

**Evidence-Based Treatment Services
For At-risk Youth and/or their Families**

SOQ #22-044

**A response prepared for
Jefferson Parish
Louisiana**

SUBMITTED BY:



**NATIONAL YOUTH
ADVOCATE PROGRAM**

Caring for People, Connecting Communities, Promoting Peace

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Organizational History and Philosophy

National Youth Advocate Program, Inc. (NYAP) is a not for profit youth and family advocacy organization that has provided home and community-based services and support to children, youth and families since 1978. Our philosophical orientation is rooted in an ecological family systems approach, which is the essential foundation for all of our services, and our vision is to foster independence through sustainable, family-centered programs. *Advocacy on behalf of families and children is central to our organizational philosophy as demonstrated by our name and how we work with families.* We steadfastly believe that if we do our work well, children and families can live together safely and successfully in their own homes and communities. The provision of evidence-based, trauma informed programming supports NYAP's organizational mission, vision and values, and we look forward to potential discussions about expanding our Louisiana programming to Jefferson Parish.

NYAP provides a diverse array of programming to families involved in the child welfare, juvenile justice, and other public agency systems in Ohio, West Virginia, Illinois, Indiana, Georgia, South Carolina, Florida, Kentucky, Louisiana and Nevada. NYAP is a COA accredited, trauma competent organization, providing a wide continuum of care rooted in best and evidence based practice that includes family intervention and wraparound supports, restorative justice programs, foster care, emergency shelter care, behavioral health services, and a myriad of other community strengthening programs. The company is supported by a well-established corporate infrastructure which has decades of experience with program development, implementation and operations, including evidence-based practices implementation. Our corporate headquarters in Columbus, Ohio provides centralized administrative support services for quality assurance, risk management, human resources, training and education, accounting, IT support and marketing. Our largest service line nationally is comprised of foster care services, and NYAP has provided foster care via contract with the Department of Child and Family Services in the Baton Rouge, Louisiana area since 2019. This year, we opened a second office location in Metairie, where we have begun recruiting foster homes for unaccompanied minors, serving mainly Hispanic/Latino families.

In response to the need for evidence-based programming in Jefferson Parish, NYAP would like to leverage our years of experience in the field and be part of the solution. Not only do we possess experience and expertise in providing many of the evidence-based treatment services listed on the SOQ, we have a history of implementing evidence-based practices with fidelity, successfully achieving outcomes such as reducing recidivism, improving youth and family functioning, reducing substance misuse, and allowing youth to remain safely at home in their own communities. This response highlights our qualifications to provide Functional Family Therapy programming and/or one of our own programs for at-risk youth, CANEI or PASS-PSB. For more information about NYAP, please visit our website at www.nyap.org.

1. Demonstrated ability to provide evidence-based programs, which includes completion of training, certification, and adherence to program fidelity of evidence-based programs targeted to the specific needs of at-risk youth and/or their families.

Given our long history, NYAP has a great deal of experience with evidence-based practices. Some general examples are provided immediately below, followed by more in-depth summaries of our experience with the specific program types selected for this response: FFT, CANEI and PASS-PSB. All of the following models and treatment methods have prescribed training and/or certification requirements. Our experience has taught us that the keys to fidelity adherence and program success are robust initial and ongoing training, and close supervision including consultation with industry experts when indicated and prescribed by the model.

Trauma-Focused Cognitive Behavioral Therapy. In 2009, NYAP launched an organization-wide comprehensive training initiative around Trauma Informed Care (TIC) and Trauma Focused-Cognitive Behavioral Treatment (TF-CBT) to shape our daily practice and guide service delivery. TF-CBT has a 25-year history and is rated *well supported* by the California Evidence-Based Clearinghouse for Child Welfare. All Therapists undergo clinician certification that involves an 18-month process of on-site/on-line training, monthly consultation, and two formalized case presentations and testing. Participants attend a two-day training led by an approved trainer, participate in at least nine consultation calls, and complete at least three full cases of TF-CBT with all components completed. NYAP has an agreement with national expert who is a Certified Trauma Focused Cognitive Behavioral Therapist and provides ongoing organizational consultation to NYAP's staff who are providing TF-CBT. Through monthly consultation, she helps to provide oversight for our overall fidelity to the TF-CBT model, ensuring that our policies, procedures, treatment tools and forms are trauma informed.

Brief Strategic Family Therapy. BSFT is an evidence-based intervention program for families of children age 6-18 with behavior problems. The model uses a structured, problem-focused, directive and practical approach to the treatment of child and adolescent conduct problems such as drug use, associations with antisocial peers, truancy, bullying, and other recognized risk factors. The program is recognized as *well supported* by the Title IV-E Clearinghouse and has been rated *effective* by the OJJDP, SAMHSA, the National Institute on Drug Abuse, and more. NYAP currently operates BSFT programming at multiple sites in two states, South Carolina and Florida. In South Carolina, training implementation funding was awarded via a statewide competitive procurement issued by the South Carolina Department of Social Services (DSS) in fall 2020. The program currently serves three regions in the state. Its primary purpose is to provide empirically based, intensive in-home services with the goal of strengthening the family and preventing further occurrence of abuse or neglect, thereby helping DSS avoid costlier levels of care.

In Florida, training implementation, coaching and fidelity monitoring costs for BSFT were awarded via two separate statewide competitive procurements issued by a behavioral health managed care entity. The program serves three regions in the state with the goal of improving behavioral health and placement stability outcomes for children and youth in the child welfare system. In order to maintain our licensed sites in two states, NYAP participates in fidelity activities required for the BSFT model, including the comprehensive, multi-year BSFT training plan for full competency and site licensing, initial training, weekly supervision, concluding workshops, competency panel and the ongoing fidelity adherence program.

NYAP's BSFT Therapists undergo adherence/fidelity supervision and a yearly Panel review; BSFT therapists must adhere to this treatment model to assure fidelity and, thus, successful outcomes.

Motivational Interviewing. In the state of Indiana, NYAP implemented a 3-month Motivational Interviewing (MI) training program to equip direct staff persons and leadership with MI skills on basic, advanced and supervisory levels. MI is a method of counseling that can be especially helpful when working with clients who are difficult to engage; it is designed to promote behavior change and improve physiological, psychological, and lifestyle outcomes, and its recognized as an evidence-supported method on the Title IV-E Clearinghouse. In Indiana, 30 of NYAP's clinical staff received basic and advanced MI training, and 10 staff were selected to receive supervisory training; training was led by members of MINT (Motivational Interviewing Network of Trainers). NYAP's Senior Director of Program Excellence, Emily Lindley, completed a six-month program on MI, including basic, advanced and supervisory level training and was trained as a trainer in the model. Ms. Lindley is in charge of ensuring fidelity to MI program constructs and is available to train additional staff in MI techniques. In fact, evidence-based MI techniques are integrated into many of our programs including CANEI and PASS-PSB.

Functional Family Therapy. NYAP currently operates FFT Programs in two states, West Virginia and Ohio, with multiple program sites in each state. West Virginia is the older of our two programs and has operated for approximately five years. The primary target population is youth between the ages of 11-18 with a diagnosed behavioral health disorder who are at risk of being placed outside of the home due to their behavior, but as a secondary focus, the program may also serve youth who are transitioning from out of home placement back into their community. NYAP contracts with the West Virginia Department of Health and Human Resources to provide FFT. We began as one of eleven FFT providers in the state of West Virginia and we are now the sole provider, largely due to our success in engaging families and ensuring model fidelity. To date, the program has served over 150 families and has a successful completion rate of over 80%, which is above the national average.

In Ohio, the state Department of Job and Family Services utilized funding made available because of the Family First Prevention Services Act to issue a Request for Proposals for providers to pilot evidence-based programming in select areas of the state. NYAP was awarded funding to pilot FFT in the Toledo area. Staff hiring, training and initial implementation of the program coincided with the onset of the Covid-19 pandemic and therefore faced several challenges and delays. However, the Toledo site is now fully staffed with three Therapists serving approximately 20 families at any given time. Earlier this year, NYAP responded to a second RFP and was awarded an additional round of funding to expand our FFT programming to other areas of Ohio, including the Cincinnati area and Starke/Canton in the northeast portion of the state. Hiring and training of FFT Therapists for these new sites is occurring at the time of this writing. The target population of youth for our Ohio FFT programming is youth who are at high risk of placement outside the home due to their behavior, although the program does have the capability to serve youth who are reunifying with family and who need additional support in order to be safe and successful.

NYAP delivers FFT according to the delivery method outlined by the program's model developer. Fidelity to the FFT model is critical in that it has been correlated with positive outcomes in a number of independent studies¹. When beginning a new FFT program, the model calls for a one-day on-site

¹ FFT Research Table 2019, provided to NYAP by FFT LLC January 2021

Implementation/ Assessment Training, which includes an overview for referral agents, stakeholders, funders and agency staff. *The importance of this initial introduction to FFT cannot be understated*; in fact, NYAP has found that community education (both at program outset and on an ongoing basis) is critical to helping the community understand FFT's family-systems oriented philosophy and to ensure that referral sources are educated about the appropriate target population for FFT.

FFT trains groups of 3-8 clinicians who function as a team but see families individually. For all new FFT therapists, clinical training is on-site and introduces therapists to FFT core constructs, phases, assessment and intervention techniques. Didactic materials include handouts and DVD examples of FFT sessions. This training typically occurs within two weeks after the Implementation/Assessment training. Therapists will use the FFT Model, Assessment protocols and the Clinical Service System. To apply training, therapists begin seeing cases immediately after completing the Initial Clinical Training. Therapists typically begin with a caseload of 5-7 families and gradually ramp up to serving a full caseload of about 10 families. Therapists provide services at times convenient for families, including evenings and weekends.

NYAP hires Masters Level Therapists to provide FFT. In the second year of training, a Masters level site supervisor is selected from the team to be trained to provide consultation directly to the team. Although we have the capability to deliver telehealth services, NYAP prefers to deliver FFT in person as a home-based model. FFT intervention ranges from, on average, 8 to 12 one-hour sessions for mild cases and up to 30 sessions of direct service for more difficult situations. In most programs, sessions are spread over a three-month period.

Treatment fidelity and model adherence are central to effective outcomes in Functional Family Therapy. FFT LLC provides site support to NYAP throughout all phases of program startup and operation. Training activities involve workshops, online advanced training, and weekly case consultation with an FFT Consultant in Phase 1, supervisors training and consultation in Phase 2 and beyond, plus demonstration/practice workshops. FFT includes intensive procedures for monitoring quality of implementation on a continuous basis. Information is captured from multiple perspectives (family members, therapists, and clinical supervisors). The two measures that are utilized to represent therapist fidelity to the model are the Weekly Supervision Checklist and the Global Therapist Rating. Implementation occurs in phases so that as local capacity grows, the FFT consultants move in to a broader oversight role. The training protocol for FFT has been independently evaluated numerous times in the past decade and has shown the ability to achieve fidelity and outcomes. NYAP would follow this same prescribed training and fidelity protocol when implementing FFT in Jefferson Parish, Louisiana.

Constant and Never Ending Improvement (CANEI). CANEI is NYAP's own program, developed to respond to the urgent need for community-based services for at risk youth ages 12-18 who come to the attention of the delinquency and/or dependency system. The program design has evolved over time to meet the changing needs of youth, families and communities while keeping pace with current evidence-based practices. CANEI programming effects youth behavior change by facilitating personal development through improved skills, relationships, self-awareness and insight.

The CANEI program has four domains that form the basis of program design: family, community, education and purposeful life. Each domain contains a set of core concepts that are necessary pieces of the program, as well as several other elements that are flexible, depending on the needs of the individual youth and family. CANEI programming incorporates approved modalities as per the Office of Juvenile Justice and Delinquency Prevention National Resource Center and Clearinghouse, Title IV-E Prevention

Services Clearinghouse, Blueprints for Healthy Development Certified Model Program and the California Evidence-Based Clearinghouse for Child Welfare (CEBC).

The length of CANEI programming is based on a determination of level of care and may include individual, family and group components. The program is comprised of 16 prescribed lessons that form a curriculum specifically designed for this target population, and topics can be covered in group or individually depending on client needs. Treatment composition and duration is based on the assessed needs of the youth and family served, contractual requirements and/or court orders. The CANEI curriculum has latitude to titrate treatment based on a determination of a level of care. Youth are screened using a standardized dimensions level of care tool. Elements used to determine level of care include adjudication status; victim characteristics; co-morbid mental health and substance use conditions; empathy; cognitive capacity; motivation for change; number/frequency of episodes of maladaptive behavior; motivation for change; and peer relationships. The CANEI dimensions tool also includes consideration of caregiver capacity. These considerations can serve as either protective or risk factors that may influence the optimal level of care for a given youth. NYAP and the CANEI program regards the assessment process as a collaborative interaction between an assessor and the youth, family and collateral members of the youth's past or current treatment team.

CANEI levels of care range from Level 1 (least intensive) to Level 3 (most intensive). Level one treatment is designed for youth with low-acuity needs. Youth best helped by this level of care typically have limited behavior related episodes and/or episodes related to maladaptive behaviors. They typically have a positive support system and are motivated for change. It is recommended that level one treatment is provided weekly for three- to four- months, and may consist of group or individual psychoeducation sessions. Level two treatment is designed for youth whose primary needs are best addressed in individual and family therapy. Youth assessed for level two treatment typically have engaged in illegal behavior and/or an episode of aggressive behavior involving a direct victim. Mild co-morbid mental health or substance use symptoms may exist. Motivation for change may be moderate or intermittent. It is recommended that level two treatment is provided up to twice weekly through a combination of individual and family sessions. The duration of treatment is approximately 6 months. Level three treatment is designed for youth whose primary needs are best addressed with a combination of individual, family and group treatment. Youth assessed for level three treatment typically have engaged in multiple episodes of illegal and/or aggressive behaviors involving multiple direct victims. These youth often lack insight to the potential impact of their behaviors and have no motivation for change. Co-morbid mental health and/or substance symptoms may exist. It is recommended that level three treatment consist of group, individual and family sessions. In addition to weekly group, treatment would typically include four individual and a minimum of two family sessions per month. The duration of treatment is 6 to 9 months and may include additional aftercare services.

CANEI providers are appropriately credentialed Treatment Coordinators (TCs) or Community Support Individuals (CSIs), clinicians and licensed clinical supervisors. Caseload sizes are maintained at 12 or less to allow for intensive, individualized service delivery. CANEI providers work in the community with referred youth and their identified family system, including their family of origin, adoptive family, kinship family or foster parent(s). Program components include fixed and flexible elements as well as administrative processes such as admission, comprehensive assessment, treatment planning, 24/7 crisis response, and aftercare preparation designed to meet the needs of CANEI youth and families.

CANEI staff are specifically recruited for their experience in serving challenging children and families, their ability to be flexible, and their compassionate and non-judgmental nature. In staffing the CANEI program, NYAP hires staff who are representative of the population being served in the community, while recognizing that just because an individual represents one cultural or ethnic group does not mean that he or she is sensitive to all issues of that group. NYAP's cultural diversity training for staff includes instruction in language, ethnic background, gender, sexual orientation, spiritual or religious beliefs, attitudes toward healing, family systems, social norms and physical and emotional disabilities. NYAP also recognizes that there are definite behavioral and social differences between male and female offenders that require different treatment strategies. In-service training on contemporary theoretical perspectives on females' particular pathways into the criminal justice system is provided, including training on relational theory and trauma theory.

Therapists make use of several evidence based practice modalities for this population, including but not limited to:

- Cognitive Behavioral Therapy
- Dialectical Behavioral Therapy
- Motivational Interviewing
- Aggression Replacement Therapy

NYAP currently provides CANEI in Ohio as part of a contract with Franklin County Children's Services, and in Illinois under a contract with the Department of Juvenile Justice for services to some of the most challenging youth in the Chicago suburbs. NYAP has also provided CANEI in Florida since 2013 via contracts with local child welfare organizations, serving youth who are involved in the dependency and/or delinquency systems. In 2015, CANEI was nationally recognized as an "evidence promising" program by SAMHSA's National Registry of Evidence-based Programs and Practices. Currently, NYAP's CANEI program in its entirety is in review by the Title IV-E Prevention Services Clearinghouse.

As with any evidence-informed program, comprehensive training and consistent ongoing supervision are key to ensuring fidelity to the CANEI model. CANEI staff receive training in topics including but not limited to: the CANEI program manual; group curriculum; tools, assessments and data outcomes; CFT meetings and wraparound practice; engaging natural supports; risk assessment and safety planning; and best practices in case management. Weekly case supervision is provided by the Master's Level CANEI Program Manager during both group and individual meetings with CANEI staff. The Program Manager also provides monthly shadowing, including a minimum of one shadowing session per staff per month across program components. At a minimum, sessions shadowed include group sessions and CFT meetings. The Program Manager uses standardized feedback tools to ensure fidelity to the CANEI model and values.

Practicing Alternative and Safe Solutions for Problematic Sexual Behaviors (PASS-PSB). PASS-PSB is another of NYAP's own programs, inspired by a commitment to strengths-based, community held treatment for youth who may otherwise end up institutionalized because of their problematic sexual behaviors. PASS-PSB is a 9- to 12-month intensive treatment program that can be used as a first line treatment intervention, a diversion program, or an aftercare program for youth returning home from a higher level of care. PASS-PSB promotes the treatment of youth and families in the lowest level possible of effective community based care in accordance with trauma-informed research and best practices. The ultimate goal of the program is to prevent recidivism by cognitively restructuring the ways youth think about and understand safe, consensual sexual behavior. Youth who complete the PASS-PSB program gain

insight into their cognitive distortions and thinking errors thereby engendering victim empathy and self-awareness. Developing new ways of thinking and behaving allows youth to live productively in their own communities without compromising the safety of others.

The PASS-PSB program is designed to serve youth whose primary needs can be addressed with individual, family and group therapy along with an intensive community and home-based component designed to provide the highest level of safety while allowing the youth to remain at home. Youth appropriate for this level of treatment have typically been adjudicated, perhaps multiple times. Their victim choice may have been indiscriminate and they may have targeted vulnerable populations. Youth served by PASS-PSB typically demonstrate low levels of motivation for change and insight, with pervasive patterns of thinking errors present. Remorse is typically low or absent, and severe co-morbid mental health or substance abuse conditions may exist.

All youth and families served receive immediate risk assessment and safety planning, followed by a comprehensive, individualized, culturally responsive, strengths-based assessment utilizing standardized assessment instruments with demonstrated reliability that are specific to this unique population. Nonsexual risk history is also assessed because of the predictive nature of such behaviors. The results of these assessments drive treatment plan development; plans are developed with the youth and family, not for the youth and family, ensuring family voice and choice in all treatment decisions.

PASS-PSB programming focuses on three critical life domain areas: family, community and purposeful life. Within each domain, both fixed and flexible program elements are identified to allow for individualization in program delivery. Fixed program elements are essential to program components, and as such, are implemented with all youth and families according to assessed need. Flexible program elements are strategies and interventions that may be used with specific youth and families based on identified strengths and needs, as well as family preference. Program components include individual, family and (in most cases) group sessions. The PASS-PSB curriculum was created with the latitude to titrate treatment based on a determination of a level of care. Youth are screened using the PASS-PSB Dimensions level of care tool. Elements used to determine level of care include adjudication status; victim characteristics; degree of physical contact with victim(s); co-morbid mental health and substance use conditions; degree of planning; use of coercion/manipulation or force; number of episodes; motivation for change; life domain functioning; and presence or severity of thinking errors. The PASS-PSB Dimensions tool also includes consideration of caregiver capacity. These considerations can serve as either protective or risk factors that may influence the optimal level of care for a given youth. PASS-PSB regards the assessment process as a collaborative interaction between an assessor and the youth, family and collateral members of the youth's past or current treatment team.

The following evidence-based practices are incorporated in the foundation of the written group and individual PASS-PSB curriculum based on documented efficacy for use with youth with problematic sexual behaviors:

- Dialectic Behavior Therapy (DBT)
- Mode Deactivation Therapy (MDT)
- Motivational Interviewing
- Neurosequential Model of Therapeutics (NMT)
- Problematic Sexual Behaviors Cognitive-Behavioral Therapy (PSB-CBT)
- Risk, Need, Responsivity (RNR) program

PASS-PSB services and treatment are delivered by an appropriately credentialed Therapist who is responsible for conducting individual and family therapy and co-facilitating groups. NYAP's PASS-PSB Therapists are Masters level or higher and are CSAYC certified (Credentialed Sexually Abusive Youth Clinician) through IN-AJSOP. CSAYC certification is a comprehensive process that involves attendance at a one-week training, ongoing oversight via model fidelity calls, and completion of a field instruction experience at the clinician's work site or an alternative site. The entire certification process takes up to one year. In addition to NYAP pre-service and in-service training, all PASS-PSB Therapists receive advanced training, both didactic and experiential, specific to working with youth with problematic sexual behaviors and their families. PASS-PSB providers work with youth and their identified family system, including family of origin, adoptive family, kinship family or foster caregiver. Caseload sizes are maintained at a level that allows for intensive, individualized service delivery.

In order to ensure fidelity to the PASS-PSB model, weekly individual and/or group clinical supervision is provided by appropriately credentialed Masters level clinicians. Supervisors also provide regular shadowing, a minimum of one shadowing session per provider, at least annually across program components. Additional shadowing sessions may be completed based on the needs and skill level of the provider. Supervisors use standardized feedback tools to ensure fidelity to the PASS-PSB model and values. Model fidelity is further reinforced through program oversight by PASS-PSB Model Fidelity supervisors. Fidelity supervisors conduct regular calls with program leaders to celebrate successes and resolve challenges with implementation.

NYAP currently operates PASS-PSB in Ohio, Indiana and West Virginia. NYAP is in pursuit of **Promising/Supported/Well-Supported Practice** status with the Title IV-E Prevention Services Clearinghouse programs for PASS-PSB.

- 2. Rationale for using evidence-based practice(s) and target population. Individuals/Firms shall be evaluated on ability to identify target population(s) for proposed program(s), ability to identify and address criminogenic risk/protective factors in proposed program(s), programs/modalities to be used (including certifications achieved and training completed), ability to identify and provide standardized, validated and reliable screening/assessment tools, and plans to maintain program fidelity.**

In our 40 plus year history, NYAP has become known as a premier provider of community-based services for youth and families facing challenging situations. When thinking about the target population to be served via this RFQ for Jefferson Parish, NYAP anticipates serving families with complex needs who have children with severe behavioral issues; these families have come to the attention of the courts and, in some cases, the child welfare system due to the severity of the youth's behavior. In Louisiana and elsewhere, NYAP routinely serves families with complex multi-system needs who present with a multitude of challenges. Referrals to our programs are prompted by physical, emotional or sexual abuse, neglect, dependency, unruliness, delinquency, mental illness and chronic or severe physical conditions. In addition, underlying all of these issues are poverty, educational limitations, and social disenfranchisement. It is anticipated that nearly all of the youth and families served in Jefferson Parish will have experienced some sort of trauma, or even multiple traumas, be it due to family violence, community violence, poverty, abuse or neglect, grief and loss, substance misuse, social dysfunction, separation issues, or even sexual abuse. NYAP recognizes that behavior issues have a root cause; behavior problems have been significantly linked to family violence and community violence, particularly among

minority families in urban communities. Interventions must recognize the role that trauma plays in behavior and in the family system, and must focus upon building protective factors and ameliorating risk factors in order to truly be successful.

Further, NYAP acutely recognizes that cultural, gender, and ethnic sensitivity are important aspects of any social service treatment program. We therefore place significant emphasis on incorporating cultural, gender, and ethnic considerations into the disposition and treatment of youth and families. This practice is extremely important given the target population and diverse demographics of the clients to be served in Jefferson Parish. NYAP will ensure that our staff who complete assessments and evaluations to determine a youth's disposition are performed by therapists competent in dealing with specific cultural, ethnic, and gender issues that may affect their interaction. NYAP also recognizes that differences in gender become particularly important when intervening with youth who are at risk of delinquent behavior. While the incidence of female delinquent behavior is lower than that among males, there is little difference in their crime patterns. However, female youth who have experienced trauma and societal risk factors such as family violence, poverty and abuse and neglect are significantly more likely to engage in delinquent behavior than females who have not. NYAP creates effective gender-responsive treatment and services by training staff to first acknowledge that gender makes a difference. Staff are aware that intervention models used may need to be varied depending on the gender of the youth being treated. For example, while many young male-oriented delinquency intervention models stress confrontation, non-confrontational models may be more suitable for young female offenders. In-service training on contemporary theoretical perspectives on females' particular pathways into the criminal justice system, including training on Relational Theory and Trauma, is also provided to staff.

The interventions that NYAP has selected for this RFQ response have been chosen because of their documented success in achieving desired outcomes for families with youth who have behavioral issues.

FFT Evidence base: Since 2010, FFT LLC proprietary training and implementation has been evaluated in 20 published, peer-reviewed studies that show feasibility, acceptability, and positive outcomes. These studies were completed with samples from five different countries and seven US States. FFT has been associated with improvements in family interactions/communication style, reductions in substance use, reduction in youth recidivism, improvements in adolescent and family well-being, increased parental involvement and a decrease in youth internalizing and externalizing symptoms². FFT has been shown to reduce recidivism by more than 50 percent. One recent study revealed that, of youth who participate in FFT treatment, 77% have no new offenses at 18 months post referral³ and 89% have no drug charges at 18 months post referral⁴.

FFT Assessments:

- OQ--45.2/Y-OQ2.01/YOQ-SR. [OQ®-45.2 - OQ Measures](#)
- Family Self Report (FSR) and Therapist Self Report (TSR)
- Risk and Protective Factors
- Therapist Outcome Measure (TOM) and Client Outcome Measure (COM) Parent and Adolescent

² FFT Research Table 2019, provided to NYAP Dec. 2020.

³ Gottfredson, D.C., Kearley, B., Thornberry, T.P. et al. *Scaling-Up Evidence-Based Programs Using a Public Funding Stream: a Randomized Trial of Functional Family Therapy for Court-Involved Youth*. *Prev Sci* **19**, 939–953 (2018). <https://doi.org/10.1007/s11121-018-0936-z>

⁴ibid

CANEI Evidence base:

CANEI programming implements creative solutions to ensure community safety while balancing the need for youth to live in a stable home with a reliable adult who is committed to their success. NYAP's values and philosophy strongly oppose the confinement of youth. CANEI providers, therefore, advocate for the least restrictive placement that is simultaneously responsive to the identified needs and risks of youth. This treatment approach is in alignment with widely accepted principles of the Risk-Needs-Responsivity (RNR). CANEI accomplishes the goal of community held treatment by incorporating a variety of evidence-based strategies that limit opportunities for youth to re-offend while building internal capacity for self-management through treatment. For example, Motivational Interviewing techniques are incorporated into the program design and are utilized by Therapists during sessions. Motivational Interviewing has been associated with positive outcomes in numerous studies⁵. Among delinquent adolescents, it has been found to reduce substance use, improve motivation and confidence to reduce use, and decrease risky behaviors⁶. (MI) interventions that target youth at-risk for alcohol and other drug (AOD) use may prevent future negative consequences.⁷

In addition to external evaluations, NYAP completed an extensive literature review of efficacy factors for treating youth involved in the juvenile justice and child welfare systems and evaluated both quantitative and qualitative components. Comparative research was evaluated for the following foundational treatment variables:

- Treatment environment
- Evolution of treatments for adjudicated youth
- Effective treatment modalities in reducing recidivism
- Cited protective and risk factors
- Cultural factors
- Jurisdiction factors

CANEI Assessments:

One of the following **must be** used to assess functional and behavioral indicators, youth needs as well as to demonstrate program outcomes. Regional contractual requirements may inform the use of a specific level of care tool. The following evidence based standardized assessments are recommended:

- Child and Adolescent Needs and Strengths (CANS) Assessment
- Child and Adolescent Functional Assessment Scale (CAFAS)
- Daily Living Activities (DLA-20)

⁵ Stein, L., Lebeau, R., Colby, S., Barnett, N., Golembeske, C. and Monti, P. Motivational Interviewing for Incarcerated Adolescents: Effects of Depressive Symptoms on Reducing Alcohol and Marijuana Use After Release. *J Stud Alcohol Drugs*. 2011 May; 72(3): 497–506. doi: [10.15288/jsad.2011.72.497](https://doi.org/10.15288/jsad.2011.72.497)

⁶ Clair-Michaud, M., Martin, R., Stein, L., Basset, S., Lebeau, R., and Golembeske, C. 2016. The Impact of Motivational Interviewing on Delinquent Behaviors in Incarcerated Adolescents. *Journal of Substance Abuse Treatment* 2016 Jun; 65: 13–19. doi: [10.1016/j.jsat.2015.09.003](https://doi.org/10.1016/j.jsat.2015.09.003)

⁷ D'Amico, E., Hunter, S., Miles, J., Ewing, B., and Chan Osilla, K. A Randomized Controlled Trial of a Group Motivational Interviewing Intervention for Adolescents with a First Time Alcohol or Drug Offense. *J Subst Abuse Treat*. 2013 Nov-Dec; 45(5): 10.1016/j.jsat.2013.06.005.. doi: [10.1016/j.jsat.2013.06.005](https://doi.org/10.1016/j.jsat.2013.06.005)

In addition to completing one of the above standardized assessments, the comprehensive assessment process will include the following:

- Psychosocial Assessment
- Risk Assessment(s), as indicated
- CANEI Dimensions Level of Care Tool
- CANEI Self Evaluation
- Casey Life Skills (CLS) Assessment
- O*NET Career Exploration Tool
- Genogram
- Ecomap

Specialized assessments should also be used as indicated including but not limited to:

- Addiction Severity Index (ASI) 5th Edition
- Structured Assessment of Violence Risk in Youth (SAVRY)
- Child Behavior Checklist (CBCL)

PASS-PSB Evidence base: Current research indicates that juveniles with sexual behavior problems are influenced by multiple ecological systems⁸. PASS-PSB fully aligns with the most recent studies in the field, which suggest that the most effective treatment approaches are developmentally appropriate, take behavior and motivation into account, and focus on family, peer and other environmental factors influencing problematic sexual behaviors in youth, rather than focusing on individual psychological deficits alone. Research also recommends that programs take steps to help youth avoid stigmatization so often associated with sexual behavior problems. PASS-PSB fully embraces these philosophies, utilizing strengths-based, evidence-informed approaches that are highly individualized based upon each youth's unique situation and criminogenic risk factors. NYAP's most recent performance measure data from the last four quarters of service indicates that 86-100% of youth served remained free of new sexual offense charges during the course of services⁹.

PASS-PSB Assessments:

- Comprehensive Diagnostic Assessment
- Juvenile Sex Offender Assessment Protocol II (JSOAP-II)
- PASS-PSB Levels II-IV

The following assessments may also be used based on regional contractual requirements and clinical preference:

- Protective + Risk Observations for Eliminating Sexual Offense Recidivism (PROFESOR)
- Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Adolescents and Children (MEGA)

⁸ Letourneau, E.J., & Borduin, C.M. (2008). The effective treatment of juveniles who sexually offend: An ethical imperative. *Ethics and Behavior*, 18, 286–306.

⁹ 2022 Q2 NYAP CQI Report

**3. Demonstrated ability to collect, measure, and provide outcomes on a quarterly basis.
Programs will be evaluated on their ability to measure the desired outputs and outcomes.**

Ensuring model fidelity requires a systematic approach to both quality assurance and quality improvement. NYAP's quality assurance involves the ongoing and accurate monitoring and tracking of reliable measures of model implementation and our quality improvement involves the implementation of particular activities to improve the delivery of services. NYAP's quality assurance and improvement activities as outlined throughout this section are ultimately what ensures that our EBPs are achieving the desired outcomes.

Outcome Measurement for FFT

For evidence-based models not developed by NYAP, such as FFT, NYAP works hand in hand with the model developer in order to measure desired outputs and outcomes. NYAP utilizes FFT's state-of-the-art case management system called the Clinical Service System (CSS) that supports FFT training and fidelity. It allows therapists to self-monitor and for supervisors to assess therapists' practice. The system has broad flexibility to provide aggregate information about practice and outcomes on a therapist basis, team basis, multiple team or agency wide basis. Because we already operate FFT programs, NYAP already has an established CSS account with FFT and we already work closely with OQ Measures and have an established OQ Analyst account. NYAP enjoys ease of assessment training as we have videos from our OQ Analyst consultants and have been implementing assessment training internally for the past six months without complication through our own eLearning system. This seamless integration of training and familiarity with FFT's CSS system is just one of the many competitive advantages that NYAP brings to the table for Jefferson Parish.

FFT provides any on-going consultation as necessary and will review NYAP's FFT CSS database to measure site/therapist adherence, service delivery trends and outcomes. At the conclusion of Phase II FFT training, NYAP will be assigned a Phase III FFT national consultant who will review the CSS database for site/therapist adherence, service delivery trends and client outcomes. The Phase III FFT national consultant will provide a monthly call to the Supervisor. Therapists and the Supervisor will maintain cases, outcomes and adherence tracking in the FFT CSS system. The Supervisor's Phase III national consultant will continue consultation and training as noted above for the maintenance phases. Maintenance contract are renewed on an annual basis and any extra consultation or training that is needed will be added at that time.

NYAP has an active Continuous Quality Improvement (CQI) program where data related to client outcomes is gathered and can be provided in report form as indicated. If the state wishes specific data to be recorded, this can be established in our electronic medical record system so that reports and analysis can be generated.

Outcome Measurement for CANEI

CANEI individual program outcomes are collected at discharge, and post-discharge, at 3, 6, and 12 months. Outcomes are based on the pre- and post-test SAVRY scores, as well as other quality of life indicators related to crisis management, discharge location, and the presence of charges, and/or probation violations that have occurred during the course of CANEI involvement. The tools used in CANEI as pre- & post-test instruments are as follows: Structured Assessment of Violence Risk in Youth (SAVRY); Ansell-

Casey Independent Living Skills Assessment; Skill and Interest Inventory; and NYAP Family Risk Assessment.

Outcome Measurement for PASS-PSB

A combination of standardized instruments are used to collect program outcomes. Standardized instruments are administered at program intake and discharge to demonstrate improved functioning in identified areas. PASS-PSB program outcomes are collected at discharge and at 3, 6 and 12 months. Outcomes are based on the pre- and post-test scores, as well as other quality of life indicators related to crisis management, discharge location, and the presence of charges and/or probation violations that have occurred during the course of PASS-PSB involvement. A consent for post-discharge contact is obtained on all youth prior to discharge, which allows providers to contact youth and their families for one year following program discharge to collect discharge outcomes.

On a broader level and for all programs, NYAP's Continuous Quality Improvement (CQI) process monitors service activities, deliverables, and documentation related to intake, assessment, service appropriateness, service delivery, risk assessment, consumer rights, aftercare planning, service outcomes, consumer satisfaction and stakeholder satisfaction. Some examples of our program evaluation activities are:

- *Clinical Record Reviews* are designed to monitor and evaluate the extent to which information including pre and post testing evaluations, Service Plans, and progress notes are present, legible, signed and timely performed and documented.
- *Utilization Reviews* are designed to evaluate the clinical integrity of services rendered with a focus on the quality of services delivered. This includes justification for the type and level of services provided and an evaluation of the client's progress toward achieving goals through a review of the essential components of the Treatment/Service Plan.
- *Program Outcomes* provide information on the program's overall performance and success. We typically measure change in client functional status, safety, permanency, well-being, or other indicators that are consistent with the program's objectives. Upon a case closing, a quality of service outcome form is completed to measure overall program performance for each client, which is then tabulated for quarterly statistical data.

In addition, over a decade ago, NYAP contracted with an external partner to develop and implement an Electronic Health Record (EHR) for the organization. Today NYAP utilizes Evolv as a completely integrated Electronic Health/Medical Record (EHR/EMR) and AR/AP sub-ledger system. It includes advanced case and clinical management tools, reporting solutions, a comprehensive suite of financial and billing features and a host of productivity aids that are unmatched in the industry. Evolv can be utilized to collect, maintain and report statistical data (outcomes, demographics, reinvolvement rates) as requested by our various funders for monitoring and evaluation purposes.

4. Professional experience of management staff and agency in providing similar services.

NYAP's success in implementing multiple evidence-based programs and practices in different states can be attributed to strong leadership that emphasizes quality, accountability, fidelity and performance, while never losing sight of the agency's mission and vision. Marvena Twigg, NYAP's President/CEO, along with NYAP's COO, Wellington Chimbwanda, and CFO Thomas McDermott are responsible for the executive and

financial oversight of the organization. Ms. Twigg has been an employee of the organization for 30 years and has held a variety of progressively responsible positions prior to being named CEO in 2004. She is a licensed social worker and her experience with, and sensitivity to, at-risk children and families is unlike that of most private, non-profit agency CEOs. This in turn informs and positively impacts NYAP's 1,200 employees who serve over 10,000 families annually. Many NYAP employees have been with the organization for ten, twenty or even thirty years, remaining committed to the organization and its values even as turnover at other organizations in the industry remains high.

NYAP's leadership in the state of Louisiana brings a wealth of expertise. Robin Guillmette is NYAP's Program Director for the state and she has been with the company for one year. Ms. Guillmette is a Licensed Master Social Worker (LMSW) in Louisiana with nearly 15 years of experience in the human services industry, including 20 years at Girl Scouts Louisiana East prior to coming to NYAP. She has a strong background in program administration, quality assurance and staff training. Ms. Guillmette reports to Renee Ellenberger-Brady, Corporate Vice President and Executive Director of NYAP's operations in West Virginia. Ms. Ellenberger-Brady has a long history with NYAP, holding several progressively responsible positions with the company prior to being named Corporate VP in 2019. Ms. Ellenberger-Brady is one of NYAP's longest tenured Executive Directors and, most importantly, oversees NYAP's oldest FFT program and one of NYAP's PASS-PSB programs in West Virginia. In the event of a contract award, she would work hand in hand with Ms. Guillmette in hiring and training new staff, and would oversee program implementation on an ongoing basis. Her experience and leadership will be invaluable in expanding our evidence-based programming to Jefferson Parish.

One of NYAP's many competitive advantages over other similar organizations is the accessibility of our leadership staff on a national level; *NYAP's team is not just local*. As an example, our Senior Director of Program Excellence, Emily Lindley, is a Licensed Professional Counselor and has herself not only worked as a clinician implementing an evidence-based model, she is trained as a Trainer in Motivational Interviewing, is CSAYC certified (credential for working with youth who have caused sexual harm), has extensive training in several other models, and oversees NYAP's employee training on all evidence-based models that we currently utilize nationwide. Our Senior Vice President of Organizational Excellence, Michelle Corry, has been with NYAP nearly twenty years, reports to the CEO and oversees all elements of programming, service delivery, program evaluation and training across the organization. She has years of experience with the development, implementation and oversight of evidence-based programming and is herself a certified wraparound trainer. Our leadership and clinical staff in Louisiana will have the extensive expertise of individuals such as these at their disposal not only initially but on an ongoing basis, ensuring that model fidelity is maintained and quality services are provided.

From our organizational inception over 40 years ago, NYAP has recognized the power of the entire family working together and the importance of working with them in their homes and communities; we share that vision with Jefferson Parish and we welcome the opportunity to meet and discuss our qualifications for programming in greater detail.

Attachments:

General Professional Services Questionnaire

Resumes- Renee Ellenberger-Brady and Robin Guillmette

Job Description- EBP Therapist

General Professional Services Questionnaire Instructions

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert “N/A” or “None” if a section does not apply or if there is no information to provide.**
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

B. Firm Name & Address:

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

D. Address of principal office where Project work will be performed:

E. Is this submittal by a JOINT-VENTURE? Please check:

YES _____ NO _____

If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

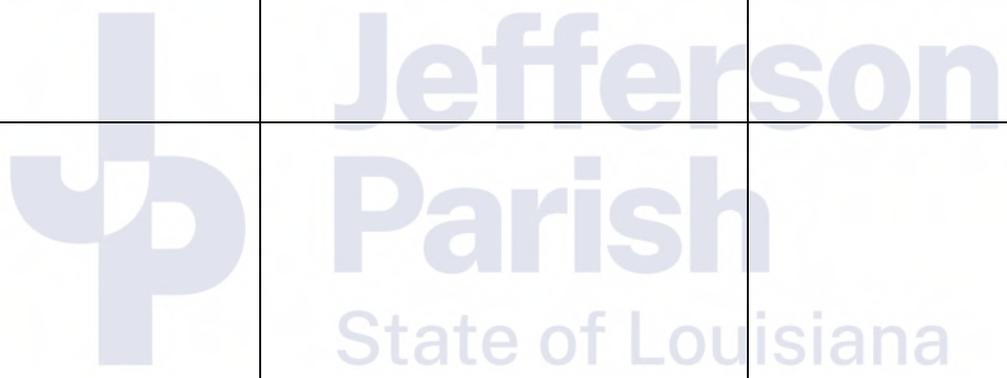
2.

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO _____

H. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1.		
2.		
3.		
4.		
5.		



General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project:

J. List any professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.

PROFESSIONAL NO. 1

Name & Title:

Name of Firm with which associated:

Description of job responsibilities:

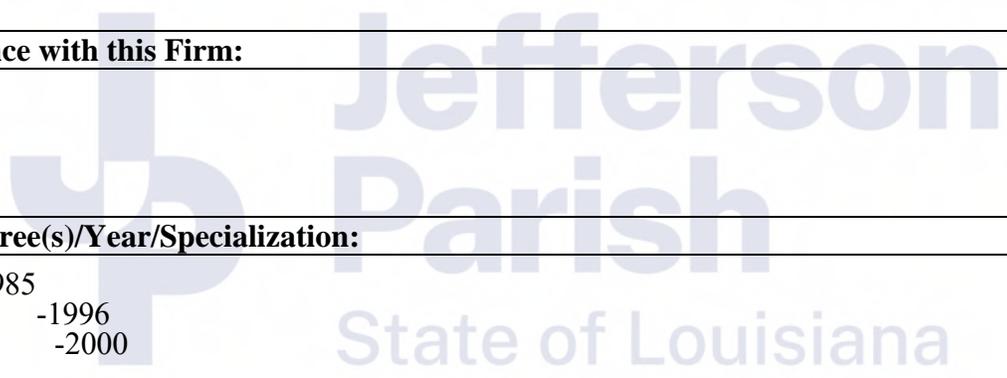
Years' experience with this Firm:

Education: Degree(s)/Year/Specialization:

Other experience and qualifications relevant to the proposed Project:

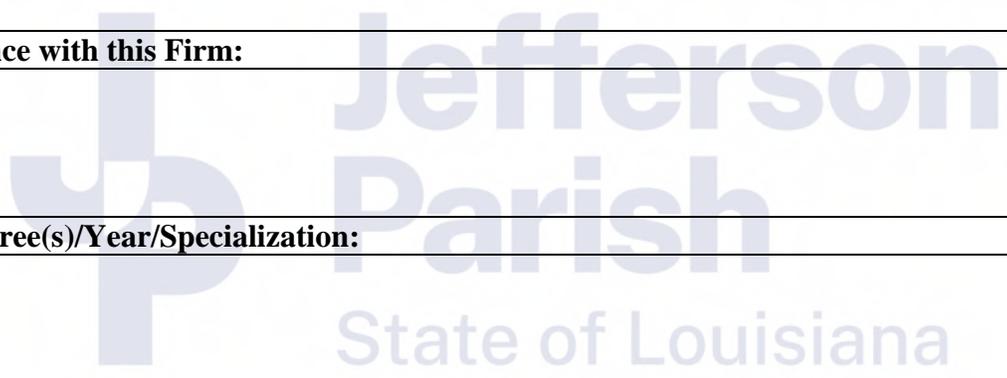
General Professional Services Questionnaire

PROFESSIONAL NO. 2
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
-1985 -1996 -2000
Other experience and qualifications relevant to the proposed Project:



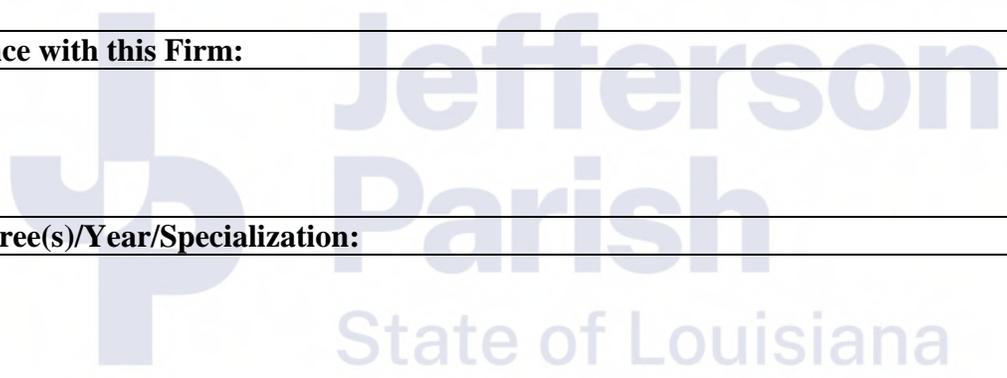
General Professional Services Questionnaire

PROFESSIONAL NO. 3
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:



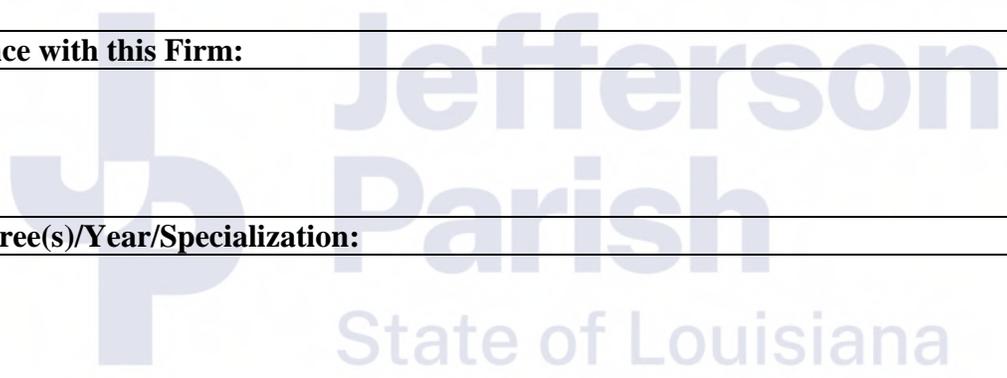
General Professional Services Questionnaire

PROFESSIONAL NO. 4
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:



General Professional Services Questionnaire

PROFESSIONAL NO. 5
Name & Title:
Name of Firm with which associated:
Description of job responsibilities:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Other experience and qualifications relevant to the proposed Project:



General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.

PROJECT NO. 1

Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 2

Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	Description of Services Provided:
Length of Services Provided:	Cost of Services Provided:

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1.		
2.		
3.		
4.		

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

Jefferson Parish
State of Louisiana

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature: W. J. [Signature] Print Name: _____
 Title: _____ Date: _____

**RENEE J. ELLENBERGER-BRADY MSW/LGSW
304-288-0440(cell)**

EDUCATION

**September 1997 -
May, 1999** **West Virginia University, Morgantown, WV**
Major: Social Work
Degree: Master of Social Work

**April 1990 -
December, 1992** **West Virginia University, Morgantown, WV**
Management Certificate Program
Obtained Management Certificate

**September 1978 -
May, 1982** **Waynesburg College, Waynesburg, PA**
Major: Psychology, liberal arts studies
Degree: BA

**PROFESSIONAL
EXPERIENCE**

**October 2019-
Present** **Corporate Vice President National Youth Advocate Program**

**June 2001-
January 2008
and March 2012 –
Present** **Executive Director National Youth Advocate Program -WV**

**January, 2008-
March 2012** **National Director of Foster Care**
National Youth Advocate Program

**September, 2000 -
June, 2001** **Assistant State Director West Virginia Youth Advocate Program**

**April, 1996-
September, 2000** **Regional Director West Virginia Youth Advocate Program**

**November, 1993-
April, 1996** **Supervisor/Licensing Specialist West Virginia Youth Advocate
Program**

Try-Again Homes, Incorporated

November, 1985 - November, 1993 **Director of West Virginia Operations, Try-Again Homes Incorporated, Fairmont, West Virginia**

April, 1992 - October, 1992 **Acting Executive Director – West Virginia Try-Again Homes Corporation**

November, 1984 - November, 1985 **Program Director Try-Again Homes Incorporated, Fairmont, West Virginia**

June, 1982 - November, 1984 **Caseworker for Try-Again Homes Incorporated, Uniontown, Pennsylvania**

September, 1981 - December, 1981 **Psychology Internship, Try-Again Homes Incorporated, Waynesburg, Pennsylvania**

PROFESSIONAL AFFILIATIONS

West Virginia Licensed Graduate Social Worker
National Association of Social Workers
Foster Family Based Treatment Association-WV Chapter Past VP
Past Board Member West Virginia Board of Social Work Examiners
Past Member Junior League of Fairmont, West Virginia
Past Board member – Family Services of Marion and Harrison Counties

Robin Guillmette, LMSW

Prairieville, LA | (504) 994-8507 | rguillme@cox.net

EXECUTIVE PROFILE

Program Management | Social Service Assessments & Coordination | Patient Advocacy

An expert in executive organizational management to lead the overall delivery and coordination of social services that meet the needs of patients/clients and families in a behavioral/clinical health setting. Strong history of designing and implementing programs that integrate and align with an organization's vision and mission. Highly skilled at forging relationships with youth, adults, and families to promote a positive environment that facilitates continuous healing, growth, and success.

Areas of Expertise

- Community Engagement
- Crisis Intervention
- Resource Management
- Security & Confidentiality
- Case Management
- Creative Problem-Solving
- Staff Training & Development
- Relationship Management
- Leadership – Team Building

CAREER HIGHLIGHTS

- Operated in multiple positions for the Girl Scouts Louisiana East Council.
 - Demonstrated the ability to recognize priorities in organizational workflow.
 - Led the comprehensive HR function and related systems across the Girl Scout Council's jurisdiction in southeast Louisiana.
 - Developed and implemented a system where employees and volunteers could directly contact the COO/HR office via phone, email, or mail to allow individuals who refused to converse directly with each other to begin the resolution process in a non-threatening environment.
 - Established the Girl Scouts Beyond Bars Program, in collaboration with the Outreach Director, in New Orleans and East Baton Rouge Parish Prisons. The highly successful program provided girls the ability to visit their incarcerated mothers every month.
- Served as Program Director/Manager for two different social work organizations (The MENTOR Network and Healing House).
 - Supported cross-functional teams to evaluate patients /clients' social, emotional, and economical status.
 - Identified community resources to develop programs that supported patients/clients and families in coping/treating with identified problems and issues.
 - Responsible for the delivery and coordination of programs, working with systems and facilitating appropriate linkages for families to community-based services.
 - Provided quality case management and customer service to all patient/client populations and their families while serving as a member of the interdisciplinary team supporting organizational treatment programs and overall philosophy.

PROFESSIONAL EXPERIENCE

National Youth Advocate Program, Inc. | 2021 - Present

Program Director | Baton Rouge, LA

- Responsible for the overall management of the programmatic, administrative, financial, and operational systems related to the provision of care and services. Provision of regular and timely reports regarding operations, services, and finances. Provides administration coordination for program contracts while aggressively seeking the growth and expansion in the local market(s) through relationships with key stakeholders. Maintains compliance requirements on a monthly basis. Responsible for program growth and development. Responsible to meet quarterly growth targets for number of foster homes and placements. Works collaboratively with other NYAP programs and staff throughout the organization. Establishes a respectful and supportive workplace environment and administers problem-solving methods to ensure effective operations. Makes public appearances and presentations as requested.

Via Link, Inc. | 2021

Contact Center Specialist | Remote: Part-Time

- Provided callers with free, confidential short-term emotional support, crisis intervention, suicide prevention, information, referrals, follow-up and advocacy. All information, referral and crisis lines are available 24/7.

Girl Scouts Louisiana East | 2009 – 2019

Chief Operating Officer/HR Director | Baton Rouge, LA | 2012 – 2019

- Collaborated with the CEO to cultivate and implement the organization's vision, operational strategies, and corporate goals. Served as the key representative for the CEO at community meetings and United Way events. Led the comprehensive HR function and related systems for the organization. Recruited and onboarded all new employees. Supervised the Directors of

...continued

Robin Guillmette, LMSW

Membership and Outreach. Oversaw the day-to-day operations, ensured availability of state-of-the-art tools, systems, procedures, and processes to support 11 full-time regional office employees and a team of volunteers. Championed a diverse work environment focused on the overall mission, vision, leadership, accountability, creativity, and positivity through empathetic feedback and coaching methodology. Established strategic goals and developed/forecasted annual budgets for assigned departments.

Key Achievements:

- Successfully evaluated team member performance, deploying corrective action as needed to ensure achievement of employee performance goals.
 - Drafted a document that included a timeline with action steps to meet goals and improve performance by identifying and recording employee challenge areas, outlining required expectations, and determining consequences of underperformance.
 - The new process led to a decrease in employee-supervisor conflicts and resulted in a more productive and professional work environment by fostering a culture of transparency and achievable performance improvement plans.
- Generated additional income for the organization by increasing the usage of Council facilities by outside community groups and local businesses.
 - Designed a formal process to facilitate the procedure to reserve and/or lease Council facilities in partnership with the office manager and organization's attorney (formal lease agreement and fee schedule development).
 - The additional income contributed to the purchase of new office equipment, which resulted in an overall savings for the entire organization.

Executive VP of Membership and Programs | Baton Rouge, LA | 2009 – 2012

Supervised a diverse range of programs and operations to support the Council's strategic and annual operating plan. Supervised the Directors of Membership, Outreach and Program & Properties. Evaluated program effectiveness and pursued improvement opportunities as needed. Set program goals according to strategic organizational objectives, overseeing program processes from initiation to delivery. Developed, implemented, and monitored budgets, forecasts, operational metrics, KPIs, and service excellence strategies.

Key Achievements:

- Increased annual membership goals by 3% and improved participation in council events.
- Enhanced the customer experience and met/exceeded business goals by recruiting and developing a high-performing and engaged staff that consistently delivered on mission, program, and product expectations.

Interim Membership Director | Baton Rouge, LA | 2009

Aligned strategic plans with the philosophy of Girl Scouting, evangelizing the importance and strength of voluntary adult leadership. Promoted recruitment across the organization by developing and implementing innovative communication strategies.

Key Achievements:

- Improved girl/adult membership rates by designing and executing a comprehensive annual membership plan.
- Exceeded retention goals through cross-functional collaboration with departments such as Marketing & Communication and Product Program.
- Effectively engaged corporate and community partners by building and retaining strong, mutually beneficial relationships.

The MENTOR Network/Louisiana Mentor | 2008 – 2009

Program Manager | Lafayette, LA

Monitored program quality assurance (services, clinical file maintenance, and contractual compliance) while overseeing and training the Clinical Coordinator and Recruiter. Distributed caseloads, responded to crises, provided counseling, and met the complex needs of patients and families. Developed and ensured adherence to the budget, managing revenue and expenses for the Lafayette office. Recruited, selected, contracted, trained, supervised, evaluated, and terminated (if necessary) Mentor-Foster parents. Built and retained tactical relationships with funding sources, regulatory constituents, and inter-agency liaisons.

Key Achievements:

- Selected to supervise the clinical and crisis management teams across the network.
- Directly contributed to the successful establishment of the new Lafayette office by supporting legal, licensing, regulatory, and certification processes.

Robin Guillmette, LMSW

Healing House | 2008

Program Director | Lafayette, LA

Oversaw and coordinated program activities, advertised and led program committee meetings, and created/monitored the program budget, income streams, and expenditures. Managed intake and assessment paperwork for new participants.

Key Achievements:

- Expanded awareness of the Healing House mission and program by conducting presentations to area community groups and local businesses.
- Facilitated child and adult grief support groups/programs; recruited, onboarded, and supervised highly successful volunteer facilitators.

Additional Experience

VP, Membership and Marketing | Girl Scout Council of Southeast Louisiana | New Orleans, LA

Outreach Director | Girl Scout Council of Southeast Louisiana | New Orleans, LA

Membership and Marketing Executive | Girl Scout Council of Southeast Louisiana | New Orleans, LA

EDUCATION & CERTIFICATIONS

Master of Social Work | Southern University at New Orleans

Bachelor of Science, Substance Abuse | Southern University at New Orleans

Bachelor of Arts, Psychology | University of New Orleans

Licensed Master Social Worker (LMSW) | Louisiana State Board of Social Work Examiners



Position Title: Therapist III-EBP

Reporting Relationship: Regional Manager/Clinical Supervisor

Position Summary

The National Youth Advocate Program is searching for several Clinicians to fill vacancies in our Community Based programs. As a Clinician, the selected candidate must be able to provide therapy, counseling, and support, to the youth we serve, and their families. Our clients may be struggling with behavioral, mental health, delinquency, substance abuse, or various family dysfunctions. The desired candidate should be able to develop and implement appropriate therapeutic treatment plans to improve the child's ability to function in the community. In addition, Clinicians with experience in Evidence Based Practices (EBP) such as Multi-Systemic Therapy (MST) or Functional Family Therapy (FFT) are highly desired skill sets for NYAP.

In addition, the selected Clinicians will receive ongoing training and supervision to help develop their clinical skills and learn how to provide the best services possible to children, youth, and families. To learn more about a few specific models that training is provided on, go to www.fftllc.com and www.mstservices.com.

RESPONSIBILITIES

The Therapist-EBP position may include the following, as well as other duties assigned:

- Actively supports, represents, and extends the mission, vision, and values of the organization.
- Provides appropriate individual, group, and family mental health services, case management, transportation, and other professional services when applicable to EBP model, meeting or exceeding established outcomes thresholds on behalf of persons served.
- Travels daily, to provide community based services to, and on behalf of, youth and families in compliance with organizational, contract, and regulatory requirements.
- Identifies strengths, weaknesses, and family functioning for the client and family for treatment.
- Assess problems including behavioral health symptoms, duration, and severity.
- Identifies cultural factors, trauma history, adversity, or toxic stresses that influence presenting problems, functioning, and family interaction styles.
- Conducts assessments, including review of referral information, identifying, and engaging key participants.
- Adjusts the type, and intensity, of services to the needs of the client through care plans.
- Collaborates with multiple service providers. May refer and link to community resources to meet the needs of the client and family.
- Develops Aftercare Plans in collaboration with the family prior to discharge; ensures that family members are supported throughout the discharge process.
- Communicates changes in recommendations and/or referrals in a timely and concise manner to all stakeholders.
- Consistently records client progress in relation to treatment goals. Provides accurate, concise narrative on documentation.
- Demonstrates the ability to balance the inclusion of information with client rights and client confidentiality.
- Completes all required documentation in a timely manner.
- Completes all required training in a timely manner.
- Consistently achieves established productivity thresholds.
- Coordinate and monitor services for the youth and family in the community, including but not limited to, mental health, medical, educational, psychological, vocational, and social services.
- Regularly reviews and modifies youth based plans to assure consistent progress and success on written plan goals.
- Establishes and maintains strong relationship with assigned foster parents and families of origin.
- Assists in family reunification and/or stabilization efforts with the youth's primary family or other

- permanent living arrangement consistent with the youth’s case plan.
- Provides safety assessment, crisis response, and behavioral stabilization services as required to assure safety and stability for youth served.
- Participates in the Continuous Quality Improvement activities on a monthly/quarterly basis, or more frequently if required by EBP model.
- Provides assessment and interventions according to EBP model training and requirements.
- Actively participates in the weekly supervision process and any supervision process required by the EBP model developer.

MINIMUM QUALIFICATIONS

- Master’s Degree in Social Work or comparable Human Services field from an accredited institution.
- 2 years of work experience working in direct service with youth and families strongly preferred.
- A valid professional license as required and acceptable by state or contract regulations.
- Must have a valid driver’s license, reliable transportation, automotive insurance, and a good driving record.
- A willingness to work flexible and non-traditional hours in the service of foster caregivers, families of origin, and persons served.
- Capacity to be flexible and responsive to youth served, foster caregivers, system partners, and internal customers.
- Capacity to remain objective and professional in all areas of job function.
- Demonstrates tolerance and respect for the ideas and actions of others.
- Capacity to effectively work with and be respectful and sensitive to persons from various cultures, socioeconomic, ethnic, religious, and racial backgrounds.
- Consistently exercises discretion and independent judgement. Readily confers with supervisor in complex or unique situations.

Additional Qualifications:

- Willing to work closely with EBP program developers and NYAP staff as necessary in order to ensure fidelity to EBP model. This may include frequent and ongoing oversight by model developer and participation in data collection and quality assurance activities in order to ensure fidelity and prevent clinical drift.
- Demonstrates strategic and critical thinking resulting in effective time and task management.
- Demonstrated ability to coach others, transferring knowledge and information in easily understandable terms.
- Capacity to interpret and apply organizational policies and procedures.
- Demonstrated capacity to remain objective yet connected, manages reactivity and self-regulates in response to challenges.
- Holds an advanced degree/specialized training certification(s) that supports or advances the needs of the program.
- Proficient use of desktop and laptop computers, smart phones and tablets, printers, fax machines and photocopiers as well as software including word processing, spreadsheet and database programs.

The person in this position needs to follow a team concept and support both agency goals and co-workers. Employees must be able to effectively work with and be respectful and sensitive to persons from various cultures, socioeconomic, ethnic, religious, and racial backgrounds.

Employee Printed Name	Date
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Employee Signature	Date
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Supervisor Signature	Date
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