Stages of Team Development to Successfully Implement PLL

<u>Please note</u>:   This document will serve as a compass for your agency's PLL teams to determine what is concretely needed to move beyond survival mode and developmentally into the other three stages. Transportability is defined as: **"The ease of which a service provider can take the concepts of the PLL model and integrate them into the real world with real families."**

All new PLL teams begin in the Survival Stage. To move out of Survival Stage <u>a minimum of 5 out of 7 benchmarks</u> must be met in the Stable stage. To Move into Success, <u>a minimum of 6 out of 7 benchmarks</u> must be met. To move into Significance, <u>all 7 benchmarks</u> must be met.

Stages are assessed at the end of each license year. If a team which was previously rated at "Stable", "Success" or "Significance" does not maintain the benchmarks needed to remain in that stage, they drop down to the level for which they meet the requirements. Any new therapist begins in Survival and is assessed at the end of the license period. Typically, it takes a full 12 months in order to move out of Survival.

Checklist for Each Stage of Development *(Definitions listed in Appendix A)*

	Survival	Stable **Must meet 5 of 7 Benchmarks**	Success **Must meet 6 of 7 Benchmarks**	Significance **Must meet 7 of 7 Benchmarks**
Tenure	☐ Therapist has not yet implemented the PLL Model for 12 months Comments	☐ Therapist has implemented the PLL Model for 12 months (1 years) Comments	☐ Therapist has implemented the PLL Model for 24 months (2 years) Comments	☐ Therapist has implemented the PLL Model for 36 months (3 years) Comments
Utilization Standard	☐ Clinical Minimum not met during License Period Comments	☐ Clinical Minimum Met during License Period Comments	☐ Clinical Minimum Met during License Period Comments	☐ Full License Utilization Met during License Period Comments
Referral Engagement Standard	☐ Referral Engagement Rates below 70% Comments	☐ Referral Engagement Rates 70% or Higher Comments	☐ Referral Engagement Rates 75% or Higher Comments	☐ Referral Engagement Rates 80% or Higher Comments
Completion Rate Standard	☐ Completion Rates below 70% Comments	☐ Completion Rates 70% or Higher Comments	☐ Completion Rates 75% or Higher Comments	☐ Completion Rates 80% or Higher Comments
Research Measures Standard	☐ Administration of Research Measures below 70% Comments	☐ Administration of Research Measures 70% or Higher Comments	☐ Administration of Internal Research Measures 80% or Higher Comments	☐ Administration of Internal Measures 90% or Higher Comments
Supervision Performance Standard *(Dashboard updates, fidelity paperwork, video submissions)*	☐ Not yet meeting all three performance standards Comments	☐ Meeting two of the three performance standards Comments	☐ Meeting all three performance standards Comments	☐ Meeting all three performance standards Comments
Model Adherence Level	☐ Model Adherence Level Baseline Not Yet Achieved Comments	☐ Model Adherence Baseline Achieved Comments	☐ Intermediate Model Adherence Level Achieved Comments	☐ Advanced Model Adherence Level Achieved Comments

Appendix A: Key Definitions

☒ <u>Tenure</u> – No Staff Attrition of primary PLL Therapist within the first year

☒ <u>Utilization Standard</u> – Each therapist is expected to serve the clinical minimum of 24 families each 12 month period with the goal of fully utilizing their license. Full utilization for an ATP therapist is 36 families; for a reentry therapist is 30 families; and for a therapist serving both ATP and reentry youth (blended) it is 32 families. Problems in this area can occur when the PLL team does not interface with his or her community, not only to generate consistent referrals, but to form solid relationships with each referring agency. PLL referrals may come from a variety of sources, but typically come from Juvenile Court, Probation, Foster Care, or the Schools. If the PLL team largely sits around and just waits for referrals, the referrals stop coming in or do not come in consistently. PLL uses group clusters of families. If the PLL team does not receive these clusters, group cannot begin. In turn, that six week cycle is lost for the year and the total number served plummets.

☒ <u>Referral Engagement Standard</u> – The number of families who receive the PLL Motivational Intake and then attend their first session. This engagement rate should remain above 70%.

☒ <u>Completion Rate Standard</u> – The percentage of successful completers from the sum total of Completers and Non-Completers.

☒ <u>Research Measures Standard</u> – Research Internal Measures are administered to the families as both pre-tests and post-tests. These measures are then submitted to PLL and are utilized in both model adherence (outcomes are shared with the families in family therapy sessions) and for year-end aggregate analysis.

☒ <u>Supervision Performance Standard</u> – Each team is expected to meet three standards: 1) update the PLL Dashboard 24 hours prior to each PLL Supervision session; 2) submit all requested PLL fidelity paperwork 24 hours prior to PLL Supervision or as requested by the PLL Supervisor; and 3) submit videos for PLL Supervision for a minimum of 80% of their scheduled video supervision sessions

☒ <u>Model Adherence Levels</u> – Score 80% or higher on Content and 70% or higher on Process in the Beginner VSM for all 6 groups and all four core coaching phases to move to the Intermediate Level of Model Adherence; then score 80% or higher on all Intermediate VSM's to move into the Advanced Level of Model Adherence. The paperwork should also correlate with the VSM's in model adherence.