Building a Statewide Plan for Embedding Positive Behavior Support in Human Service Organizations

Abstract: Staff development efforts are being designed to have a greater impact on the systems in which professionals work to increase the likelihood that individual positive behavior support (PBS) plans will be effective. Statewide efforts aimed at embedding PBS into developmental disability organizations and other agencies must include longitudinal training using a systems approach to provide the best climate in which professionals can learn new skills. Although the majority of research on the development of “host” environments has been conducted within school settings, many of the strategies used in schoolwide PBS can be adapted to address other organizations supporting children and adults with disabilities. This article will introduce one statewide project created to build capacity by (a) training in PBS and person-centered planning for professionals who can access fiscal incentives after completing the program, (b) disseminating online instructional materials for awareness and expert-level training across the state, and (c) facilitating organizationwide and statewide PBS planning processes that emphasize data-based decision making.

New and innovative strategies for training human service professionals in positive behavior support (PBS) are now available for those interested in systems change (Anderson, Albin, Mesaros, Dunlap, & Morelli-Robbins, 1993; Dunlap et al., 2000; Reid et al., 2003). Increasingly, these professional development efforts are being designed to have a greater impact on the systems in which human service professionals work to increase the likelihood that individual PBS plans will be effective. Statewide needs assessments are now being used to inform planning processes (Reid et al., 2003; Shannon, Daly, Malatchi, Kvarfordt, & Yoder, 2001), allowing for more strategic implementation of PBS training efforts. These initiatives build upon past research (Fredericks & Templeman, 1990; Page, Iwata, & Reid, 1982; Smith, Parker, Taubman, & Lovaas, 1992) by targeting human service systems professionals who will take a lead role in building capacity using performance-based practices (Reid et al., 2003).

Training methods that rely on short-term workshops where groups of professionals learn new information in generic formats have proven to be minimally effective (Sailor et al., 2000; Smith et al., 1992). Activities occurring in these traditional workshops often included guided readings, presentations and lectures, guided discussions, role playing, and group exercises. Approaches that combine these traditional training methods with “working sessions” over a longer time period provide opportunities for professionals to apply new skills using case study formats and generalize the information learned to real situations and everyday settings (Anderson et al., 1993). Comprehensive, longitudinal training systems address the developmental pace of learning (Colvin, Kameenui, & Sugai, 1993) and provide professionals with the opportunity to integrate the information they are learning with skills they have already mastered.

One way to increase the effectiveness of professional development efforts is to create proactive “host” environments (Sugai, Kameenui, Horner, & Simmons, 2000) where systems are designed to provide the best climate for professionals to learn new skills. The creation of “host” environments has been documented in school settings where PBS is applied as a comprehensive systemwide approach (Nakasoto, 2000; Nersesian, Todd, Lehmann, & Watson, 2000; Taylor-Greene et al., 1997; Taylor-Greene & Kartub
Instead of using a patchwork of individual behavior plans, schools are now designing environments using teams that systematically make data-based decisions to change policies and procedures, design coordinated inservices, modify less effective environments, and evaluate progress.

Although human service systems for individuals with developmental disabilities are significantly different from schools, the planning processes can be easily adapted to address unique organizational characteristics and challenges. A training framework that facilitates organization-wide PBS planning and implementation while teaching professionals how to effectively facilitate individualized behavior plans creates an ideal situation for capacity building. The need for long-term, application-based learning methods makes the design of statewide training in PBS a challenge, particularly in larger states and areas with higher population densities. Rural states with large geographic areas and diversely distributed support systems pose a challenge to training systems as well. In addition, in most states, organizations that serve individuals with developmental disabilities struggle to provide adequate support with limited resources. The development of flexible training systems that allow professionals to learn new skills over a longer period of time while decreasing the need for extensive travel is a critical consideration.

The purpose of this article is to introduce one statewide training project created to build capacity by (a) training in PBS and person-centered planning for professionals who can access fiscal incentives after completing the program, (b) providing access to a continuum of online instructional materials across the state, and (c) facilitating organizationwide and statewide planning processes that emphasize data-based decision making. The article begins with a description of the training project and curriculum. Strategies for implementing organizationwide and statewide planning processes will follow the description of the Kansas Institute for Positive Behavior Support (KIPBS) training project.

**Kansas Institute for Positive Behavior Support**

The University of Kansas Center for Developmental Disabilities, in collaboration with the Kansas Department of Social and Rehabilitation Services (SRS), has designed a statewide training program for professionals in developmental disability organizations. This project, the Kansas Institute for Positive Behavior Support, provides intensive training in PBS and person-centered planning. The purpose of the Institute is to (a) train KIPBS facilitators who will build capacity in their regions, (b) provide Kansas organizations with free access to online resources and instruction at various levels of complexity, and (c) assist in organizationwide and statewide PBS planning processes. Resources for the training project come from Kansas Department of Social and Rehabilitation Services Medicaid federal fiscal participation funding, with a 50% match from state funds provided by the University of Kansas. The state Medicaid plan for Kansas includes PBS as a mandated service for children eligible under Kan-be-Healthy, a program providing medical health screening for children. Fiscal incentives allow organizations to afford systems change efforts by providing Medicaid reimbursement for PBS and person-centered planning to a select number of professionals who complete an intensive training program. Medicaid reimbursement for PBS services is provided with a 40% state match from the SRS budget.

**TRAINING PROCESS AND CURRICULUM**

The 12-month KIPBS training involves both online instruction and field-based classes, with approximately 20 professionals across the state each year. Four regional classes were designed to decrease the amount of travel required. Each regional site has unique characteristics, depending on the number of professionals in training and the distances between them. These differences in number and geographic diversity impact how the classes are conducted. For instance, in western Kansas, the distance between professionals is greater, requiring classes to occur once per month for longer periods of time. In northeast Kansas, professionals are relatively closer in proximity; therefore, classes are scheduled twice a month for a shorter time period. The central Kansas class rotates their meeting site each month to make travel issues more equitable for everyone. Despite these differences, the training system and curriculum are the same for all four regions.

Professionals spend approximately 8 to 10 hours a week completing KIPBS-related training activities. Twice a year, group meetings are held to facilitate networking among professionals, provide additional training from national experts, and engage in systems-level planning. Professionals must successfully complete online instructional homework assignments, field-based activities, and two online exams, as well as develop a portfolio containing applied case study examples. To assess generalization of skills, two additional cases must be started with successful demonstrations of a person-centered plan, functional behavioral assessment, and the initial PBS plan report before billing can commence. Course credit is available for professionals in the departments of special education and applied behavioral science at the University of Kansas for those interested in graduate credits. The training offered at the Kansas Institute is free to any professional with a bachelor’s degree working in a human service organization, and there is no expectation that he or she must continue university coursework. If professionals choose to obtain course credit, the cost of enrolling is a personal responsibility. In addition, as each organization has different expectations for professional development goals, the Kansas
Institute is willing to provide documentation necessary to further professional careers. A description of key elements of the training follows.

**Online Instruction**

Online instructional strategies are used to provide professionals with easy access to the conceptual content. The use of online instruction to disseminate conceptual information allows the regional instructors to devote the majority of their time to application-based activities. In addition, online instruction increases flexibility for professionals who can complete online homework assignments when it is convenient for them and reduces the cost of expensive textbooks and materials. Students and instructors can easily keep track of their progress and work on homework assignments at any time of day. The course is designed with approximately one module being completed each month. Once professionals have completed the online homework assignments, they prepare for field-based activities that will occur within each regional class.

**Field-Based Activities**

Field-based activities are provided to make sure professionals have opportunities to apply the information they are learning and to practice new skills with the assistance of instructors located across four geographic regions of the state. Field-based activities also include scheduled opportunities to observe experts facilitating person-centered planning (PCP) and key features of the PBS process. Class activities include group discussion, role play, modeling, and problem-solving activities related to the content being covered. Instructors supervise and grade each professional’s participation in the field-based activities as part of the overall training evaluation. Field-based assignments, for example, include preparing and presenting an introductory presentation about PBS and bringing operational definitions of problem behaviors to class to start designing a measurement strategy for case studies.

**Portfolio Development**

Each professional in training identifies a child or adult in need of PBS planning for his or her case study. By the end of the year, every professional submits a portfolio containing a PCP, functional behavioral assessment, PBS plan (including evaluation data), and systems change demonstration. Some of the field-based activities just mentioned result in products that are included within the portfolio while other activities are intended to ensure understanding of the online instructional content. Checklists containing the critical features necessary for exemplary PBS and PCPs are created as a self-assessment tool and for evaluation purposes based on the PBS checklist by Horner, Sugai, Todd, and Lewis-Palmer (2000). Professionals are taught to use a PBS and person-centered “locator” checklist sheet indicating where each critical feature can be found in the plan. This locator sheet is placed on the front of each report submitted and is also used to monitor fidelity of the PBS PCPs. Students receive feedback on areas that are in need of improvement based on this evaluation of the self-assessment checklist.

**Curriculum**

The curriculum used within the KIPBS is based on the work of previous researchers (Anderson et al., 1993; Anderson, Russo, Dunlap, & Albin, 1996; Dunlap et al., 2000) and was designed with the guidance of a national advisory board of experts in both PBS and PCP. The integration of valued outcomes, behavioral and biomedical science, validated procedures, and systems change to enhance quality of life and reduce problem behaviors is the definition of PBS adopted by the Kansas Institute (Carr et al., 2002). Professionals in training are taught that their role is that of a facilitator rather than an expert. The role of the KIPBS facilitator is to teach each team to maintain PBS and PCP and to mentor professionals within the organization who will take a lead role in ongoing behavioral support planning. Professionals must complete 10 online modules, each of which addresses important learning objectives. Module titles and selected supported references are listed in Table 1.

**Toolbox**

A strong emphasis is placed on the development of effective problem-solving skills in order to implement PBS and PCPs effectively. For instance, KIPBS facilitators must learn to identify what tools are most useful in a functional behavioral assessment, given the unique characteristics of the children they are supporting; how to help teams that may be struggling to work together more effectively; or why a particular intervention is not effective. One of the unique challenges encountered when a number of professionals are learning to apply PBS with different case studies at the same time is how to pace instruction. Invariably, one professional will encounter a problem while working with his or her case study before reaching the content that will address that particular problem. This places instructors in a difficult role and causes a challenge for those developing the PBS and PCP curriculum. An instructor working with a group of professionals can direct a professional to the toolbox and provide additional advice and guidance on a one-on-one basis or include the information within the next field-based class so all of the students can benefit.

**PROJECT EVALUATION**

Comprehensive evaluation of the effectiveness of the KIPBS training process and online materials is necessary to demonstrate the importance of the project and improve the existing system. Pre- and posttraining fidelity measures
Three of the KIPBS professionals have finished the additional two case studies required for billing.

Four of the 11 professionals who took the course provided PBS and PCP plans as pretraining examples (same facilitator, different case than that of the portfolio) submitted with the initial application to the training program. The other professionals had not facilitated a PBS or PCP plan prior to the training. PBS and PCP plans were scored by experts, defined by their certification in a specific PCP approach (e.g., Essential Lifestyle Planning), who have published in peer-reviewed journals related to PBS or PCP, and who have more than 10 years’ experience in their respective fields.

The fidelity measures, which are available on request, contain a three-point scoring system (In Place, Partially in Place, Not in Place). The development of the PBS fidelity measure, based on the self-assessment tool developed by Horner and his colleagues (2000), contains 37 items that are scored. The PCP fidelity measure, derived in part from the Kansas regulations for PCP, contains 25 items that are scored. Figures 1 and 2 report the average scores on the pretraining and posttraining PCP and PBS plans completed by professionals in training thus far.

Additional data that are being collected include PBS plans for each case study gathered before the KIPBS professional became involved (same case study individual, different facilitator than the KIPBS professional). In 9 of the 15 cases currently completed, no PBS plans were completed before a KIPBS professional became involved. One

![PBS Plan Evaluation Summary](image)

**Figure 1.** Average scores on the Positive Behavior Support (PBS) Plan Checklist.

### Table 1. Kansas Institute for Positive Behavior Support (PBS) Modules and Training Objectives

<table>
<thead>
<tr>
<th>Module</th>
<th>Title</th>
<th>Selected supporting references</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction to PBS</td>
<td>Carr et al., 2002; Carr et al., 1999; Koegel, Koegel, &amp; Dunlap, 1996; Luchsyn, Dunlap, &amp; Albin, 2002</td>
</tr>
<tr>
<td>2</td>
<td>Person-centered planning</td>
<td>Blue-Banning et al., 2000; O’Brien, 1987; Smull &amp; Harrison, 1992; Vandercook et al., 1989</td>
</tr>
<tr>
<td>3</td>
<td>Introduction to applied behavior analysis</td>
<td>Baer et al., 1968, 1987; Michael, 1993; Stokes &amp; Baer, 1977; Wolf, 1978</td>
</tr>
<tr>
<td>5</td>
<td>Functional behavioral assessment</td>
<td>Bijou et al., 1968; Carr, 1977; Iwata et al., 1994; O’Neill et al., 1997; Touchette et al., 1985</td>
</tr>
<tr>
<td>7</td>
<td>Designing positive behavior support plans</td>
<td>Horner, Albin, et al., 2000; Kincaid et al., 2002; O’Neill et al., 1997</td>
</tr>
<tr>
<td>8</td>
<td>Emotional and behavioral health</td>
<td>Cataldo &amp; Harris, 1982; Mace &amp; Mauk, 1995; Matson et al., 2000; Reiss, 2000</td>
</tr>
<tr>
<td>9</td>
<td>Systems change</td>
<td>Dunlap et al., 2000; Gordon, 1983; Sugai, Sprague, et al., 2000; Walker et al., 1996</td>
</tr>
<tr>
<td>10</td>
<td>Facilitator guidelines</td>
<td>Horner et al., 2000</td>
</tr>
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*Note.* See reference list for full citations.
case study had a prior PBS plan, but the report could not be obtained due to consent issues. One KIPBS professional did not confirm whether PBS plans were completed prior to involvement due to a temporary absence. Four of the 15 pretraining PBS plans are currently being scored using the fidelity checklist. In 7 out of 16 PCP cases currently completed, no PCPs were available before the KIPBS professional became involved. One case study had a prior PCP, but the report could not be obtained due to consent issues. One KIPBS professional has not confirmed whether a PCP was completed prior to involvement due to a temporary absence, and one student has not reported the preinvolvement status. As a result, 6 out of 16 preinvolvement PCP scores will be completed using the PCP checklist. Once all of the data are gathered, the pretraining PCP and PBS plans will be compared to post-KIPBS facilitator training.

Raw data still being collected from Cohort 1 graduates include measures of problem behavior, adaptive behavior, and quality of life. Consumer satisfaction and contextual fit data are completed with students using the same survey tools so data can be aggregated—the Self-Assessment of Contextual Fit Survey developed by Horner, Albin, Borgmeier, and Salentine (2003) and the Person-Centered Planning Process Satisfaction Survey (Abery, McBride, & Rotholz, 1999)—from team members participating in each of the case studies. When all of the data are gathered, hierarchical linear modeling will be conducted using case study information from both the first and second cohorts of students (graduating in February, 2004, and 2005). It is expected that the additional data from KIPBS graduates billing new cases and the addition of the second cohort of students \( n = 17 \) will be sufficient to run these analyses.

**KIPBS MENTORS**

When a professional has completed the KIPBS training, he or she is referred to as a “mentor.” Mentors are considered systems change agents as well as trainers. To maintain eligibility for billing purposes, KIPBS facilitators are expected to donate 12 hours per year to the Institute. Each year, professionals create a mentor action plan for using these 12 hours by engaging in organizationwide PBS planning processes, assisting in mentoring new professionals completing training within the Institute, conducting awareness-level training across the state, or providing other systems change efforts that will build capacity in the state of Kansas. The first cohort of KIPBS facilitators finished the training program and began working on systems change activities across the state in 2004.

**Organization and Statewide Planning**

Schoolwide PBS, described in Figure 3, includes a continuum of strategies and processes to address the needs of all students within a school:

1. primary prevention, including universal interventions for teaching schoolwide social skills instruction and systems for reinforcing all students;
2. secondary prevention—designing specialized and group interventions for students at risk for engaging in more serious problem behavior; and
3. tertiary prevention—implementing individualized interventions for students with chronic, intense problem behavior (Gorden, 1983; Walker et al., 1996).

This triangle logic was first introduced in the public health literature to describe the importance of addressing disease prevention and subsequently has been applied to the pre-
vention of antisocial behavior. The school implements primary, secondary, and tertiary prevention strategies by creating a planning team representing teachers across each grade level, administrative staff, special education professionals, and other school faculty. This planning team meets on a regular basis to conduct a self-assessment, create an action plan, and make data-based decisions. Each school has a professional designated as a "coach" who dedicates time to PBS activities. The coach assists in facilitating planning meetings, collecting and summarizing data, and providing leadership in the implementation process. Behavioral expertise is needed within each school in order to facilitate individual student PBS plans and teach function-based approaches to problem behavior.

Figure 4 describes how schoolwide positive behavior support can be applied to organizations in developmental disability services. Similar to schools, organizations supporting individuals with disabilities need to establish systems that include professionals with behavioral expertise who can facilitate teams and ensure that PBS plans are effective and sustainable across time. The Kansas Institute teaches KIPBS facilitators to provide this type of facilitation and to mentor other professionals in each team implementing PBS and PCP.

The key to building effective individual PBS plans is to create organizational environments that support data-based decision making. Organizationwide planning, led by a team of professionals within a human service organization, should include professionals who represent administration, managerial staff, training personnel, supervisors, direct contact staff members, individuals with disabilities, and family members or guardians. Planning teams that meet on a regular basis can be used to assess resources, collect data, and create strategies for primary, secondary, and tertiary interventions adapted for human service environments. The types of interventions used in primary, secondary, and tertiary prevention will vary depending on the different types and purposes of each organization.

RESIDENTIAL SUPPORT

Organizations that provide residential support assist individuals with disabilities living in the community. Staff members may regularly check on an individual living independently in an apartment setting or may offer support on a 24-hour basis to individuals living with one or more roommates. Regardless of how these living arrangements are organized, an organization’s planning team can identify and teach social skills and reinforce the acquisition of these new skills with all of the individuals served within an organization using primary prevention interventions.

School faculty identify three to five schoolwide expectations that reflect the social skills that are highly valued by the school, such as being respectful with others, honoring diversity, and being ready to learn. Specific behaviors that define respect are identified (e.g., moving aside to let other students reach their lockers) and taught across all the school settings (e.g., classrooms, hallways, cafeteria). The planning team, with input from school faculty, then designs systems to systematically introduce, teach, and reinforce students who engage in these behaviors. Strategies are designed for the occurrence of problem behaviors and are clearly outlined so that all faculty respond in a consistent manner.

The important message from schoolwide PBS is that the first step is to better understand the extent to which the individual’s environment has the basic features needed for success, rather than conducting an assessment of why a child or adult is engaging in problem behavior. Primary prevention in residential support settings will focus on establishing a person-centered foundation that embraces opportunities for choice making, rich activity patterns for physical and social well-being, prompts and reinforcement for communicating wants and needs, and access to individualized and valued social networks. Primary prevention logic from the school literature argues that environments should support all individuals, regardless of ability levels or the types of problem behaviors observed. Examples of primary prevention in residential settings include the identification of person-centered interventions that are systematically identified and taught within preservice and inservice settings. These person-centered interventions include topics such as prompting choice making, ensuring physical and mental health, creating predictable environments, establishing rich social networks, promoting active lifestyles, honoring routines, and encouraging independence. The self-assessment process at the primary prevention level involves measuring and assessing the setting conditions that may contribute to the occurrence of problem behaviors. These conditions include environmental issues such as pollution density, noise, and temperature, as well as opportunities for choice making and reinforcement of communication skills. Access to appropriate medical, dental, and mental health care are key areas for assessment at the primary prevention level as well. Policy and procedures should be reviewed to gather information about what mechanisms are in place for collecting and identifying data about environmental issues associated with problem behaviors and what management structures are needed to modify these environmental conditions. The active participation of staff members in the development of primary prevention interventions is as critical to ensure ownership and motivation as it is in school systems. The creation of person-centered practices and interventions that are embedded within environments will enhance the impact of PCP plans that are developed on an individual basis and encourage more systemic implementation of person-centered processes.

Targeted interventions are designed as secondary prevention strategies within an organization. The purpose of a targeted intervention is to support a number of individuals who may be at risk for engaging in more serious problem behavior. Social skills instructional classes are targeted to support smaller groups of individuals who can benefit from learning how to identify emotions, learn strategies to cope with anger, or resolve conflicts. These classes can be designed to address problem behaviors maintained by similar functions, social situations, and settings to provide tailored training sessions. Classes can be linked to self-management plans that assist individuals in self-monitoring the use of new skills and reinforcing themselves as they meet their goals.

Assessment at the secondary prevention level involves examining an organization’s ability to identify individuals who are at risk of engaging in more chronic and severe problem behaviors. Individuals with health conditions that create discomfort, sensory impairments and communication problems, histories of abuse or neglect, comorbid psychiatric disorders, or sleeping and eating problems can be identified systematically during a self-assessment process and interventions implemented before any serious problem behaviors occur.

Tertiary prevention in developmental disability organizations will involve developing the internal capacity to ensure that all teams have access to someone with experience and training in PBS. Identifying professionals who have or will develop behavioral expertise, creating staff training systems to teach intervention strategies, and introducing the skills that will ensure staff members can contribute to the team process in PBS and PCP through preservice and inservice opportunities can increase the effectiveness of tertiary level interventions.

FAMILY SUPPORT

Providing PBS technical assistance to families requires a different type of systems-wide approach (Becker-Cottrill, McFarland, & Anderson, 2003; Dunlap & Fox, 1999). The application of primary, secondary, and tertiary interventions will require adaptations to meet the needs of organi-
zations supporting families with children both with and without disabilities. Examples of family support organizations include agencies addressing the needs of children with autism or agencies preventing foster home placements. Primary prevention strategies in family settings will also emphasize person-centered environments but must be developmentally and culturally appropriate to each family unit. Parents interested in learning how to create healthy environments for their children are invited to group sessions, where information about preventing problem behavior involves teaching and reinforcing (a) social and communication skills, (b) the importance of supervision and consistent discipline, and (c) other issues related to establishing positive environments and avoiding conflicts. Family organizations can provide targeted social skills training sessions for children who are at risk for developing more severe behaviors and help family members develop self-management plans that are linked to the social skills being taught.

Interventions that are individualized for children engaging in more serious problem behavior require expertise from a trainer who can facilitate team meetings and provide on-site support while interventions are being implemented. Once the initial training period has been completed, monthly support meetings can be scheduled where a number of families meet to share success stories, review data, problem-solve, and receive guidance from someone with more expertise in PBS. These group meetings allow a lower level of technical assistance to be delivered by an expert facilitator and can provide an early warning if a family begins experiencing difficulties maintaining the interventions or when new problem behaviors arise.

**DATA-BASED DECISION MAKING**

Evaluation is a critical part of organizationwide planning. Developmental disability organizations are similar to schools in that data are often collected to be sent to county, state, and federal systems but are rarely used internally for decision-making purposes. The ways in which these data are gathered and summarized do not easily lend itself to visual analyses. Organizationwide planning includes developing easy and efficient data collection and summary processes that allow teams to engage in self-assessment and evaluation on an ongoing basis. Outcome measures that may be used to evaluate organizationwide efforts include, for example, incident report summaries, organizational assessments of behavior support capacity (Baker, 1995), the number of short-term institutional placements each year, staff stress questionnaires, staff turn-over rates, consumer satisfaction ratings, family stress questionnaires, and training outcome data. Fidelity and assessment measures of organizationwide PBS implementation, although not currently available, can be adapted based on tools already available for schools (Horner et al., 2004; Positive Behavioral Interventions and Supports, 2004; Sugai, Todd, & Horner, 1998). Individual PBS outcome data can be included in an organizationwide evaluation process as well.

The last feature that contributes to the effectiveness of individual PBS plans is statewide planning. Statewide planning increases the ability for both state and federal resources to be used more efficiently, increases communication across initiatives, and enhances the impact of training efforts across projects. The statewide planning team in Kansas met in 2004 to discuss how to embed PBS training across developmental disability, child welfare, and mental health services. Long-term statewide planning will result in strategic training of technical assistance providers who support children and adults across different types of Kansas services. KIPBS facilitator-donated mentor time will be used to assist statewide implementation activities.

**Conclusion**

Until systematic efforts are made to embed PBS within the community culture, small localized professional development efforts will experience limited success. Comprehensive research on effective PBS training is currently difficult to find in the literature, despite the great need for building behavioral expertise. Changing the unit of analysis from that of individuals with problem behavior to larger units such as organizations, provider agencies with multiple field sites in a given state or region, and statewide levels is critical for large-scale systems change. The research currently under way within the Kansas Institute will contribute to evaluation literature describing a systematic, statewide training system that combines both organization- and statewide action planning.

One key to providing effective training is to work smarter with the resources that are available. Organizationwide planning is one way to begin using limited resources wisely. An important consideration for strategic planning is the development of easy and efficient data collection systems that can be used by planning teams to implement organizationwide interventions, staff development processes, and individual PBS planning systems.

A growing number of states are now engaging in large-scale state- and districtwide PBS planning in schools. Schools that are implementing PBS are reporting from 20% to 60% decreases in the average number of office referrals per day each month (Chapman & Hofweber, 2000; Colvin & Fernandez, 2000; Horner & Sugai, 2000; Lohrman-O’Rourke et al., 2000; Nakasato, 2000; Nersesian et al., 2000; Sadler, 2000; Taylor-Greene & Kartub, 2000). It is likely that other types of organizations who adopt data-based decision-making processes at an organization level can achieve decreases in problem behavior reflected by outcomes such as behavioral incident reports and days out of the home due to respite or institutional stays. Unfortunately, data collection systems in many human service or-
organizations are rarely designed to provide simple access to visual summaries of data that can be used on an ongoing basis. There is a great need for easy-to-use software programs that allow for data-based decision making at the organizational level.

Creating effective professional development systems that foster skillful teaching within a supportive setting requires "an optimal mix of individual and organizational processes that will contribute to the success in a particular context" (Guskey, 1995, p. 117). Although Kansas has just begun state and organizationwide PBS planning, many of the initial steps in the process are under way. The long-term goal in Kansas is to create strategies for linking PBS training and resources across schools, mental health, child welfare, and developmental disability services to better serve all Kansans. The KIPBS provides one example of how statewide training and capacity building can be organized. However, more examples of state training systems for embedding positive behavior support are greatly needed to create an atmosphere where new ideas are generated and resources are shared collaboratively.

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