

Riverside Community Care



Leading the Way in Behavioral Healthcare & Human Services

The PBS Systems Starter Kit

A practical guide to embedding Positive Behavioral Supports (PBS) into leadership, operations, and data systems

WORKSHOP TOOLKIT

Sarah Macri, Vice President

Maggie Marino, Assistant Vice President

Erin Masoero, Director of Training and Compliance

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HOW TO USE THIS TOOLKIT

This toolkit helps you move beyond PBS training and embed Positive Behavioral Supports (PBS) into the systems that drive daily practice.

Choose one starting point, map what's happening now, and identify a 30-day test.

Training matters, but it does not create consistency on its own. Systems do.

Use this toolkit to:

- Describe how your current system operates (as it functions today)
- Identify where PBS is embedded and where gaps remain
- Select one system to strengthen first
- Build structures that support consistent practice over time
- Leave with one concrete next step to test within 30 days

Do not try to build everything at once. Build one system well, then build the next.

Start small. Learn quickly. Scale what works.

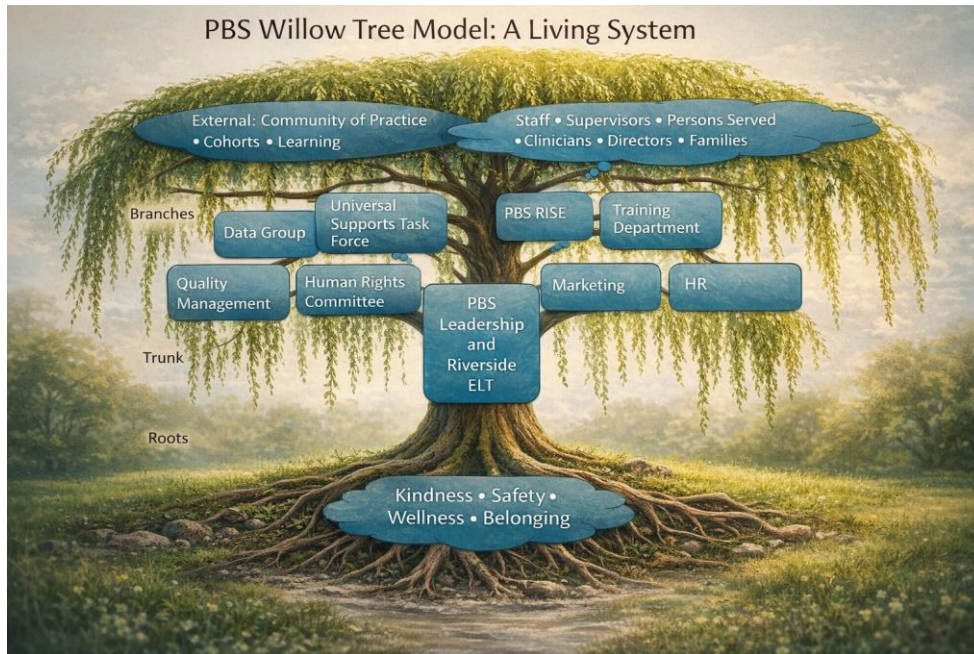
**Build the system that makes the right thing easy.
People experience our systems, not our intentions.**

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THE PBS SYSTEM MODEL

PBS is a system.



A healthy PBS system is built through alignment across four levels:

Level	What it represents
Roots	Values that guide decision-making Examples: kindness, safety, wellness, belonging
Trunk	Leadership that holds direction and consistency Examples: clinical and operational alignment
Branches	Systems that shape daily practice Examples: data, training, supervision, human rights, quality management
Canopy	The lived experience of the system Examples: staff, supervisors, individuals, families

This toolkit will help you build each part of the system intentionally.

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WHERE DOES PBS LIVE IN YOUR SYSTEM?

Use this worksheet to reflect on the current state of PBS within your organization. Write specific examples: people, processes, routines, tools, and decision points.

Reflection prompt

Notes / examples

Where is PBS clearly visible
in your organization?

Where is PBS missing or
inconsistent?

Where do you see the
same issue showing up
repeatedly?

What systems are working?

Where are staff relying on
individual effort instead of
system support?

Optional: As you reflect, note which level(s) each example relates to **Roots, Trunk, Branches,** and/or **Canopy**.

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START WITH ONE SYSTEM

Choose a system that directly shapes daily staff behavior.

System

Current state

What is happening now?

Intended function

What should this system do?

Expected staff behavior

What do you want staff to do consistently?

Barriers

What is getting in the way?

How you'll know it's working

What will you see, measure, or hear?

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TURNING DATA INTO DECISIONS

Data should help you understand what is happening and drive action. If your data is not changing decisions, it is only documenting problems.

What data are you currently collecting?

What patterns are you noticing?

Who reviews this data?

What decisions are made from this data?

How do you know if those decisions are working?

Data should not only document what happened, it should help you decide what to do next.

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FROM IDEA TO PRACTICE (SOP BUILDER)

Use this to translate one system into a Standard Operating Procedure (SOP).

If a system is not defined in practice, it will vary by person, program, and shift. Clarity creates consistency.

This tool helps you move from idea → expectation → daily practice.

Step 1 - Define the Purpose of the System - What is this system designed to do? What outcome should it create?

Step 2 - Define the Critical Actions - What are the 3–5 actions that must happen every time?

Step 3 - Define Roles and Responsibilities - Who is responsible for each part of the process? (Think: direct care staff, supervisors, clinical, leadership)

Step 4: Define When and How It Happens - When does this system get used? What triggers it? What is the expected timing?

Step 5: Define How It Is Reinforced - How will leaders know this is happening?

Step 6: Define What Data Will Be Used - What will you track to understand if this system is working?

If it is not clear, it will not be consistent.
If it is not reinforced, it will not be sustained.
If it is not visible it will not be used.

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SOP Quick Builder (Optional Tool)

Use this to translate one workflow into clear, consistent practice - This is not meant to be a full policy. It is a simple way to define expectations so they can be carried out consistently across staff, programs, and shifts.

Workflow Name - What workflow are you building or strengthening?

Purpose - What is this workflow designed to do? What outcome should it create?

Expected Staff Actions (3 key actions) - What should staff do every time?

1	
2	
3	

When and How It Happens - When does this workflow get used? What triggers it? What is the expected timing?

Roles and Responsibilities - Who is responsible for each part of this workflow?

How It Is Reinforced - How will leaders know this is happening? How will it be monitored or reinforced in supervision or meetings?

What Data Will Be Used - What will you track to understand if this workflow is working?

WHY TRAINING ALONE DOES NOT STICK

Training provides exposure. Systems create consistency.

Most organizations are strong in training, but few are strong in transfer.

Training	Transfer	System Support
What staff are taught	What staff actually do	What ensures it happens every day

What are you training staff to do?

What do you see happening in practice?

What system should support this consistently?

If PBS lives only in training, it disappears with turnover.

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WHO HOLDS THE SYSTEM

A strong system will not hold without clear leadership alignment. If leadership is not aligned, the system will not be consistent.

Who is responsible for PBS in your organization?

Where do clinical and operational leadership connect?

Where are key decisions made?

How are expectations reinforced?

How is accountability maintained?

Leadership creates consistency across the system.

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WHAT SHOULD YOU BE TRACKING?

Start simple. Focus on a few meaningful indicators. If you track too much, you will use none of it.

Select three to five areas to track:

1. Incidents and patterns
 2. Quality of life indicators
 3. Staff implementation of practices
 4. Trends over time
-

What will you track?

How will this data be reviewed and used?

If PBS is not visible here, it is not part of your system.

Focus on consistency, not perfection.

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YOUR NEXT STEP

One system I will focus on:

One barrier I need to address:

One person I need to engage:

**One action I will take in the next
two weeks:**

Start with one system. Then build the next.

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