



Positive Behavior Intervention and Support and Comprehensive School and Community Treatment Process Document

Site Name _____ Date: _____

Directions: Evaluate your school's engagement in the PBIS/CSCT process by having a School-wide Evaluation Tool (SET) conducted, **OR** submit the required documentation as listed in Method of Documentation.

	Site Can Document	Method of Documentation
	<p>Evidence-Based Practices:</p> <ul style="list-style-type: none"> • <i>Universal expectations in place (PBIS)</i> • <i>Universal expectations taught with fidelity (PBIS)</i> • <i>Reinforcement/reward system (PBIS)</i> • <i>CSCT personnel in building are providing cross mental health training with school staff</i> • <i>CSCT staff are given the opportunity to train school staff during in-service days at least once/year</i> • <i>School administrators are informed of school's responsibilities as mental health/Medicaid providers (CSCT)</i> • <i>Schools understand Medicaid billing and documentation requirements (CSCT)</i> • <i>School administrator actively participates in writing annual reports on effectiveness of CSCT</i> • <i>School has received notification of CSCT rules about PBIS requirements from Licensed Mental Health Centers</i> 	<p>Site can elect to have a School-wide Evaluation Tool (SET) conducted to document their PBIS process, OR submit the following documentation for each PBIS requirement. CSCT data must be submitted as requested in Method of Documentation.</p> <ul style="list-style-type: none"> • Written description of 3-5 universal behavior expectations • Documentation that lessons are taught throughout the year (calendar, teaching schedule, minutes, or agendas) • Written description of reinforcement system AND example of reinforcement/reward "ticket" • Meeting minutes/agenda • Meeting minutes/agendas • Training/workshop agenda or meeting minutes • Submit date and location biller attended Xerox provider training • Submit annual report to DPPHS • Copy of notification
	<p>PBIS School-wide Team is in Place</p> <ul style="list-style-type: none"> • <i>There is a PBIS school-wide team and identified team facilitator</i> 	<ul style="list-style-type: none"> • Submit roster of team members and name of identified team facilitator

<ul style="list-style-type: none"> • <i>Administrator attends PBIS team meetings regularly</i> • <i>PBIS team meets regularly (at least monthly)</i> • <i>Licensed Mental Health Centers are communicating with school administrators about the teaming and referral process (CSCT)</i> • <i>The "referral team" (Tier 2/3 team) includes a CSCT therapist, a school administrator, and a school counselor</i> • <i>The "referral team" (Tier 2.3 team) considers all referrals to mental health services, not just CSCT</i> • <i>Teachers are included in treatment team planning as deemed appropriate by the youth and families served (CSCT)</i> 	<ul style="list-style-type: none"> • Submit PBIS team meeting minutes with attendees identified • Submit schedule of PBIS team meetings or team meeting minutes • Submit minutes documenting communication • Submit "referral team" roster with team member job positions identified • Submit documentation evidencing non-CSCT referrals • Submit team meeting minutes with attendees and positions identified
<p>Data-based Decision Making</p> <ul style="list-style-type: none"> • <i>Problem-solving process model is utilized for problem-solving and decision-making</i> • <i>Data collection system is in place for recording behavioral data</i> 	<ul style="list-style-type: none"> • Submit description of problem-solving model • Name of/or written description of data collection system