from a task. Christine described a common problematic situation for Susan. **She [Susan] indicated that bedtime was a very difficult routine. Jake would refuse to go to bed. He was very noncompliant... [After asking Jake to go to bed] two, three, and four times...she [Jake's mother] would finally just give up... It was just too overwhelming. Jake learned that he could outlast her.*

Function 2: Attention from Adults and Peers

The other major reason why Jake engaged in problem behavior was to obtain attention. Jake disrupted activities and interrupted adults at the Boys and Girls Club, at school, his parents, and his peers to obtain attention. When an activity was occurring in a way that Jake did not receive high levels of attention, he would start talking loudly, move into another person's physical space, poke the person with a finger repeatedly, or cling to the person in a way that made it difficult for the activities to continue.

Jake's PBS plan addressed these two functions by teaching Jake replacement behaviors that would help him achieve what he wanted in a more socially appropriate manner. For instance, if Jake did not want to go to bed when his mother asked him to, he could ask for five more minutes before heading off to bed. Jake also learned how to ask for attention during an activity in a more appropriate manner.

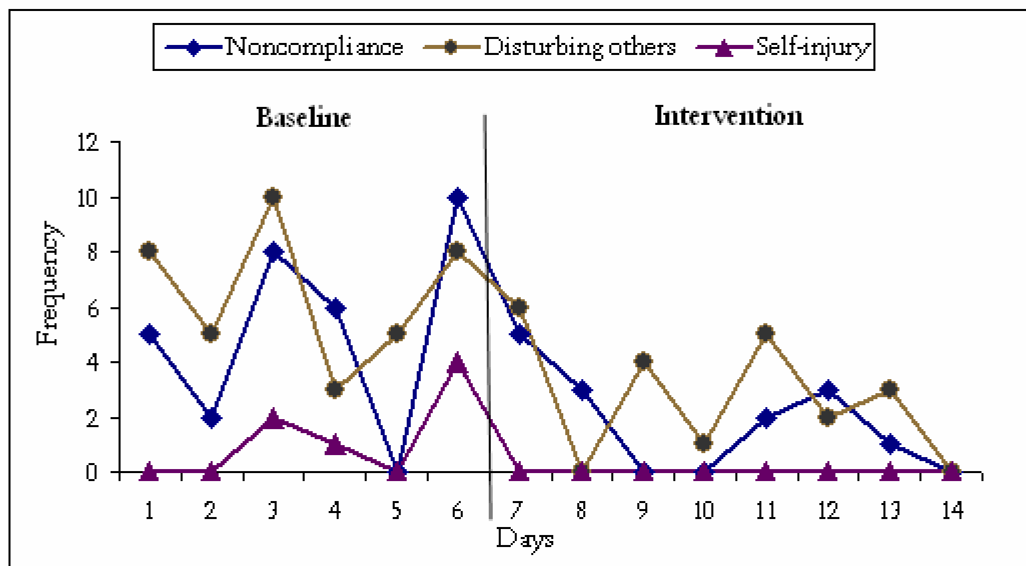
The team also made changes in Jake's routines to naturally prevent problem behavior. For instance, Christine worked with Susan and Jake to create a regular "going to bed" routine. The purpose of these changes was to provide natural prompts for Jake, to give him choices related to going to bed, and to increase the reinforcement Jake received for going to bed quietly. The goal was to increase the reinforcement Jake received when he engaged in positive social behaviors and to make problem behaviors irrelevant, ineffective, and inefficient.

Figure 2 shows baseline and intervention data for noncompliance, disturbing others, and self injury. As you can see in Figure 2, the interventions implemented in Jake's PBS plan were successful. All of the behaviors in Figure 2 were based on a frequency count of Jake's behavior each day.

**Before we focused on Jake's bedtime routine, about the only thing Susan could do was call Jake's stepfather. When Jake's behavior would get really out of control, she would say, "I'm gonna go call your stepdad." And her husband would have to come home during his break time at work, in the middle of the night, to deal with the bedtime behavior problem. One of the most rewarding things for Christine was to see Susan no longer needing to call her husband., and handling Jake's bedtime behavior herself.*

**Italics in green indicate information shared by the KIPBS Facilitator.*

Figure 2: Evaluation of Jake's Problem Behavior Before and After the PBS Plan: Baseline and Intervention Data.



Evaluating KIPBS Plans

Each person participating in the KIPBS training submits two written case study plans representing their facilitation of person-centered, PBS planning processes with children or adults with disabilities. Once a person has successfully completed the KIPBS training, he or she is qualified to receive Medicaid reimbursement for facilitating PBS services for children who are Kan-Be Healthy eligible and are birth to 21 years of age. KIPBS staff members evaluate every first billed PBS plan that is facilitated by graduates from the training. In addition, every year, 25% of all the PBS plans that are completed by KIPBS Facilitators are randomly selected and evaluated. This process allows KIPBS staff members to evaluate the effectiveness of PBS plans completed by KIPBS Facilitators who are actively billing Medicaid.

Fidelity of Implementation: Evaluating Written PBS Plans

Fidelity of implementation refers to a process that allows individuals with expertise in PBS to evaluate the extent to which a written plan contains the essential features necessary to be considered a high quality PBS plan. The *Person-centered Positive Behavior Support (PC-PBS) Checklist* is a fidelity of implementation tool that contains *68* items related to both the PBS and PCP process. Examples of items on the *PC-PBS Checklist* include "*Data presented support each hypothesis,*" and "*Intervention plan addresses possible function of problem behavior.*" Plans are scored on a three-point scale (In Place=2 points, Partially in Place=1 point, Not in Place=0 points). The mean average percent score on the entire 68-item *PC-PBS Checklist* is obtained for each plan. To get a passing score on the *PC-PBS Checklist,* an overall average score of 80% or higher is necessary. Written PBS plans are scored by instructors or KIPBS staff members who have achieved *inter-rater agreement*. KIPBS staff members and instructors who evaluate plans (or provide feedback to professionals) obtain inter-rater agreement by reading and scoring the same PBS plans and comparing each response, item by item, on the *PC-PBS Checklist* to assess consistency of responses. All individuals evaluating KIPBS plans have achieved 75% or higher on three plans with a lead evaluator.

Evaluating the Impact of a PBS Plan

The impact of PBS plans is evaluated in the following ways: (1) parents/guardians are asked to score the level of intensity and risk associated with the child's problem behavior prior to and after receiving PBS services using the *Global Risk Assessment Survey* (2) all KIPBS Facilitators are asked to disseminate three types of surveys to team members after a PBS plan is implemented, and (3) KIPBS staff members and instructors score the written plan using a tool called the *KIPBS Impact Assessment*.

Read Jake's case study starting on page 3.

Jake's Written PBS Plan

Jake's KIPBS Facilitator, Christine, had just graduated from the KIPBS training and Jake's PBS plan was the first case she had facilitated since her graduation. KIPBS staff members reviewed Jake's written PBS plan. The resulting average percent score on the PC-PBS Checklist was 88%.

**Susan said she felt she was a prisoner in her own home.*

Global Risk Assessment Rating Scale

When considering the overall risk levels presented by a child's behavior, the parent or guardian:

5=Strongly agrees that behavior presents a risk

4=Somewhat agrees that behavior presents a risk

3=Neither agrees nor disagrees that behavior presents a risk

2=Somewhat disagrees that behavior presents a risk

1=Strongly disagrees that behavior presents a risk

Global Risk Assessment

The *Global Risk Assessment* survey used by KIPBS is meant to assess up to three problematic behaviors before and after a PBS plan is implemented from the perspective of the parent or guardian. For each behavior, the parent or guardian is asked to rate the level of risk related to the following: (1) community inclusion; (2) danger to others; (3) health risk to the child (e.g., self-injury); (4) property damage; (5) likelihood that the behavior will become more serious, if not addressed; (6) caregiver's ability to effectively provide support at home and in the community; (7) possible law enforcement involvement; and (8) institutionalization or placement in a more restrictive setting. Figure 3 below shows Jake's *Global Risk Assessment* Scale scores before the PBS plan was implemented.

Christine asked Susan to complete the *Global Risk Assessment* using a Likert-type scale before they started the PBS planning process. Figure 3 indicates that Susan was very concerned about the intensity of Jake's problem behaviors. A score of "5" meant that a behavior represented the highest or worst possible risk and a score of "1" represents little or no assessed risk. The three problem behaviors identified during the initial request for services included running away, aggression, and noncompliance (see Figure 3). Jake's team chose to focus the PBS plan noncompliance, disturbing others, and self-injury as the target behaviors but did not select aggression. At the time of this report, Christine was unable to gather *Global Risk Assessment* follow-up data from Susan since she and her family had moved to another town.

Figure 3. Jake's *Global Risk Assessment* Scores Before the PBS Plan was Implemented.

Prior to the KIPBS Facilitator working with Jake, the level of risk for his three targeted problem behaviors (hitting/kicking, noncompliance, and running away) was assessed as follows, using a 5-point scale where "5" is the highest risk:

1. Problem behavior is significant and consistently interferes with community inclusion: **4**
2. Problem behavior is dangerous to others: **5**
3. Problem behavior provides a health risk to child (i.e., self-injury): **4**
4. Problem behavior results in significant property damage: **4**
5. Behavior is likely to become more serious in near future, if not addressed: **5**
6. Problem behavior is occurring at a frequency or intensity that compromises the caregiver's ability to effectively provide support: **5**
7. Problem behavior results in the involvement of law enforcement: **1**

PBS Plan Evaluation: Three Team-based Surveys

Every KIPBS trainee and KIPBS graduate asks the child and/or his parent, and the entire team involved in the PBS planning process to complete three short surveys during the PBS planning process and after the interventions are implemented. The purpose of these surveys is to gather information about the impact of the PBS plan from the perspective of each team member. The surveys evaluate: (1) satisfaction with the PCP or wraparound process, (2) how well the plan fits the values, skills and resources of the team, and (3) the changes in quality of life for the person and his or her team. These surveys are available on the KIPBS website at www.kipbs.org.

Three Team-based Surveys

- *Person-centered Planning Process Satisfaction Survey* (Abery, McBride, & Rotholz, 1999)
- *Self-Assessment of Contextual Fit* (Horner, Albin, Borgmeier, & Salantine, 2003),
- *Quality of Life Survey* [adapted from the P*ositive Behavior Support Evaluation* by Kincaid, Knoster, Harrower, Shannon, & Bustamante (2002)].

KIPBS Impact Assessment

KIPBS staff developed a tool called the *KIPBS Impact Assessment* to summarize the positive changes that occur as a result of PBS plan. There are a number of factors that are considered when evaluating the impact of a PBS plan. These factors include whether: (1) the graph of baseline and intervention data show a clear decrease in problem behaviors; (2) baseline and intervention data provide evidence that there are increases in a new social or communication skill meant to replace the problem behavior; (3) the hypothesis statement in the PBS plan is closely linked to interventions that are implemented; and (4) anecdotal, descriptive & survey information indicate a positive impact on the person as well as his or her caregivers and team.

KIPBS Impact Assessment: Worksheet

KIPBS staff members and instructors review PBS plans submitted by professionals and record how many problem behaviors and replacement behaviors are documented. In most cases, a primary problem behavior is identified that is considered to be the most dangerous or has the potential to lead to more serious problem behaviors in the future. The team may identify other secondary problem behaviors that are not as important but still need to be addressed in the PBS plan. Each problem behavior is listed on the *KIPBS Impact Assessment Tool* using a worksheet to gather all of the details about the primary and secondary behaviors (e.g. each primary and secondary behavior is listed and the form of data provided is documented as direct observation/ empirical or anecdotal/ indirect evidence). Once the behaviors are listed in the worksheet, the next step is

To read about the results of Jake's Impact Assessment, see page 9.

**After one year of PC-PBS services, Jake had been accepted back into the Boys and Girls Club.*

**Jake's school had an effective behavior support plan that kept him at school.*

**Susan was able to get a full-time job…The family was able to take a vacation.*

**Italics in green indicate information shared by the KIPBS Facilitator.*

KIPBS Impact Assessment: Worksheet (cont'd)

to decide whether the hypothesis statement is clear for each problem behavior and whether there is evidence in the FBA that confirms the hypothesis statement. The evaluator completing the *KIPBS Impact Assessment* rates the degree to which the interventions reported directly address the hypothesis statement on a three-point scale (*1=Interventions do not address the hypothesis; 2=Interventions somewhat address the hypothesis: and 3=Interventions fully address the hypothesis).*

Next, a KIPBS staff person evaluates the baseline and intervention data reported in the plan (see Figure 2 for Jake's data as an example), usually represented in a graph, and rates the impact that the intervention plan has had on each specific problem behavior. Each problem behavior is rated on the *KIPBS Impact Assessment* worksheet using a five point Likert-type scale where a rating of "5" reflects a significant change in the behavior in the intended direction,"3" represents no change at all, and "1" reflects a significant behavior change in a unintended direction. The person scoring indicates whether there are direct observation data in the report or whether the results are presented in an anecdotal manner (e.g. Jake's mother reported to Christine, the KIPBS Facilitator that problem behavior decreased during bedtime). Once the problem behaviors are identified and scored, the primary replacement behavior and other secondary social skills reported in the PBS plan are evaluated using the same process. The worksheet section of the *KIPBS Impact Assessment* also allows the person scoring the plan to write down the average scores on the three surveys that are sent to team members so that all of the impact-related evidence is summarized in one place.

KIPBS Impact Assessment: Overall Summary

Once all of the details about problem behaviors, replacement behaviors and other appropriate social skills are documented and the survey results are summarized in the worksheet section of the *KIPBS Impact Assessment,* the person scoring the PBS plan reviews all of these details and makes a decision about the overall impact of the PBS plan on the focus person's life. This last step allows the evaluator to provide an overall summary using a three-point Likert-type scale (*1= Negative impact; 2=No impact; 3=Positive impact; or N/A=No data/information available to determine level of impact).* This three-point scale is used to evaluate seven dimensions:

1. Impact on focus person's overall problem behaviors;
2. Impact on focus person's overall appropriate/adaptive behaviors;
3. Impact on focus person's quality of life;
4. Impact on team's time, resources and needs (contextual fit);
5. Impact on team's satisfaction with the results;
6. Impact on caregivers' satisfaction with the results; and
7. Impact on caregivers' quality of life.

The details that are documented in the worksheet section of the *KIPBS Impact Assessment* include direct observation data (referred to as empirical data in this report) and other indirect measures such as surveys or written statements (referred to as anecdotal data in this report). Not all of the seven items listed above are rated for impact using direct observation data. For instance, *Item 6: Impact on caregivers' satisfaction with the results* is scored using survey data completed by team members (described on page 7) and information written in the PBS plan.

KIPBS Impact Assessment: Overall Summary (cont'd)

Figure 4 shows the *KIPBS Impact Assessment* results for Jake's PBS plan with items 5, 6 and 7 shaded in grey and without any numbers to indicate that only anecdotal information is used for these items. The *KIPBS Impact Assessment* is available for review at www.kipbs.org.

Jake's PC-PBS plan included three target problem behaviors: (1) non-compliance, (2) disrupting others' activities, and (3) self-injurious behavior. Data were collected for three different problem behaviors using empirical data (frequency counts). All three problem behaviors decreased significantly from baseline measures, and all were scored a "5" (highest rating) for impact (Jake's baseline and intervention data are presented in Figure 2).

Figure 4. KIPBS Impact Assessment Results for Jake's PBS Plan.

KIPBS Impact Scale			
1 = Overall, the plan had a NEGATIVE Impact (-) 2 = Overall, the plan had NO impact (=) 3 = Overall, the plan had a POSITIVE impact (+) N/A = There are no data to determine impact level		Consumer Name: Jake **Type of Information**	
Impact Scale Item		**Empirical**	**Indirect**
1	Impact on person's overall problem behaviors	3	3
2	Impact on person's overall appropriate/adaptive behaviors	N/A	3
3	Impact on the person's quality of life	N/A	3
4	Impact on the team's time, resources, & needs	3	3
5	Impact on the team's satisfaction with results		3
6	Impact on caregiver's satisfaction with results		3
7	Impact on caregiver's quality of life		3

Summarizing PBS Plan Data across Children and KIPBS Facilitators

Figure 5 summarizes the scores on the 68-item *PC-PBS Checklist* for every KIPBS Facilitator who has graduated and turned in a first billed case. The vertical axis reports the average percent scores on the written PBS plans and the horizontal axis indicates the kind of plans that are evaluated. Baseline measures are available for some KIPBS Facilitators since each person is asked to turn in examples of the PBS planning they facilitated or were involved in prior to KIPBS training (the term *application* is used to indicate a pre-involvement PBS plan in Figure 5). Scores for PBS plans that professionals submitted while participating in the training are listed as Case Study 1 in Figure 5. The other scores reported in Figure 5 are average percent scores of graduates on the *PC-PBS Checklist* for first billed PBS plans and the randomly selected PBS plans reviewed each year. Seven PBS plans have been randomly selected and evaluated since 2007 when the random selection process was initiated. The data in Figure 5 indicate that the written case study plans submitted by individuals involved in the KIPBS training have included the key features that are considered essential for all PBS plans. Although written case study 1 plans have slightly higher average scores on the *PC-PBS Checklist*, it is important to note that all written case study plans are developed with coaching and support from KIPBS instructors. In contrast, written plans submitted for first billed cases and 25% randomly selected plans are completed by graduates independently. The average percent score on the PC-PBS Checklist for first billed plans and plans identified from the 25% randomly selection are both over 81%.

Summarizing PBS Plan Data Across Children and KIPBS Facilitators

Figure 5. Average Percent Scores on the *PC-PBS Checklist*.

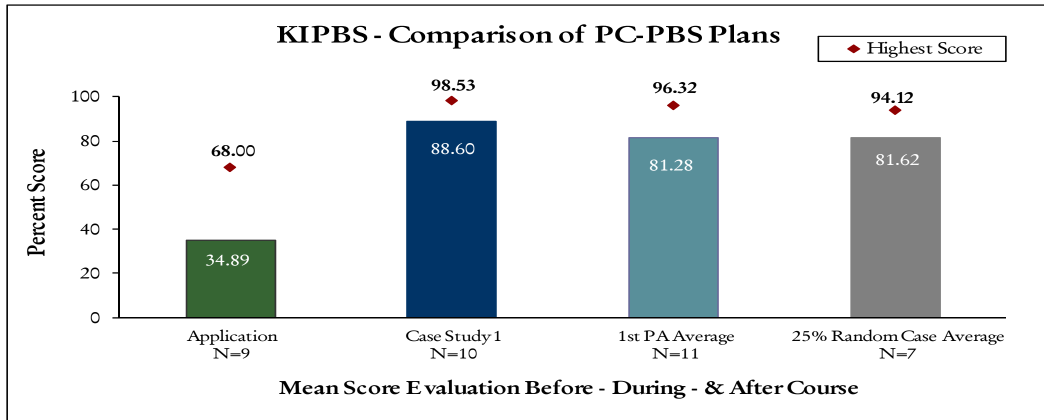


Figure 6 shows how *KIPBS Impact Assessment* data are summarized for the first billed PBS plans that KIPBS Facilitators submit as part of the evaluation process. These data summarize the results of the worksheet section of the *KIPBS Impact Assessment*. Currently, there are eleven PBS plans submitted as first case studies. As you can see in Figure 6, 42 problem behaviors were reported in those eleven PBS plans and 33 of those behaviors (79%) included empirical data. Figure 6 also summarizes the appropriate behaviors and replacement behaviors reported in the PBS plans. Of the 24 positive social behaviors identified in the PBS plans, only eight of these behaviors (33%) included empirical data although the impact rating showed only some positive change (3.38). The information in Figure 6 shows how important the worksheet section of the *KIPBS Impact Assessment* is in the KIPBS evaluation process. These data suggest that more time and attention may be needed to investigate the factors that influence lower rates of reported empirical data for replacement behaviors and other appropriate behaviors. KIPBS staff members have already changed the training, curriculum, and policies related to the documentation of replacement and other social skills. However, KIPBS graduates will need additional "update" training to benefit from these new policies and training materials.

Figure 6. Impact Ratings for First Billed PBS Plans.

Problem Behaviors	
Total Problem Behaviors	42
Total with Empirical Data	33
Total with Anecdotal Data	2
Total with NO Data	7
Average Function Rating for All Problem Behaviors 3 = Interventions fully address function(s) 2 = Interventions partially address function(s) 1 = Interventions do not address functions(s)	2.15
Average Impact Rating for Primary Problem Behaviors w/ Empirical Data: (1-5 scale, where 5 is a significant decrease; and 4 is some decrease)	4.13
Total # Primary Problem Behaviors w/ Empirical Data	24
Standard Deviation of Impact Ratings for Primary Problem Behaviors with Empirical Data	1.03
Standard Deviation of Function Ratings	0.74

Appropriate Behaviors	
Total Appropriate Behaviors	24
Total with Empirical Data	8
Total with Anecdotal Data	6
Total with NO Data	10
Average Impact Rating for Replacement Behavior w/Empirical Data: (1-5 scale, where 5 is a significant increase; 4 is some increase; and 3 is no change)	3.38
Average Impact Rating for Appropriate Behaviors w/Anecdotal Data = (1-5 scale, where 5 is a significant increase; 4 is some increase; and 3 is no change)	4.33

Summarizing PBS Plan Data Across Children and KIPBS Facilitators

Figure 7 reports the *KIPBS Impact Assessment:* overall Summary results for all eleven first billed plans. These overall scores are based on the empirical (direct observation) data in the PBS plans. All PBS plans were also rated for impact using the anecdotal/indirect data in the written plans but these data are not reported in this newsletter. Individuals interested in a more comprehensive report on the impact of PBS plans can consult www.kipbs.org. The seven impact dimensions are presented in the first column, the total number of plans rated (out of the eleven first billed PBS plans) on each of the seven dimensions are documented in the second column (not all eleven plans can be scored on all impact dimensions), and the mean scores for the eleven plans appear in the last column of Figure 7. As you can see, the mean scores on the three-point scale are quite high on all seven items with the lowest score obtained being 2.70 and the highest 3.0 for the seven impact dimensions. These scores are based on the worksheet section of the *KIPBS Impact Assessment.*

Figure 7. Example of *KIPBS Impact Assessment* Data for All First Billed Cases.

KIPBS Facilitators - 1st PA/Billed Case Ratings Based on Empirical Information 1 = Overall, the plan had a NEGATIVE impact (-) 2 = Overall, the plan had NO impact (=) 3 = Overall, the plan had a POSITIVE impact (+) N/A = There are no data to determine impact level		Total Points	# of Ratings	Mean Score
	Impact Scale Item			
1	Impact on person's overall problem behaviors	27	10	2.70
2	Impact on person's overall appropriate/adaptive behaviors	22	8	2.75
3	Impact on the person's quality of life	19	7	2.71
4	Impact on the team's time, resources & needs	24	8	3.00
5	Impact on the team's satisfaction with results	18	6	3.00
6	Impact on caregiver's satisfaction with results	17	6	2.83
7	Impact on caregiver's quality of life	17	6	2.83

KIPBS Facilitator Board Formed

The KIPBS Facilitator Advisory Board is comprised of a voluntary group of KIPBS Facilitators from across the State of Kansas as well as members of the KIPBS staff. The board meets every other month to discuss issues such as policy development around the prior authorization process, the evaluation of PBS plans, and quality assurance. Below is a list of current board members.

Shonda Anderson
Michelle Beasley
Jan Blevins
Heather Borsdorf
Melissa Cannon-Smith
Wilma Day
Matt Enyart

Rachel Freeman
Peter Griggs
Martha Heffron
Pat Kimbrough
Jeanenne Lester
Amanda Little
Emily McLane

Nan Perrin
Dennis Peters
Sara Quick
Kristin Rennells
Carla Sadler
Kelcey Schmitz
Jeanne Tomiser
Katie Zerr

Rachel Freeman, Project Director
University of Kansas
Dole Human Development Center
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E-mail: kipbs@ku.edu
KIPBS Website: www.kipbs.org

Learn More about Positive Behavior Support

Kansas Institute for Positive Behavior Support: www.kipbs.org

Kansas Institute for Positive Behavior Support Training Modules: www.kipbsmodules.org

PBS-Kansas: www.pbskansas.org

Association for Positive Behavior Support: www.apbs.org

Association for Positive Behavior Support Conference Information: www.apbs.org/conference/denver/index.aspx

KIPBS National Advisory Board

The role of the National Advisory Board is to provide KIPBS staff members with expert guidance on the development of the standards and curriculum. The National Advisory Board members:

- Specify the standards for selecting the curriculum;
- Select and organizing the curricular content that will be covered;
- Oversee the professional development procedures; and
- Review the online instructional materials.

The Current KIPBS National Advisory Board Members will serve a three-year term ending October, 31, 2010.

Al Duchnowski
University of South Florida

Carol Davis
University of Washington

Rob Horner
University of Oregon

Don Kincaid
University of South Florida

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