

From Silos to Systems

Integrating Clinical & Operational Leadership within a PBS Framework



Riverside Community Care

Leading the Way in Behavioral Healthcare & Human Services

Who We Are



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40,000+

people served each year
across Massachusetts



118

Programs

75

Locations



59%

of leadership positions
held by women



1,700+

people work at Riverside



> 70%

of people served are
MassHealth members



43%

of staff identify as
people of color



95%

of survey respondents satisfied
with services received



\$140M

annual budget

The Boston Globe
**TOP PLACES
TO WORK 2025**

Who We Are: Developmental & Cognitive Services



Supporting adults with IDD, Autism, and ABI across Massachusetts



33 Residential Programs
(29 DDS, 4 MassAbility)



\$30M+ in DDS contract funding



400+ skilled, steady staff



25 Shared Living placements across
19 homes with 8 in development



700+ families engaged
through Family Support



Family Support Center (Burlington)
+ **2 Family Leadership contracts**



Clinical staff embedded in
9 DDS Area Offices



400+ individuals served across
Residential, Shared Living, IS, and BTS



2 Individual Support (IS)
and **2 Behavioral Treatment Services (BTS)** contracts

Objectives

- Share our PBS story from multiple perspectives
- Provide real life examples of barriers of integrating PBS and how we persevered
- Provide examples of timelines and resources to make PBS rollout accessible & integrated
- Demonstrate the systems and infrastructure enhancements and changes we chose that led to impactful progress
- Showcase our Living Systems Model and Toolkit



Pulse Check- Who Is in the Room?

How many leaders are here?

Executives?

Persons served?

Clinicians?

Managers?

Direct Support Professionals?

Administrators?

Other?



What Providers Are Navigating

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What We Are Navigating

- Increasing clinical complexity and acuity
- Workforce strain and turnover and uneven skillsets
- Systems built for compliance, not support
- And still, our systems are responsible for the quality of life people experience every day



What This Feels Like

- Staff overwhelmed by expectations
- Documentation feels disconnected from care
- PDs carrying too much
- Clinicians feel the burden of trying to hold PBS on their own
- Trainings happen without consistent follow through
- Leaders don't always have a clear view of what's happening in programs
- Good work is not sustained
- Creates conflict between operations & clinical

Where We Began



Clinical and operations run in parallel



PBS lives in the clinical space vs. culture



Program Directors are responsible for bridging the gap



Data is used for compliance, not decision-making



PBS Training \neq implementation

The Problem

What We Think the Problem Is

- Training
- Staffing levels and capacity
- Individual performance



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The Reality

- This is **NOT** a people problem – this is a systems problem
- Turnover is part of the system, so knowledge has to live in the system
- Skillsets will vary, so systems have to support consistent practice



A Need for Integration Was Identified

Where we started:

1. Infrastructure- reshape around PBS needs
2. Built the skills, structures, and support needed to carry PBS consistently
3. Understanding how to use our existing systems to work, with PBS infused systems
4. Finding the remaining gaps



PBS Vision

As PBS Leaders at Riverside, we envision a community where **kindness, safety, and belonging** are not just values, but our culture, by embedding these values in our daily interactions and systems of support.

Through trauma-informed, person-centered, and culturally responsive practices, we foster environments where staff and individuals served feel connected, empowered, and respected.

Our leadership is grounded in collaboration, data-informed decision-making, and a shared commitment to dignity. Together, we strive to build systems that promote wellness, support autonomy, and inspire meaningful lives for all.

Structural Change

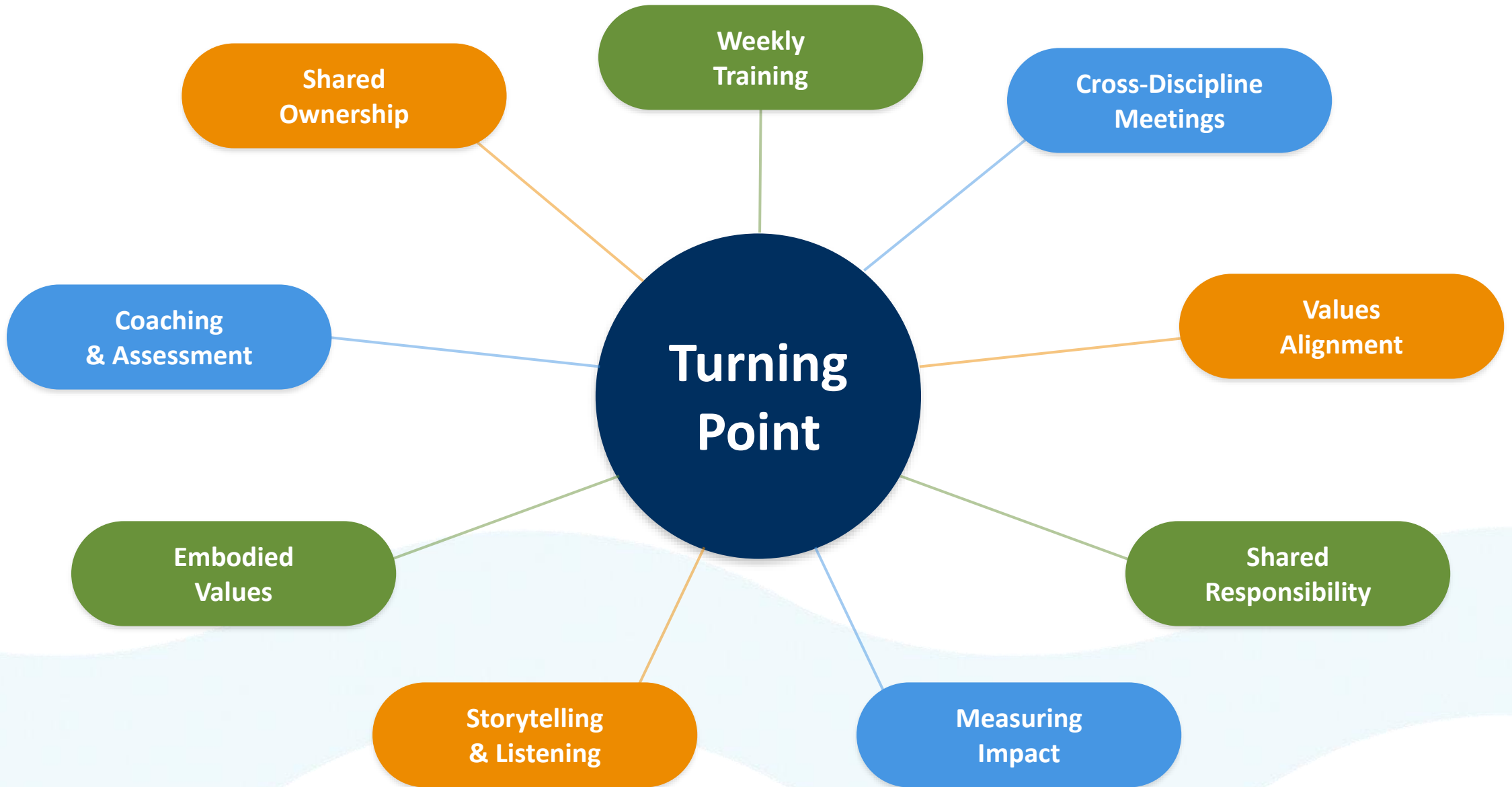
- Added AVP of Integrated Clinical Services
- Added Director of Training & Compliance

Building Capacity

- PBS centered across all roles
- Grew our clinical team and nursing team
- Once the infrastructure was enhanced and reconfigured we were able to make exponential gains in our development of PBS systems



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The PBS and RISE Framework: A Living Model

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Where Are You in Your PBS Journey?

Full Implementation Phase 6

In Progress

Just Beginning

Exploring, new to PBS

In your current role, is your voice being heard?

Do you have a specific barrier?

- Workforce, confusion on content, clinical concerns?



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What This Is

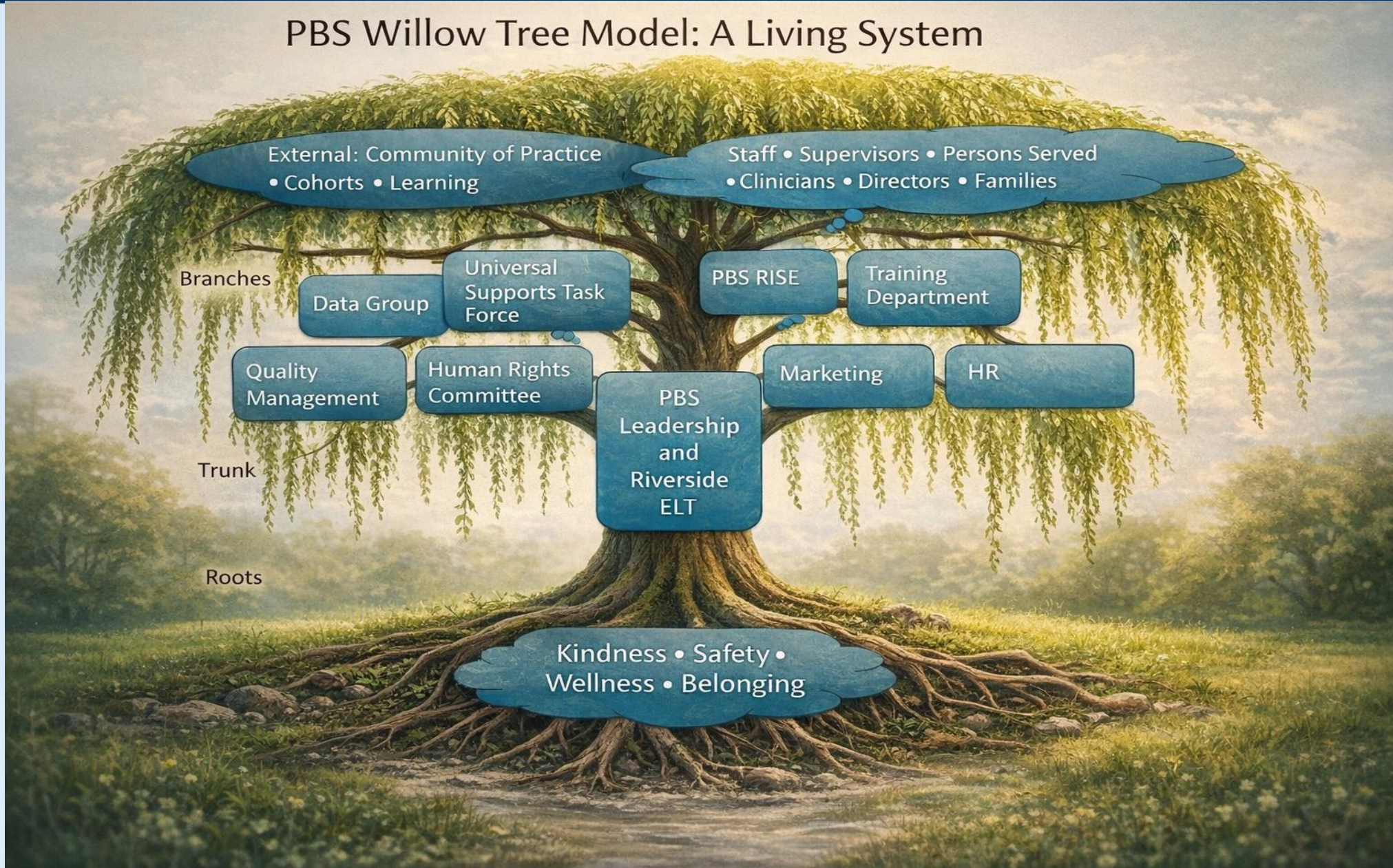


This is NOT a PBS 101 training

It's about...

- How we built systems to support PBS
- From checkboxes to culture

PBS Willow Tree Model: A Living System



Roots: Values

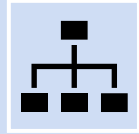
1. **Kindness**- We treat each other with care, respect, and a friendly attitude every day.
2. **Safety & Wellness**- We help each other feel safe, calm, and healthy in our bodies and minds.
3. **Belonging**- Everyone matters here- we listen, include each other, help one another and make our own choices. We engage in meaningful activities aligned with personal interests and goals.

Kindness • Safety •
Wellness • Belonging

Trunk: PBS Leadership Team Expansion

PBS
Leadership
and
Riverside
ELT

Kindness • Safety •
Wellness • Belonging



Intentionally restructured division leadership



PBS Leadership Team is diverse and represents all levels of service and roles



Aligns clinical and operations, ensures consistency across programs



Leadership presence on sub-committees

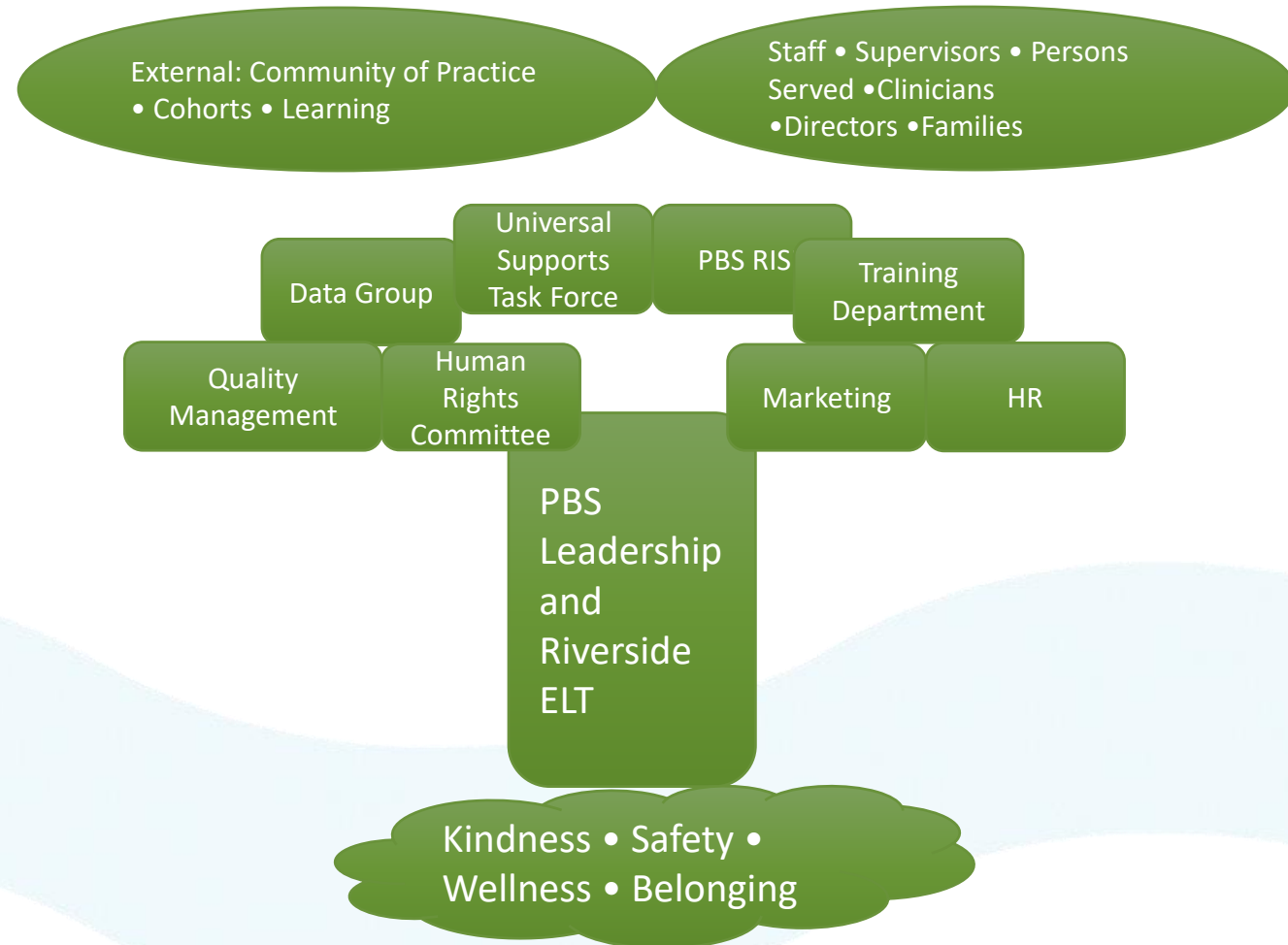
Branches: Systems



Canopy: Experience

Full integration of internal and external communities

- Staff
- Supervisors
- Clinical teams
- People supported
- Families
- External partners
- Broader community



NOURISH THE LIVING SYSTEM

Once the system was cultivated we could tend to it through:

- Communication enhancement
- Elevating person's served voices
- Empowering staff through training tools & more hands-on coaching opportunities
- Equity of representation
- PBS being more visible across all executive leadership through our:
 - Language
 - Actions



RISE Framework: PBS Universal Supports in Action

A progressive, value based, person-centered guide to kindness, wellness, safety, and belonging.

R

Rapport
Relationship
Reinforcement

I

Include the
Individual

S

Slow
Soft
Safe

E

Engage
Enrich

RISE as a System

Sub group of PBSLT

- Meets with multidisciplinary team to create training systems and supporting materials and workflows
- Partnering of clinicians and Site supervisors and PDs to disseminate accessible Evidence Based Practices to DSPs and Persons Served
- Monitored and assessed through QUIC assessments



The graphic is a vertical orange rectangle with a white border. At the top left is an orange hand icon. To its right, the words "RISE TOOLKIT" are written in large, bold, orange capital letters. Below this is a horizontal line. Under the line, a large orange letter "R" is followed by the words "Rapport & Relationships" in bold black text. Below that, in smaller black text, is "Staff actions that build trust and safety". Another horizontal line follows. Below the second line are five items, each with an orange icon and black text: 1. Hand icon: "Warm greetings"; 2. Goggles icon: "Strength spotting"; 3. Clapping hands icon: "Natural reinforcement"; 4. Checklist icon: "Following through"; 5. Two people icon: "Repairing ruptures". A final horizontal line is at the bottom. Below the last line, in black text, is "Clinician coaching prompts" followed by two lines of quotes: "How can I connect with this person?" and "How can I show kindness during hard moments?"

RISE TOOLKIT

R Rapport & Relationships
Staff actions that build trust and safety

-  Warm greetings
-  Strength spotting
-  Natural reinforcement
-  Following through
-  Repairing ruptures

Clinician coaching prompts
"How can I connect with this person?"
"How can I show kindness during hard moments?"

MEASUREMENT TO MEANING

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Training Integration



Expanded NEO



In-home follow-up



Supervisor fidelity
training

Data

- Quality of Universal Implementation Checklist (QUIC) fidelity scores

In relation to...

- Investigations- Case IQ
- Incident Reports- HCSIS
- Behavior Data
- Staff Retention- HR Reports
- Quality of Life Assessments & Satisfaction surveys

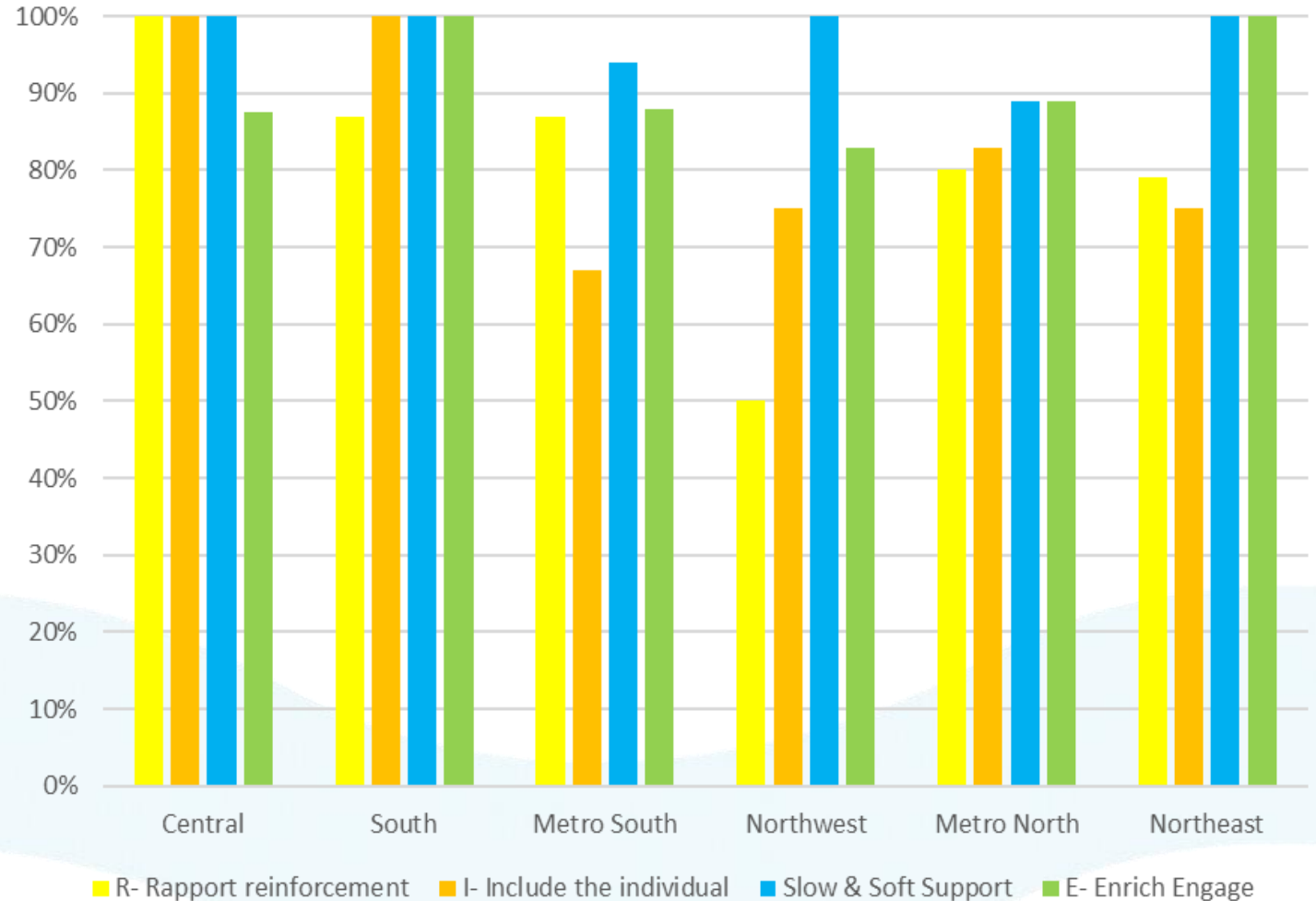
Having data is not the goal, using it to support meaningful change is



Data and Action Loop

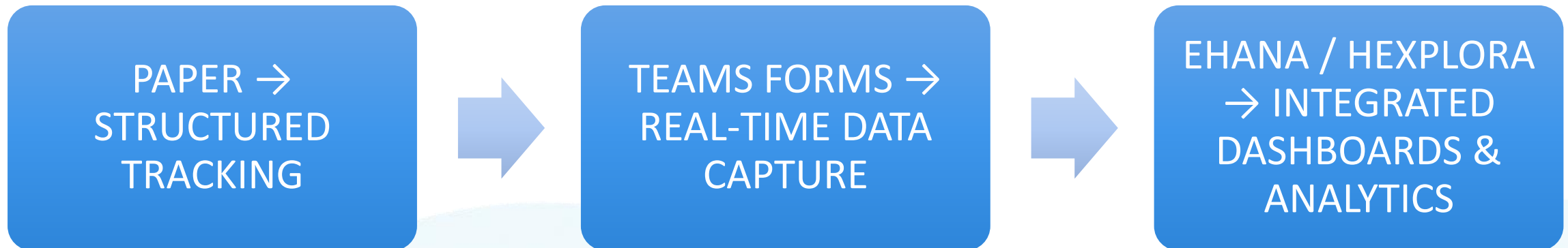
- Data is shared monthly
- Detect patterns of strengths & challenges in real time
- Adjusts supports & provided targeted training across specific areas of need
- Check to see if it works

QUIC Overview- April 2026



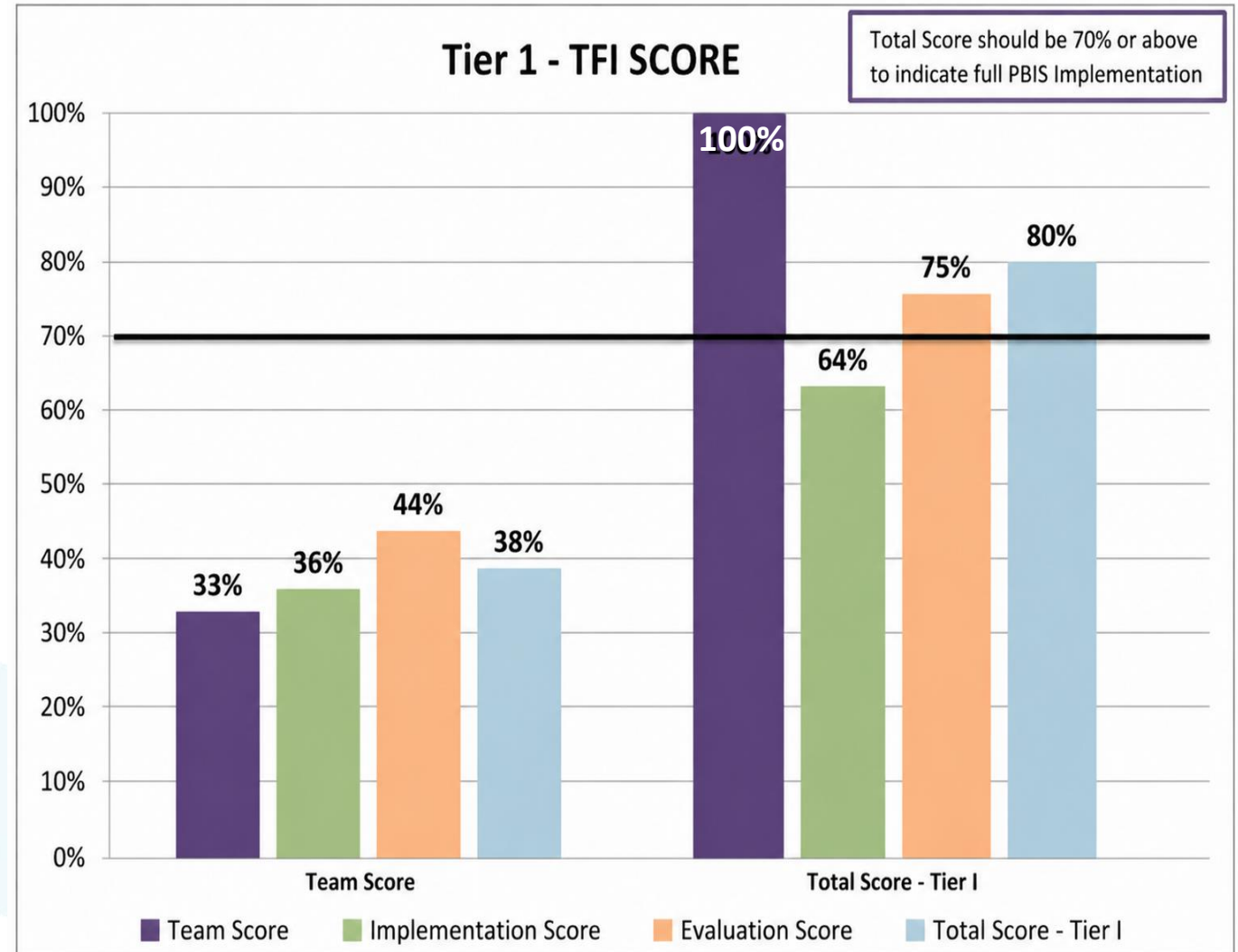
Technology as an Enabler- Not the Driver

We didn't wait for the perfect system—we built the system first, then layered in technology.



Outcomes

- Overall Treatment Fidelity Inventory (TFI) score 38% → 80%
- Timeframe: July 2024- December 2025
- Stronger Integration
- Improved staff engagement
- Better outcomes for the people we serve



How PBS Gets Embedded

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How PBS and RISE Live in Operations

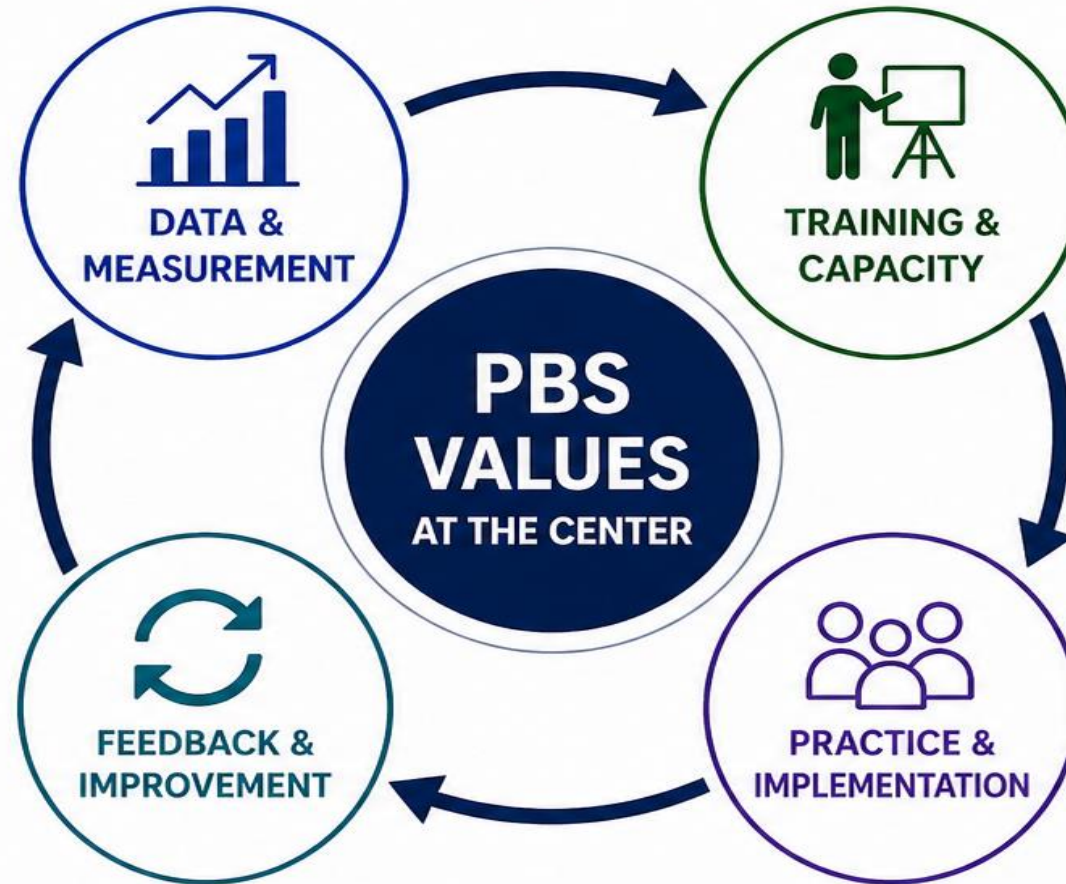
- Built into Standard Operating Procedures (SOPs) and daily workflows
- Many standing cross disciplinary meetings, where we are consistently reviewing where we are and the data, to drive continuous action and improvement

Result: Better consistency across staff and programs



OUR INTEGRATED PBS SYSTEM

A Continuous Cycle of Improvement

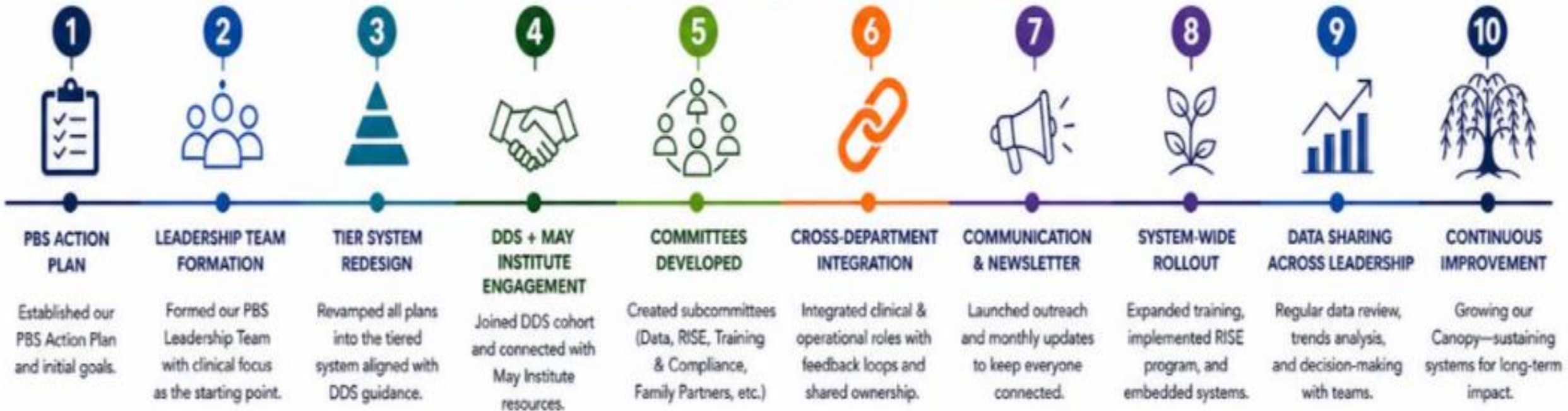


LIKE A WILLOW TREE, OUR SYSTEM REQUIRES CARE, CONNECTION, AND CONTINUOUS GROWTH.

Our roots are strong. Our branches are growing. Our canopy provides shade for all.

OUR JOURNEY: FROM SILOS TO SYSTEMS

A Timeline of Building Our PBS Infrastructure



RESULTS SO FAR:



TFI Score: ~33% → 80%+



Stronger Integration



Improved Staff Engagement



Better Outcomes for People We Support

Apply PBS to Your Organization

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WHERE DO YOU START?

A Decision Guide for Your PBS System

**WHERE IS YOUR
BIGGEST NEED?**

**NO CLINICAL
LEADERSHIP OR
BCBA SUPPORT**



Partner with community
resources or DDS
cohorts



Build clinical capacity
gradually



Use available PBS tools
& coaching supports

**STRONG TRAINING
BUT NO DATA
SYSTEM**



Build simple tracking
systems



Start with 1–2 key
measures



Use existing data
sources (Case IQ,
HCIS, etc.)

**STRONG DATA
BUT LOW BUY-IN
OR CULTURE**



Focus on values
& communication



Share stories &
celebrate wins



Engage staff in
RISE & leadership
opportunities

**STRONG CLINICAL
BUT SILOED
OPERATIONS**



Create cross-functional
teams



Establish feedback
loops



Align goals and shared
accountability

**NOT SURE
WHERE TO
BEGIN?**



Start with a PBS
leadership team



Conduct a TFI
assessment



Use resources &
cohorts to guide
next steps

Think About

Where is PBS currently talked about or trained?

Where does PBS show up in day to day operations?

Where is PBS not showing up at all?

What systems are shaping day to day practice without PBS?



When This Works

- Leaders see patterns in real time
- Staff feel supported
- Data becomes meaningful
- Decisions become proactive



Resources



What you will find:

- This Presentation
- [Riverside PBS Systems Starter Toolkit](#)
- [Example](#) – Announcement & Information Dissemination SOP
- [PBS Rollout External Reference Guide](#)

Questions?



**Thank you for your participation!
Please reach out with questions!**

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