



INTERROGATORIES - CATEGORY A: DIRECT SERVICES

The following information outlines specific details of RFP No. 21-006 Scope of Products and Services.

I. A3. Tier 2/3 Individual Counseling and Case Management: Section A3a. General Social Work services including mental health assessment, stabilization, case management, and/or Counseling services and A6. Parenting Skills Development

Model of Direct Services (Section A3a. General Social Work services including mental health assessment, stabilization, case management)

Journey's Social & Emotional direct service model is designed for students experiencing depression, anxiety, anger, bullying, gang-related peer pressure, academic difficulty, disruptive school behavior, and other emotional dysregulation to improve students' self-awareness, self-management, social-awareness, relationship skills, and responsible decision-making. Journey's ability to balance the academic needs of students while meeting the social & emotional needs is evident through our school-based programs implemented since 2017. Journey's has provided direct service support to the following schools, ITW David Speer Academy, Kelvyn Park High School, Rowe-Clark Math and Science Academy, Orozco Community Academy, Chicago Military Academy, Instituto Leadership Academy, and Roberto Clemente High School. Our direct services model balances Chicago Public School class time requirements while supporting students' social & emotional needs.

Utilizing the Chicago Public School Multi-Tiered System of Support (MTSS), school faculty refer students to Journey's. Students referred to Journey receive a minimum of 12 weeks of Psychotherapy services in the school setting. Depending on the need of the school, Journey's may provide services once a week and up to five times per week. Schools provide our clinical therapists a confidential space for services to occur. To minimize disruption to school staff, including security, teachers, or front office members, Journey's utilizes student's academic schedules to locate students in their classrooms. Generally, services are rendered during lunch, gym, or times in which students are not receiving direct academic instruction. Journey's clinical therapist maintains and shares a weekly attendance of participating students with the designated school contact. Journey observes the CPS academic calendar. Journey's does not provide services to students on designated non-attendance days but is available in an emergency.

Intake Process & Delivery of Services

Journey's twelve-week Psychotherapy services follow the Illinois Mental Health and Developmental Disabilities Code, 405 ILCS 5/3-301. This law permits Journey's to provide minors age 12 and older to receive a limited amount of counseling services or psychotherapy on an outpatient basis without parental consent. Providers are prohibited from notifying the minor's parents without the minor's consent "unless the facility director believes such disclosure is necessary," in which case the parent must be informed.

During the initial meeting, the Clinical Psychotherapist informs the participant of his/her rights, responsibilities, consent to participate in services, and signs a release of information. The release of information gives Journey's ability to collaborate with other mental health professionals and faculty in the school setting and obtain student academic progress and behavior reports. These reports allow Journey to measure the effectiveness of Journey's interventions. Participants have the right to revoke their consent at any time. Participants who consent to participate are administered Pre-Post screening tools used to determine students' academic and social & emotional function, outlined below. Self-report screening tools take 15-20 minutes to complete.

During the twelve weeks of Psychotherapy services, each participant receives 45 minutes of service. Services are provided once a week, for 12 consecutive weeks. During this time, students are exposed to the CASEL and CPS ISBE SEL and OSEL standards through Trauma-Focused Cognitive Behavior (TF-CBT), Dialectical Behavioral (DBT), and Rational Emotive Behavior models (REBT). The American Psychological Association and National Institute of Mental Health suggest these models are the recommended intervention for adolescents dealing with post-traumatic symptoms, depression, anxiety, suicidal ideation, substance use, and other emotional dysregulation.



Evidence-Based

Journey's supports the development of student's social-emotional skills by focusing interventions through a scaffolding methodology. During the first 20 minutes of sessions, Trauma-Focused Cognitive Behavioral Therapy interventions (TF-CBT) assist students in identifying and reframing counterproductive thinking that may inhibit functioning. Students learn how to identify their distorted and dysfunctional thinking using cognitive techniques such as decatastrophizing, redefining, and decentering. Through this intervention, students begin the process of understanding underlying motivations for positive and negative behaviors. By processing the student's thoughts and motivation, the therapist encourages the student to develop strategies that yield positive results. Rational Emotive Behavior intervention (REBT) is a framework designed with the primary goal of modifying student's self-talk. REBT is intended to assist individuals in gaining a realistic, rational philosophy of life. Students engaging in REBT usually participate in 1-12 sessions. During this timeframe, students learn the A-B-C-D-E methods of understanding emotional problems, gain a handle on their dominant philosophical position, and begin to change disturbance-creating irrational beliefs. Ten minutes of each session is dedicated to practicing the skills of REBT. Dialectical behavior intervention (DBT) is a therapeutic framework designed to help people suffering from mood disorders and those who need to change maladaptive behavior patterns, such as self-harm, suicidal ideation, and substance use. This approach works by helping people increase their emotional and cognitive regulation. Through mindfulness exercises, students learn the triggers that lead to reactive states and assess which coping skills to apply in the sequence of events to help avoid undesired reactions. The last 10 minutes of each session are dedicated to mindfulness, which reduces a student's stress levels and minimizes the sympathetic nervous system response.

Performance Measures, Impact and Outcomes:

Journey's direct service has shown a mild to moderate effect in the following student outcomes:

- Decrease the use of and/or disproportionality of in School Suspension (ISS), out of school Suspension (OSS) and Expulsion.
- Decrease inappropriate behaviors as defined by the Student Code of Conduct
- Increase student engagement and retention in school
- Increase attendance
- Increase student Social & Emotional Skills (SEL)

As part of our evidence-based Social & Emotional direct services, Journey's utilizes several self-administered Mental Health pre and post instruments approved by the American Psychological Association and the American Academy of Pediatrics. These empirically validated screening tools assist our clinical staff in understanding student's social & emotional function and develop specific interventions, which lead to the program outcome measures.

- Patient Health Questionnaire (PHQ-9) Ages 12+
- Generalized Anxiety Disorder Scale (GAD-7) Ages 12+
- CRAFFT+N Substance Use Screener Ages 11-17
- DSM-V Anger Scale Inventory Ages 11-17
- The Child PTSD Symptom Scale (CPSS)

Moreover, the release of information allows Journey and the school to share data related to the outcome measures. Student's academic data is collected pre and post- services and used to analyze program effectiveness.

Other Assessments Instruments

As part of Journey's direct service models (TF-CBT, REBT, DBT), the following questionnaires may assist the clinician in evaluating student's reconstruct cognitive schemas and self-perceptions: The Big Five Personality Questionnaire: The Big Five Model of personality is used in professional research settings and evaluates individual's personality strengths in the areas of 1) Extraversion 2) Agreeableness 3) Conscientious 4) Neuroticism, and 5) Openness to Experience.



The Emotional Intelligence Questionnaire measures five areas of personality strengths 1) Self-awareness, 2) Self-regulation, 3) Social Skills, 4) Empathy, and 5) Motivation.

Student's Self-Report Satisfaction Survey: The Self-report questionnaire is a Journey's developed survey used to measure the student's self-report in four areas of 1) Satisfaction, 2) Content relevancy, 3) Engagement, and 4) Desire for future participation.

Target Population and Accessibility of Services

Per the (20 ILCS 1705/) Mental Health and Developmental Disabilities Administrative Act and The Americans with Disabilities Act (ADA), Journey's does not discriminate services or access to services to an individual based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Our school setting direct services provides mental health resources to adolescents between the ages of twelve and twenty-one. Journey's understand that not all adolescents' cognitive & physical function affords them the ability to process abstract concepts and ideas as outlined in section *Intake Process & Delivery of Services*. Therefore, Journey's will make necessary modifications to our delivery of services, including but not limited to seeking additional community resources leading to the well-being of an individual with disabilities.

Parenting Skills Development

Model of Direct Services (Section A6: Parenting Skills Development)

Journey's incorporates parenting psychoeducation for all school or community referrals under the age of 17. These interventions aim to increase parent's Social-Awareness, Self-Awareness, Self-Management, Adaptive Relationship Skills, Responsible Decision Making, and Educational Importance, consistent with the CASEL and CPS ISBE SEL standards. During the 2017-18 academic year, Journey conducted a parenting Skills Development Pilot workshop at ITW David Speer Academy.

Our parenting skills development workshop is grounded in the seminal work of Family Systems Theory. Through the family system lens, parents/guardians/supportive adults are exposed to strengthening their parenting skills to support students' social-emotional skills in the home and school setting. Depending on the need of the school Journey's may provide services once a week or every two weeks, including Saturday mornings. Schools provide our clinical therapists a confidential space for services to occur. Journey's clinical therapist maintains and shares a weekly attendance of participating parents with the designated school contact. Journey observes the CPS academic calendar. Journey's does not provide services to students on designated non-attendance days but is available in an emergency.

Intake Process & Delivery of Services

Journey's six-week Parenting Skills Development utilizes the seminal work of Murray Bowen's Family System-theory. This model serves as the foundation from which Journey can assist parents to increase their knowledge and be exposed to the CASEL and CPS ISBE SEL and OSEL standards. By utilizing Trauma-Focused Cognitive Behavior (TF-CBT), Dialectical Behavioral (DBT), and Rational Emotive Behavior (REBT) interventions, Journey's seek to reframe family conflict and familial role identity. The American Psychological Association and National Institute of Mental Health suggest these models as the recommended intervention for adults dealing with complex, acute, or chronic mental health issues or interpersonal conflicts, including but not limited to post-traumatic symptoms, depression, anxiety, and suicidal ideation, substance use and other emotional dysregulation.

The Parenting Skills Training consists of six workshops. Services are provided at one 90-minute session, offered every two weeks. During this time, parents explore how the family functions as a unit and contributes to their child's global function. The workshops address the following topics:

Week 1: Foundations

This module assesses parent's self-awareness related to personality, stress resilience, and competency in managing emotions. The Measurable Objectives include 1) Identifying personality and temperament traits, 2) Evaluate how personality influences behavior at work, 3) List stress triggers and self-care activities, and 4) Reflect on areas of potential growth



Week 2: Family System

This module assist participants explore how family dynamics contribute to adaptive or maladaptive behavior tendencies of students. Measurable Objectives include 1) distinguishing family roles and generational cycles, 2) Explore components of Family Systems Theory, 3) Identify characteristics and traits that influence an individual's behavior, and 4) Formulate how family dynamics influence behaviors and interventions.

Week 3: Child and Adolescent Development

This module discussed the seminal research theory on child and human development of Erik Erikson (Psychosocial Development Framework), John Bowlby (Attachment Theoretical Model), and Diana Baumrind (Parenting Styles). Measurable Objectives include 1) Understanding attachment styles, 2) Identify the four parenting styles, 3) Recognize the physical, cognitive, and social changes that occur in childhood and adolescence, 4) Demonstrate the external systems that influence adolescent development, 5) Practice implementing growth mindset strategies, and 6) Discuss ways to promote positive youth development.

Week 4: Trauma/Community Context/Gang Violence

This module presents research on neurocognitive processing of trauma, brain function, and rewiring of the brain. Measurable objectives include 1) Understanding the effects of trauma on behavior, including physiological response, 2) Identify various trauma responses, and 3) Learn how to support at-risk youth.

Week 5: Behavior Management

This module explores healthy and collaborative boundaries and expectations. The measurable objective includes developing effective management, collaboration, and listening skills to help parents identify the underlying emotions behind verbal expressions and demonstrate empathetic response. Participants also understand the difference between reactive and responsive communication and the importance of non-verbal communication.

Week 6: Parent Skills Development

This module assists parent in increasing their knowledge and application of the Family Systems-theoretical perspective. Additionally, we address self-care and stress management techniques. At the end of our workshop, participants should have a greater understanding of the CASEL and CPS ISBE SEL and OSEL standards.

During the first 45 minutes of each workshop, Trauma-Focused Cognitive Behavioral Therapy interventions (TF-CBT) are utilized to assist parents in exploring and evaluating counterproductive thinking or parenting techniques. Parents are encouraged to identify generational parenting skills that contribute to distorted and dysfunctional thinking. Utilizing cognitive strategies such as decatastrophizing, redefining, and decentering assist parent increase stress tolerance and improve parenting approaches. Rational Emotive Behavior intervention (REBT) is a framework designed with the primary goal of modifying communication. During this timeframe, parents learn the A-B-C-D-E methods of understanding emotional problems, gain a handle on their dominant philosophical position, and identify basic communication styles. Twenty minutes of each session is dedicated to practicing the skills of REBT. Dialectical behavior intervention (DBT) is a therapeutic framework to help parents increase their emotional and cognitive regulation. Through mindfulness exercises, parents explore their triggers, leading to reactive states and assessing which coping skills to apply in the sequence of events to help avoid undesired reactions. The last 30 minutes of each session is dedicated to REBT mindfulness.

Performance Measures, Impact, and Outcomes

Journey's Parenting Skills Development has shown a mild to moderate effect in the following outcomes:

- Improve awareness of adaptive parenting skills
- Improve Communication styles



- Reduce PTSD symptoms

As part of our evidence-based Social & Emotional direct services, Journey's utilizes several self-administered Mental Health pre and post- screening instruments. These screening tools assist our clinical staff in understanding the parents' parenting styles and communication styles, leading to the program outcome measures.

- Parenting Styles Questionnaire
- Communication Styles Questionnaire
- PTSD Symptoms Scale

By focusing on improving these three outcomes, we can enhance parents/guardian's capacity to help their children decrease inappropriate behaviors as defined by the student Code of Conduct, Increase student engagement and retention in school, and increase attendance.

Parents taking the self-administered questionnaire are not required to be identified and therefore can complete such instruments anonymously.

Other Assessments Instruments

As part of Journey's Parenting Skills Development Model (Family System Theory, TF-CBT, REBT, DBT), the following questionnaires may assist the clinician in evaluating and improving parenting skills and self-awareness: The Big Five Personality Questionnaire: The Big Five Model of personality is widely considered to be the most robust way to describe personality differences in the areas of 1) Extraversion, 2) Agreeableness, 3) Conscientious, (4) Neuroticism, and 5) Openness to Experience.

The Emotional Intelligence questionnaire measures five areas of personality strengths 1) Self-awareness, 2) Self-regulation, 3) Social Skills, 4) Empathy, and 5) Motivation.

Parents Self-Report Satisfaction Survey: The Self-report questionnaire is a Journey's developed survey used to measure parent's self-report in four areas: 1) Satisfaction, 2) Content relevancy, 3) Engagement, and 4) Desire for future participation.

Target Population and Accessibility of Services

Per the (20 ILCS 1705/) Mental Health and Developmental Disabilities Administrative Act and The Americans with Disabilities Act (ADA), Journey's does not discriminate services or access to services to an individual based on race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Our school setting Parenting Skills Development workshops provides is offered to parents, guardian and primary caregivers. When appropriate Journey's will make necessary modifications to our delivery of services, including but not limited to seeking additional community resources leading to the well-being of individuals with disabilities.

Personnel Qualifications for Implementing Services

Journey's is a clinical and educational agency. Our staff comprises individuals holding a Master's Degree in Social Work, Counseling Psychology, or Doctorates of Philosophy (Ph.D.) personnel. Staff supporting the needs of schools must be working toward or have completed their state Clinical Licensure requirements (LCPC, LCSW, Psy.D or Ph.D.) as outline by the Illinois Department of Financial & Professional Regulations (IDFPR).

Master's Level Practitioners who are not yet licensed by the state are supervised by Licensed Clinical Professional Counselors, Licensed Clinical Social Works, or Doctorate level personnel. Such individuals received weekly supervision for at least one hour and are involved in monthly professional development training offered by Journey's. Journey's staff training includes human behavior theory, interventions, trauma-informed care, self-care, and culturally sensitive response.



Organization's Definition of Trauma-Informed Behavioral Health Services

As a clinical and educational agency, Journey's Masters Level staff is competent in trauma-informed care. Journey's defines trauma-informed care as a holistic understanding of individuals and approach to client care. Supervisory staff working with direct service providers have a Trauma-Focused Trauma-Informed Cognitive Behavioral Therapy (TF-CBT) certification. All services, including direct services, parenting skills development, and professional training, address the importance of having a cultural and trauma-informed perspective, as outlined in the sections above.

Evidence-Based Justification

Journey's services include a multimodal evidence-informed approach founded on Positive Psychology & Strengths-Based research. Utilizing the Positive Psychology & Strengths-Based model, our services seek to increase self-awareness, self-confidence, and self-esteem by identifying strengths and encouraging autonomy (CASEL and CPS ISBE SEL and OSEL standards). Journey's achieves the Social & Emotional training objective by focusing interventions through a scaffolding methodology. Trauma-Focused Cognitive Behavioral interventions (CBT- Dr. Aaron Beck, 1963 & TF-CBT Drs. Anthony Mannarino, Judith Cohen and Esther Deblinger) and Rational Emotive Behavior models (REBT Albert Ellis, Ph.D.- 1957, 1980) work to remove or eliminate biases (cultural and behaviors) and seek to improve student academic and behavior performance. Dialectical Behavioral Theory of Mindfulness (DBT Marsha Linehan, PhD-1980) is an essential component in redirecting maladaptive behavior and reframing negative thoughts mindfulness. Additionally, the direct services are also informed by the seminal work of Murray Bowen's Family System, John Bowlby Attachment Theory, Parenting Theory, Trauma-Informed, personality development, and other Psychosocial development theories.

Quality Improvement Process

To facility quality improvement, pre and post- data are collected from student school records and participants. For the direct services, Journey's gathers data related to School Suspension (ISS), out of school Suspension (OSS) and Expulsion, Negative Behaviors as defined by the Student Code of Conduct, Student engagement and retention in school, student attendance, and Student Social & Emotional Skills acquisition (SEL). In addition, as part of the intake process, we measure student's symptoms of depression, anxiety, anger, substance use, and post-traumatic stress (PTSD). In the Parenting Skills Workshop, we measure Pre and Post Parenting Styles, Post-Traumatic Stress (PTSD) symptoms, and Communication Styles. The pre and post- metrics help Journey's analyze and improve program effectiveness. Data is analyzed using Statistical Package for the Social Sciences software (SPSS). Further, participant Satisfaction Surveys assist Journey's in determining participant's perceived quality of services received and areas of potential improvement.

Telehealth Platform

Journey's can deliver direct services using telehealth platforms. Due to the COVID-19 pandemic, Journey's has provided telehealth options to our community, including the partnership schools. Currently, 60% of Journey's Psychotherapy services are administered using a telehealth platform. The accessibility of telehealth as an option has increased our business by over 200% since February 2020. Barriers to telehealth in urban communities range from lack of Wi-Fi access or technology. In such cases, Journey's has collaborated with partnership schools to ensure students have the necessary devices and services to complete academic work and participate in psychotherapy services.