

# DDS Change Initiative Implementing PBS

November 21, 2025

NE Positive Behavior Support Forum

Maryjane Fellows Leavitt, PhD

Chris Peltier, BCBA

Emily Lauer, PhD

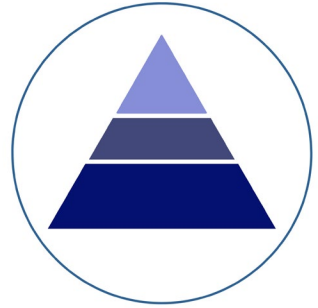
Christine Clifford, MHP

 **UMass Chan** | Eunice Kennedy  
MEDICAL SCHOOL | Shriver Center

Center for Developmental  
Disabilities Evaluation and  
Research (CDDER)



# Learning Objectives



1. Review DDS Changes, Standard of Practice
2. Progress of Community of Practice
3. Future of Office of Quality Enhancement
4. Apply Organizational Change Management
5. Share DDS PBS Self Assessment Data
6. Demonstrate/Describe Organizational Training
7. Ongoing Support



# 1. Review DDS Changes, Standard of Practice



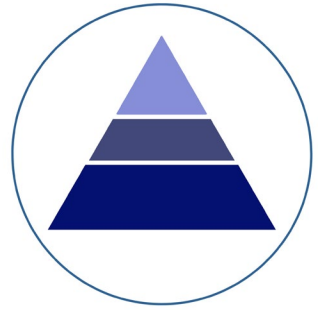
# DDS/PBS Mission



- Positive Behavioral Supports provide a consistent, evidence-based approach for improving outcomes and ensuring individuals with developmental disabilities thrive
  - Positive Behavior Supports (PBS) is incorporated into DDS' regulatory framework
  - PBS incorporates established principles of applied behavior analysis (ABA)
  - Using positive approaches, PBS views behavior as individual's response to his or her situation, and an expression of needs and preferences



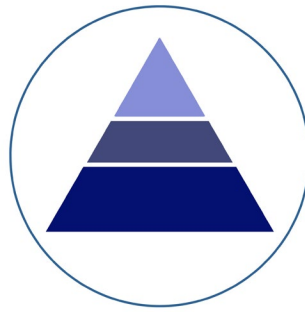
# PBS Implementation



- DDS regulations adopting the use of Positive Behavior Supports (PBS) to support the individuals served by the Department was initiated formally in 2014
  - 2016 & 2019: Public Hearings
  - February 2020: Regulations Promulgated
    - Shift to prevention vs reaction to approach people with challenging behavior
    - Established PBS as new Standard of Practice for the Department to achieve Quality of Life outcomes for the people we support
  - 3 pillars of PBS as chosen Standard of Practice; Requires all elements presented in some way at systems and individual person level
    - Person Centered Values & Planning
    - Evidence Based Practice
    - Data driven decision making
- PBS initiative was led by Dr. George and Cynthia Miller



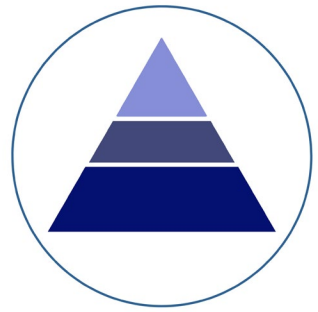
# DDS PBS Transition in 2025



- Division of Planning, Development, and Autism Services
- Assistant Commissioner Michelle Harris
- The PBS Central Office Clinical Team includes
  - Alina Levine, Psy.D.
  - Karen Kiley, Ph.D.
  - Chris Peltier, BCBA
  - Maryjane Fellows Leavitt, Ph.D. (PBS Lead)



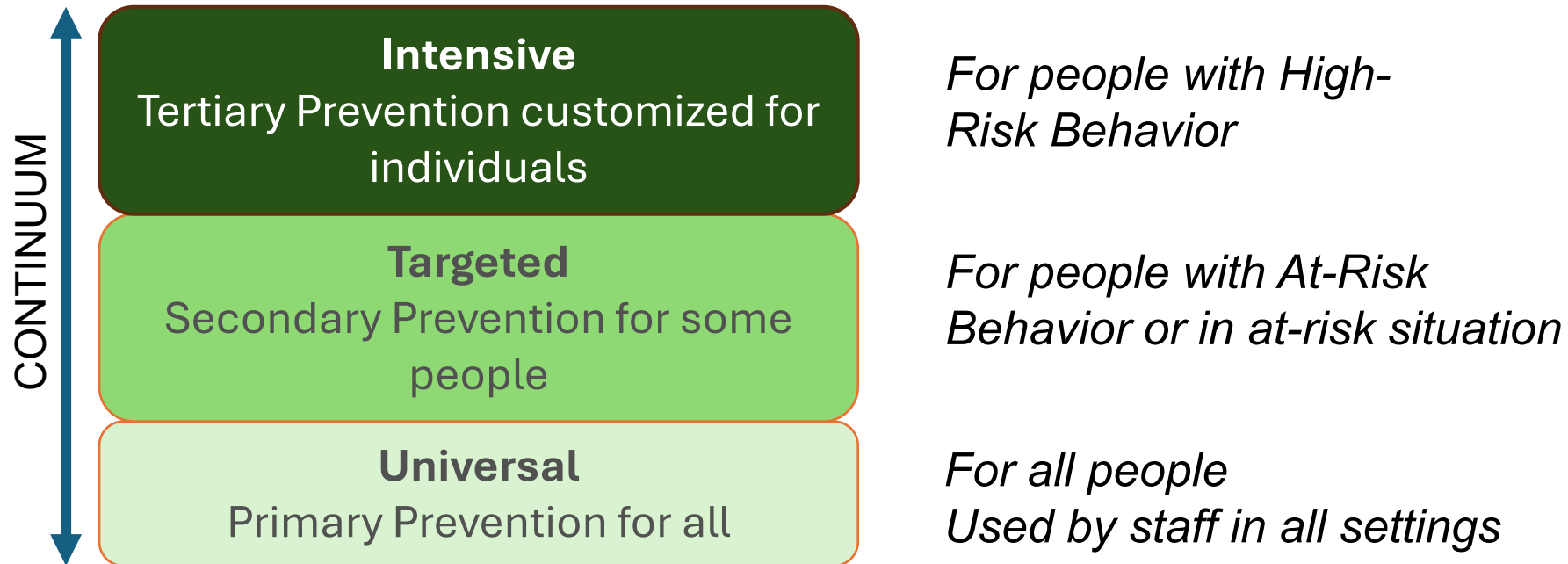
# PBS Regulatory Framework



- PBS Regulatory Framework is Different Type of Implementation Challenge
  - Regulations taken together to form new Standard of Practice – Need to incorporate “PBS thinking”
  - Contracted providers play a critical role in embedding PBS into everyday practice, advancing the DDS mission across the Commonwealth

# CONTINUUM OF SUPPORT for ALL

*Overseen by Leadership Team*



Across the people you support, your organization may be starting here:



Over time and successful implementation, you'll shift to more ideal states, like this:

Equal amounts



*Some*



*Some*



*Most*



And eventually...

*A Few or None*



*Some*



*Most*





# Why PBS?

Person-Centered Approach	Identifies person's strengths
Behavior is communication	Uses competing pathways model
Incorporates principles of ABA	Preventive measures built in
Least restrictive	Describes how skill-building (replacement behavior) is taught
Emphasizes Continual Measuring Effectiveness	Checks on fidelity of implementation
Provides a framework for agencies to enhance quality of life	Clinical perspective to address clinical needs

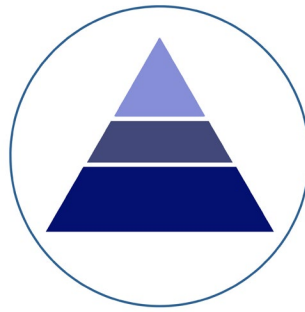
**DDS**



Department of  
Developmental Services



# 2025 Activity Recap



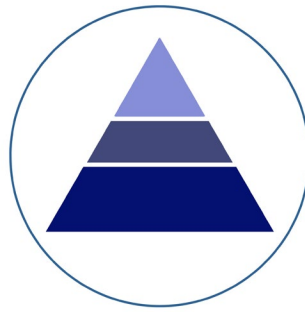
- Monthly PBS Community of Practice Meetings
- May Institute PBIS Team
- Online Trainings completed through MassPBS site
- Bi-Monthly statewide meetings with DDS clinical and adjunct staff
- Partnering with CDDER/UMass with the Self-Assessment survey implementation
- Karyn Harvey, Trauma Informed Care Trainings
- Respond to systemic health and safety matters
  - Statewide Peer Review and Consultation
  - Sub-regulatory Guidance and Informational Briefs

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# What's Next for PBS

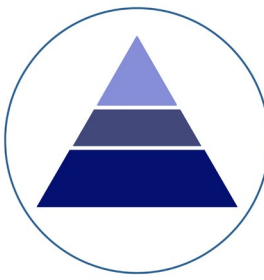


- Development of small group CoP meetings
- Expansion of DDS Statewide Peer Review capacity
- Transition to Regional Statewide Peer Review Teams
- Sub-regulatory Guidance Document Development
- Ongoing collaboration with OQE
- Training development
- Trauma informed care
- Person Centered collaboration

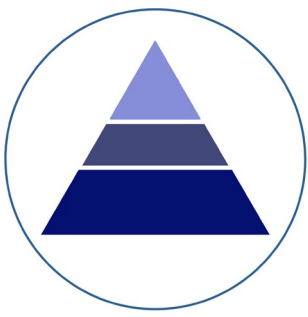


## 2. Progress of Community of Practice

# Progress of Community of Practice (CoP)



- Examples of Discussion Topics in 2025:
  - Review of Self-Assessment Data from January and July 2025 submissions
  - Discussion re: areas of needed development based on the Survey Results
  - Vinfen's presentation: Standardized Screening and Referral Process
  - Small Agency Collaboration Success Story: ExtraSpecial Teas/Oakdale Residences
  - Amego and Baycove Presentations: Steps used to achieve Phase 6 in one or more Tier
  - Dr. Bob Putnam, May Institute Overview



# CoP-Small Group Format

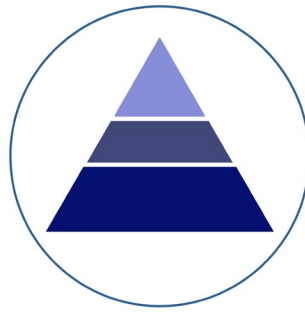
- Development of Small Group meetings of Vendors (30 or less) to address different needs
  - Small agency needs
  - Shared Living Providers
  - Vocational Supports
- 
- Once monthly meeting in addition to the CoP



# 3. Future of Office of Quality Enhancement



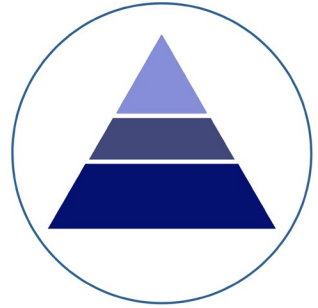
# Future: Office of Quality Enhancement (OQE)



- Review of indicators for opportunities to better align with PBS Regulations – OQE and PBS Implementation Team
- Draft updates to guidance for select Indicators that connect with PBS components
- To align PBS requirements with previous regulations around choice, recognition and inclusion
- Draft revisions to Indicators specifically focused on PBS components to align with Regulation 5.14



# OQE/PBS



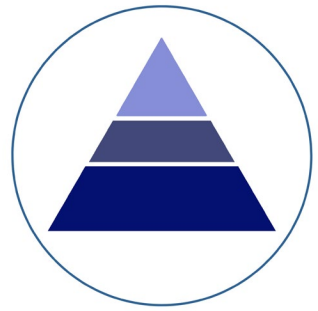
- Draft revisions to indicators and review guidance to be released by DDS (Jan '26)
- Opportunity for review and provision of feedback (Jan '26) Survey tool, Town halls, Training on Implementation
- Pilot of revised indicators (Spring '26)
- Indicators with Providers (in current rotation)
- Opportunity to pilot across different service types and across the state



# OQE/PBS



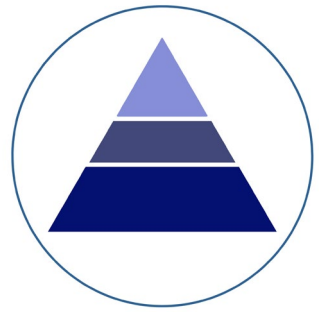
- DDS will consider feedback received on draft revisions to the indicators and results of pilot testing (late Spring '26)
- Revised indicators will be finalized by DDS and released
- Additional training on implementation of revisions (as needed)
- Full implementation of revised L&C indicators into survey process (Summer '26)



# 4. Apply Organizational Change Management



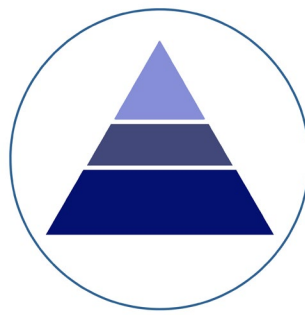
# Apply Organizational Change Management



- Change Management Model
- Roadmap to Implementation
- Overview of the Six Phases

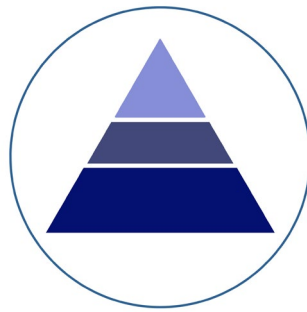







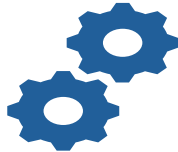
# Self-Assessment for Organizations Developed



- To assess where you are as an organization and guide your next steps in full incorporation of PBS across your organization
- Thorough review of the DDS regulations with a group of PBS experts
- Incorporated an organizational change model (as discussed above)
- Modeled on the Culture of Quality Roadmap which serves a continuous quality improvement tool for use by both DDS and providers
- Piloted with variety of organizations (size, population served, services offered)

# Six Phases of Implementation



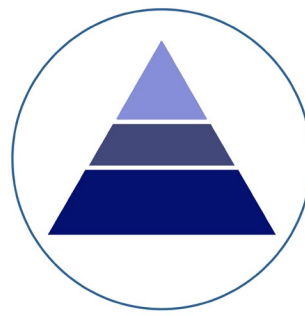
		
Phase 1: Strategize	Phase 2: Engage	Phase 3: Prepare & Install
		
Phase 4: Activate	Phase 5: Refine	Phase 6: Sustain/Optimize



# 5. Share DDS PBS Self Assessment Data



# Share DDS PBS Self Assessment Data



- Submissions January & July
- Change in data
- Where improvement: LT, Action Plan
- Where more work is needed



PBS: Self Assessment

## PBS: Self-Assessment

To help your organization get a sense of where it stands along this journey, we developed a PBS implementation self-assessment tool based on these six change management phases. This tool will help you assess your organization where it stands, as well as provide your leadership with the necessary guidance, including specific steps and tasks, that will help facilitate progress towards full implementation. *you have any questions, please contact [CDDER@umassmed.edu](mailto:CDDER@umassmed.edu).*



Implementation Guide

Self-Assessment Tool

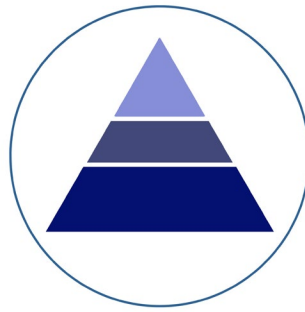
Video Instructions for using the Tool

FAQ's

Center for Developmental Disabilities Evaluation and Research (CDDER)



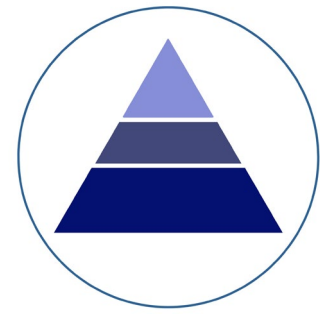
# Highlights in Data



- Improvements Seen in Action Plan Data
- Providers Indicate Some Movement through Implementation Phases
- Focus on Leadership Team Creation/Implementation



# Percent of Providers that Have Leadership Team



	January Submission	July Submission
Leadership Team	81%	86%
Executive Staff	99%	99%
Sr PBS Qualified	87%	87%
Other Agency Personnel	79%	80%



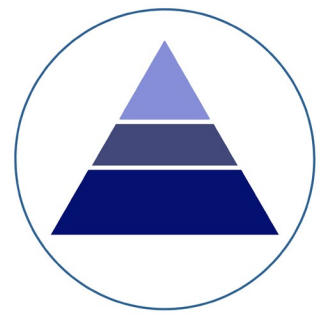
# Percent of Providers that Have Qualified Clinician



	January Submission	July Submission
Sr Qualified Clinician	79%	82%
Qualified Clinician	74%	83%



# Percent of Providers Completed Action Plan



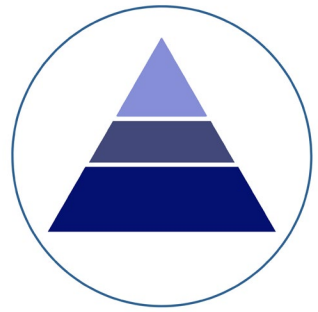
	January Submission	July Submission
<b>Have an Action Plan</b>	71%	82%
Completed action plan	22%	19%
Mostly complete	38%	63%
Partially complete	37%	18%
Not started	3%	0



# Most Improved Indicators



	January Submission	July Submission
Analysis and configuration of Support Tiers and Support Tier Teams	43%	52%
Development and determination of referral process and related criteria	44%	58%
Development of an organizational and tier-level PBS training plan	44%	54%



# Fewer Report “Not Started”

	January Submission	July Submission
Selection of evidence-based interventions and fidelity tools for each support tier	10%	4%
QA and data management plan at the organization and tier levels such as analysis of QOL gaps, QOL key indicators, analyses of data to measure impact, use of fidelity instruments	18%	8%
Development of an organization-wide communication plan	15%	10%



# Need Improvement



Leadership Team	%
<b>Do Not Have Leadership Team</b>	14%
<b>Have Leadership Team</b>	86%
Missing Critical Component: Exec, Sr QC, one or more managers	26%



# 6. Demonstrate/Describe Organizational Training



# Mass PBS Training Site

## Direct Care Staff

- Introduction to PBS
  - 4-course series covering basic PBS concepts, Universal Supports, Tier II and Tier III Supports, Function of Behavior
- Universal Skills Video Demonstrations: 8 short, animated videos demonstrating skills
- 600 staff have completed to date

## Clinicians

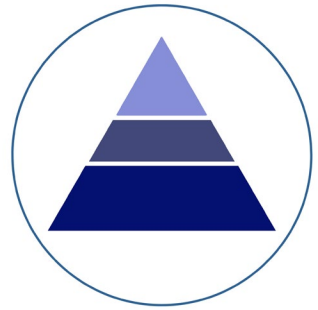
- Writing user-friendly positive behavioral support plans
  - 64 clinicians trained

## Managers

- Advanced PBS concepts
  - Targeted PBS plans; Intensive PBS plans
- Strategies for Implementing PBS
  - 150-200 staff completed each phase

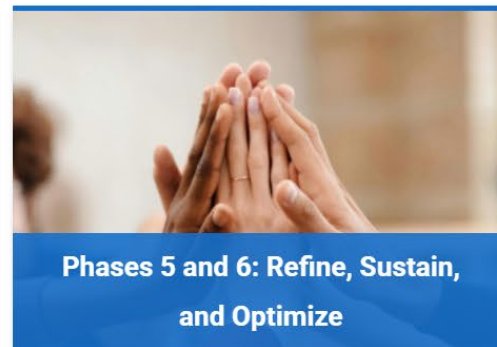
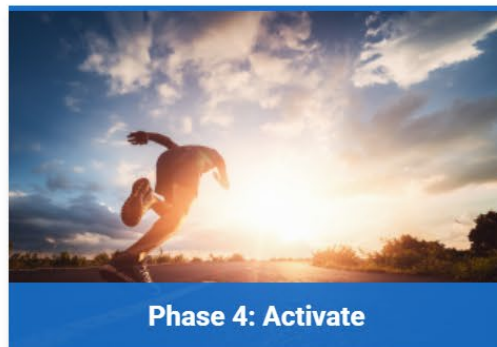
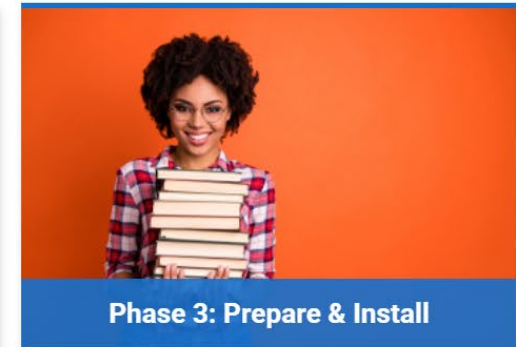
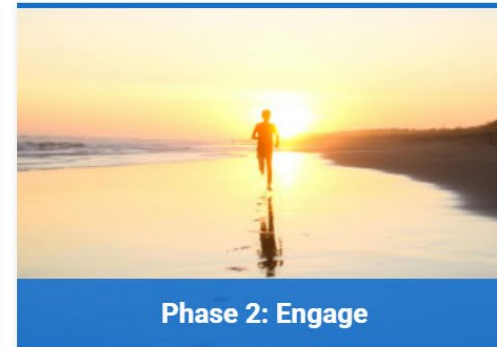
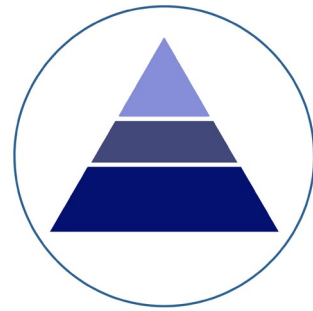


# More Training is Coming



- Module focused on Tier III – Intensive Supports is in the final editing stage and should be available soon
- Additional topics based on training needs identified in the CoP, Self-Assessment and work with individual providers

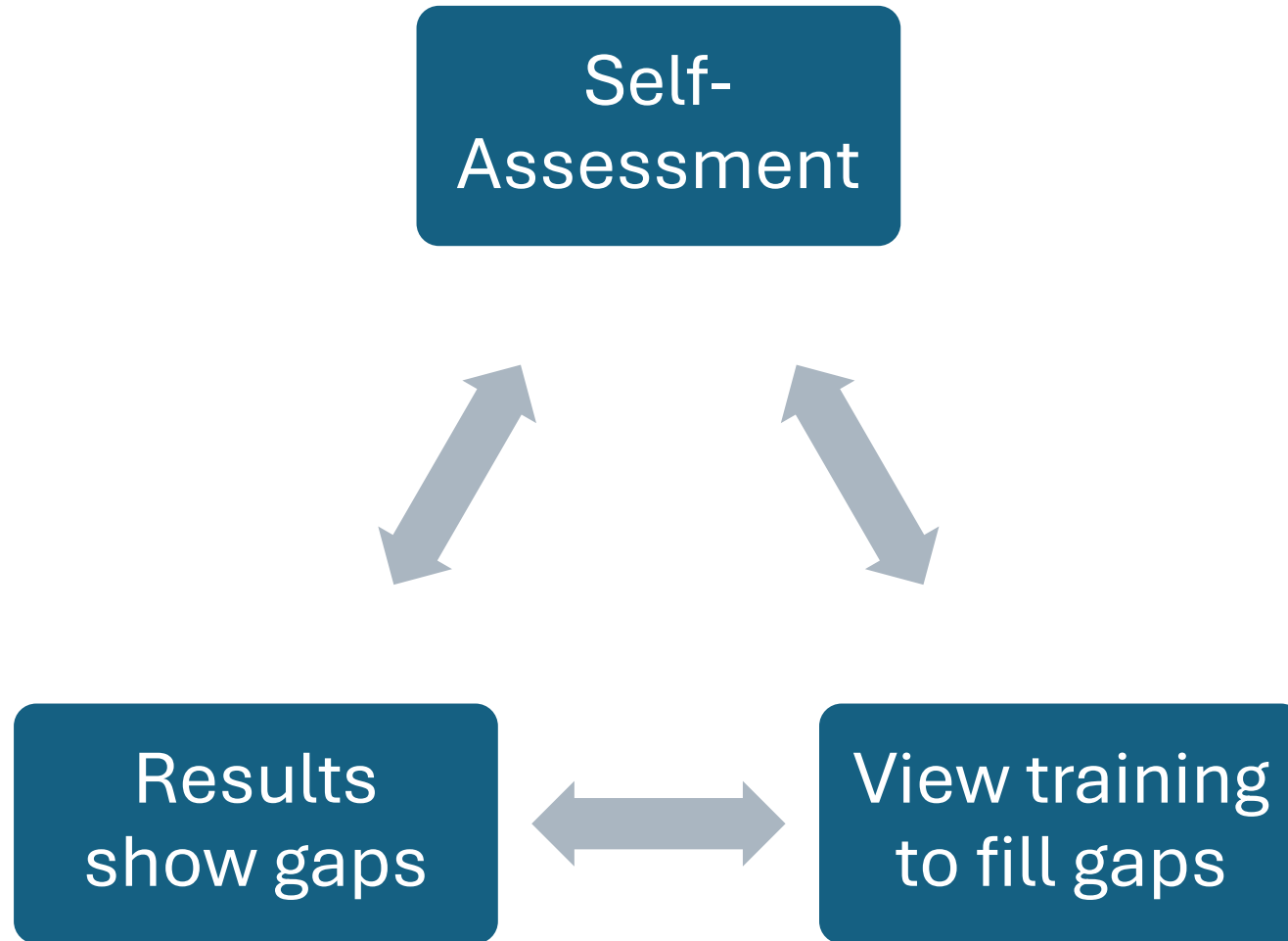
# Strategies for Implementing PBS



[MassPBS.com](https://www.masspbs.com)

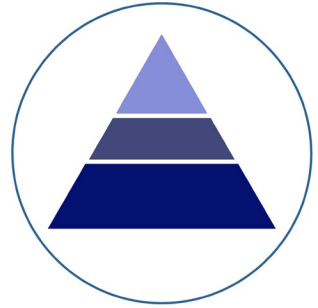


# Implementation Phases





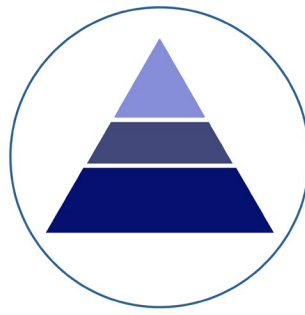
# Cohort Trainings



- May Institute
  - Build on Provider's Existing PBS System
  - Support Provider PBS System to Meet the Regulations & Implement with Fidelity
  - Learn New Tools to Support Effectiveness and Efficiency of PBS
  - Share Common Experiences with other Providers
  - Problem-Solve with other Providers



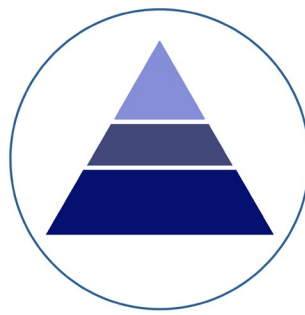
# DDS Staff Training in Development



- Training for Service Coordinator's and OQE field staff on recognizing quality PBS in action
  - review of universal supports
  - “signposts” of applied PBS that SC's can recognize at ISP's and when they do their regular monitoring visits
  - scenarios of quality application in practice
- Training for Area and Regional leadership - Program Monitors, Regional and Area Directors



# Quality Enhancement & PBS training



- Currently working with the DDS Office of Quality Enhancement to define what standards and documentation the survey teams will be looking for in terms of PBS
- Once that is finalized we need to train both OQE field staff and Providers to fluency re: these standards
- Currently having internal discussions around a pilot period where PBS compliance will be assessed without any adverse scoring while everyone learns the standards
- The nature of the survey leads mostly to documentation compliance – how to capture some of the important intangibles of PBS?



# 7. Ongoing Support



# Ongoing Support

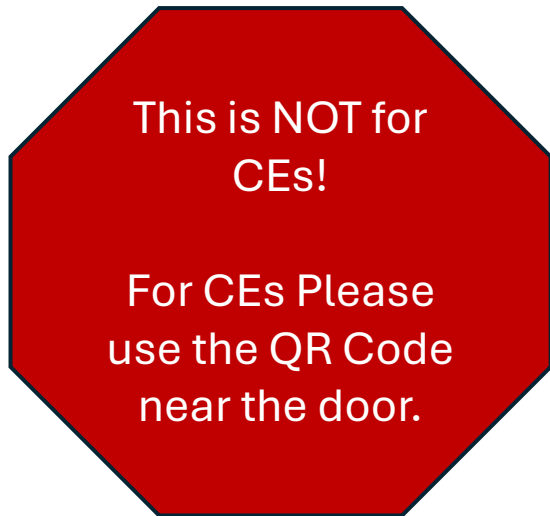


- [www.mass.gov/pbs](http://www.mass.gov/pbs)
  - Sub regulatory guidance documents, <https://www.mass.gov/lists/positive-behavior-supports-pbs>
- PBS Support from DDS: [PBS-DDS@mass.gov](mailto:PBS-DDS@mass.gov)
- [www.masspbs.com](http://www.masspbs.com)
  - CoP public information, member site, trainings
  - Partnering opportunities for agencies
- Self-Assessment Survey Support: [CDDER@umassmed.edu](mailto:CDDER@umassmed.edu)

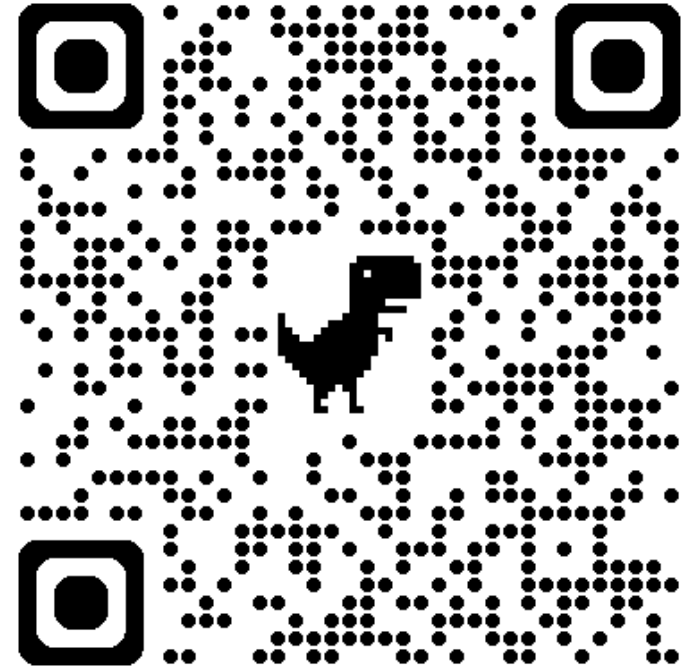
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# Update on DDS PBS Implementation

Chris Peltier, Christine Clifford, Emily Lauer & Maryjane Fellows



Please complete  
this **SESSION**  
**EVALUATION:**



<https://www.surveymonkey.com/r/DDSPBSUpdate>