

DOUGLAS COUNTY GOVERNMENT

Finance Department, Purchasing Division

100 Third Street, Suite 130

Castle Rock, Colorado 80104

Telephone: 303-660-7434

www.douglas.co.us

REQUEST FOR PROPOSAL (RFP)

NO. 001-24

**ENHANCED MODEL OF MENTAL/BEHAVIORAL HEALTH SERVICE – SUPPORTIVE
MENTAL/BEHAVIORAL HEALTH SERVICES FOR DOUGLAS COUNTY YOUTH AND
FAMILIES, AND TECHNOLOGY ENHANCEMENTS**

**YOUR PROPOSAL RESPONSE MUST BE RECEIVED NO LATER THAN
JANUARY 31, 2024 @ 3:00 PM**

PROPOSAL CERTIFICATION

We offer to furnish to Douglas County the materials, supplies, products and/or services requested in accordance with the specifications and subject to the terms and conditions of the purchase(s) described herein:

NAME: Savio House

ADDRESS: 325 King Street

CITY: Denver STATE: CO ZIP: 80219

TELEPHONE NUMBER: 303-225-4040 FAX NUMBER: _____

E-MAIL: naguiar-dave@saviohouse.org

BY: Norma Aguilar-Dave

(Printed or Typed Name)



(Written Signature)

TAXPAYER I.D. NUMBER: 84-0570279

Signature constitutes acceptance of all terms and conditions listed on this form and all documents attached.

Please submit five (5) paper copies (single-sided and not spiral bound) of your proposal response in a sealed envelope that is clearly marked with the Request for Proposal information listed above. Mail or hand-carry all proposals to Douglas County Government, Finance Department, Purchasing Division, 100 Third Street, Suite 130, Castle Rock, Colorado 80104, prior to the proposal due date and time. Electronic and/or fax proposal responses will not be accepted. It is the sole responsibility of the respondent to see that their proposal response is received on time; proposals will not be considered which are received after the time stated. If closure of Douglas County buildings occurs on the proposal due date, proposals must be delivered to the Purchasing Division on the following business day before 12 noon.

Douglas County Government reserves the right to reject any or all proposals, to waive formalities, informalities, or irregularities contained in a said proposal and furthermore, to award a contract for items herein, either in whole or in part, if it is deemed to be in the best interest of the County to do so. Additionally, we reserve the right to negotiate optional items and/or services with the successful firm.

Section 1: Organization

a) Savio acknowledges the general requirements listed in Section E. In addition, it meets the minimum requirements listed in **Section F**:

1) *Ability to Conduct Business:*

- a) Savio is legally able to perform work and has the appropriate state and program licensures.
- b) Savio has sufficient insurance coverage that meets expectations of various state and local funders, will provide a Certificate of Insurance upon request, and is able to continuously meet the County's insurance requirements.
- c) Savio has active federal funding; it is not suspended or disbarred from receiving federal funds.
- d) Savio acknowledges the County may deem any conflicts of interest as unacceptable.

2) *Organization*

- a) Founded in 1966, Savio is a well-established family service provider, with nearly 150 staff. It has eight Multisystemic Therapy (MST) teams (each consisting of four therapists and a supervisor), and a Functional Family Therapy (FFT) team that can consist of up to seven clinical staff. These two programs were specifically requested in the RFP. Savio also has departments dedicated to accounting, finance, and human resources.
- b) The organization is headquartered in Denver, Colorado. It has a substantial local presence and actively provides services across the Front Range, including in Douglas County.
- c) Savio has established active relationships with federal, state, and municipal agencies across Colorado. In 2023, Savio served families referred by 76 public partners including Douglas County Human Services and the 18th Judicial District. Savio also worked with Douglas County through the Rewiring initiative, in which it served 38 Douglas County families with similar programming from 2020-2022.

3) *Program and Management Experience:*

1) Savio specializes in providing intensive in-home services for youth and families and has extensive experience providing this type of service. Its experience includes providing MST and FFT programs. Savio was the first organization in Colorado to offer MST and is the largest provider of the program. This experience has equipped Savio with the knowledge and infrastructure needed to comply with relevant laws and regulations, including those ensuring client privacy and confidentiality, and consent/assent practices.

2) Norma Aguilar Dave (LCSW, CACIII) serves as the organization's Executive Director. She has provided services to youth and families for nearly thirty years. Her experience includes supervising Savio's MST and FFT programming. She has overseen both programs and ensured they exceed national benchmarks for high-quality outcomes, as confirmed by independent, external consultants. Outcome tracking extends to all Savio's evidence-based programs and is routinely reviewed with Savio's referral partners to ensure outcomes accurately reflect the family's status and meet the partner's expectations.

Additionally, Savio works with the model developers and professional consultants to oversee MST and FFT. This layer of supervision ensures programs are delivered to the expectations of the national model. These expectations to adhere to the model are established in the initial orientation and reinforced

during supervision and booster training sessions. In MST, this process is evaluated through the Therapist Adherence Measure-Revised (TAM-R). This form surveys the youth's caregivers on the approach and techniques used by the therapist. An external consultant analyses the results to assess the therapist's fidelity to MST's treatment principles. The consultant also formally evaluates the team's adherence through the Program Implementation Review (PIR) process, conducted twice annually. The process measures 37 data points to evaluate outcomes and model fidelity. Criteria include cumulative TAM-R scores, case sizes, and compliance with core program components. In addition, the consultant evaluates the MST supervisor with the Supervisor Adherence Report (SAM). This tool tracks and measures 36 data points to ensure the supervisor is overseeing cases and the clinical staff in accordance with the model's principles. The evaluation is based on the supervisor's self-review, therapist's scores of their supervisor, and consultants' observations.

FFT fidelity is measured at both the therapist- and site-levels. Supervisors monitor therapist model adherence each week during clinical supervision. Case data is entered into FFT's data system and is analyzed to provide a global fidelity rating for each therapist. Site adherence is examined three times per year through joint analysis conducted by the team supervisor and professional consultant. They utilize FFT's Tri-Yearly Performance Evaluation (TYPE) report that measures treatment dosage and pacing, therapist utilization rates, note completion, and program completion percentages. If necessary, the supervisor will complete a quality assurance plan to address areas of low fidelity as well as identify strategies that support ongoing success in model implementation.

3) Savio prioritizes customer service and has extensive experience working with federal, state, and local agencies in providing in-home behavioral health services. The organization conducts quarterly assessment meetings with referral partners to review outcomes and provide a forum to discuss opportunities to strengthen services to families or the partner.

To ensure high-quality customer service for clients, Savio provides families with information regarding grievance procedures that can be used if a family has a formal complaint regarding their provider. In addition, Savio surveys families to assess client satisfaction and identify areas to improve. Cases are overseen by experienced Savio staff and, in most cases, an external consultant that ensures high-quality services that are directed-by and responsive-to the family wishes.

4) Savio's executive director, controller, and board of trustees will be responsible for oversight of federal funds. Savio has current federal awards and has successfully managed federal funds closed in 2023.

Savio uses the accounting software Microsoft Dynamics Great Plains. This system allows a separate tracking system (department) for each type of spending as well as funding source. Internal allocation of indirect costs is shared by each department and funding source during the annual budget process and allocated appropriately throughout the year. The controller and executive director review the costs and track the budget for each funding source, monthly. This is also presented to the board of directors during their monthly meeting.

5) Savio has a three-person HR department that leads the organization's recruitment and retention efforts, in partnership with a cross-departmental committee. Supervisors conduct regular performance reviews, with standard procedures in place to address performance issues. Performance issues are typically detected through the extensive supervision outlined above and are addressed through the support of the supervisor and consultant.

In addition to program and management experience and practices listed above, Savio has been accredited by the Council on Accreditation (COA) since 2007. COA is a reputable nonprofit accreditor of human services. Their accreditation indicates Savio's programs, services, administration, and management have been rigorously evaluated and meet best practice criteria. The COA accreditation process evaluates hundreds of criteria that ensure administration, management, financial management, and service delivery meet best practice standards. COA renewed Savio's accreditation in 2023 after reviewing 593 standards.

b) A completed copy of Appendix C of SAMSHA's Notice of Funding Opportunity is included.

Section 2: Services

a) Savio seeks to participate in the Enhanced Model of Service by providing intensive in-home treatment for up to 40 families utilizing the two requested programs, Multisystemic Therapy and Functional Family Therapy, as well as additional home-based models as needed.

b) Savio specializes in providing in-home, evidence-based treatment model for youth and families. This type of service provides effective, holistic services in a comfortable, familiar environment. Savio is Colorado's largest provider of the two evidence-based programs specifically requested in the RFP: Multisystemic Therapy (MST) and Functional Family Therapy (FFT). Savio has provided MST to more than 5,000 families since 1999 and FFT to more than 2,300 families since 2006. In addition to providing the standard variations of these models, Savio is licensed to provide four model adaptations to meet the specific needs of families:

- Multisystemic Therapy – Contingency Management (MST-CM) and Functional Family Therapy-Contingency Management (FFT-CM) are model adaptations that support youth who are misusing substances.
- Multisystemic Therapy-Problem Sexual Behavior (MST-PSB) is a model adaptation for youth whose behavioral health problems include problematic sexual behavior.
- Functional Family Therapy – Gang (FFT-G) is specifically tailored to meet the needs of youth who are involved in gangs.

MST, FFT, and these four model adaptations will meet the needs of most youth ages 11-18. However, Savio will also be able to provide any of its other home-based services for youth and families. This offering includes two trauma-based programs: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Eye Movement Desensitization and Reprocessing (EMDR). Both programs are recognized as evidence-based by the California Evidence-Based Clearinghouse and other reputable program evaluators.

All the above-mentioned programs are intensive in-home treatments that can be appropriate treatment options for families served by the Douglas County Youth Care Compact, including those utilizing the Walk-In Crisis Center and Crisis Stabilization Unit. Savio currently receives referrals to these programs from higher levels of care, including residential treatment facilities. These home-based programs allow youth to return to their homes and communities while still receiving intensive support from professional therapists.

Upon referral, a senior Savio staff member will conduct an assessment with the family to gain a preliminary understanding of the youth, family, behavioral health concerns, and underlying issues. In most cases, MST or FFT will be the most appropriate program.

MST and FFT programs are both designed to create sustainable changes by engaging the family and other systems that impact the youth. MST therapists visit the family 2-3 times per week for 4-5 months. FFT, EDMR, and TF-CBT therapists provide services once per week for 3-4 months. Savio provides all its models through in-home services, which eliminates access barriers, increases engagement, and can provide key clinical insight into the family dynamics.

After the assessment, the Savio therapist creates a safety plan that assesses risk and protective factors to ensure the safety of the youth, their family, and the community. Therapists and families also jointly create program goals at the outset of treatment. One goal remains consistent across all families: the family needs to stay together, and the youth needs to avoid needing a higher level of care for the case to be successful. In cases referred by DCMHI, successful outcomes would mean there is no further reliance on the crisis system.

Additional goals are specific to each family and reflect their culture, situation, and priorities. Goals frequently include eliminating unwanted behaviors (e.g., abstaining from substance use) and improving the youth and family's well-being (e.g., increasing pro-social activities and strengthening family relationships).

Therapists and the family assess progress continually. Outcomes are continually reviewed with the partner agency during quality assurance meetings, if desired. The therapist and the referral source assign a case outcome (successful, partially successful, or unsuccessful) at discharge. Treatment outcomes for these programs use the following criteria:

Successful - 85% or more of the family's individualized goals are achieved and the youth does not need a higher-level intervention.

Partially successful - 50% or more of the family's individualized goals are achieved and the youth do not need a higher-level intervention.

Unsuccessful – Less than 50% of the family's goals are achieved or a higher level of care is needed.

c) Savio works closely with public referral sources across the state. Each referring agency engages at different levels, and thus Savio will adapt to the partners' needs and ability to remain involved in the case. Two of Savio's senior program staff will serve as the primary points of contact for DCMHI staff. Courtney Fiedler (LPC, LMFT) oversees Savio's MST program. She began her career as an MST therapist and has been with the organization for more than 14 years. Elizabeth Doner (MA, LPC) oversees five programs for adolescents, including FFT, EMDR, and TF-CBT. She has been with Savio for 13 years.

These two staff members will assist DCMHI in identifying appropriate cases for referral. They will also conduct assessments to ensure families are matched with the correct program model. In addition to accepting referrals and conducting assessments, they oversee the relevant programs. These two program coordinators will be the primary point of contact to address questions and concerns. They can also facilitate partnerships with other treatment providers or agencies if opportunities to collaborate arise. Finally, they conduct evaluations, and can discuss barriers to success.

d) Savio therapists typically have a master's degree in a clinical field that allows them to be licensed or pursue licensure with the Department of Regulatory Affairs. Eligible disciplines include social work, marriage and family therapy, and counseling. All therapists are supervised by licensed clinicians.

Individual therapists are not certified and may or may not be licensed; instead, certification is provided at the team and organizational levels. MST licensing requires model fees, participation in MST-approved consultation, adherence to model standards, and achievement of standard performance measures. Adherence is measured through continual monitoring by a professional consultant. The consultant also conducts a Program Implementation Review (PIR) and Supervisor Adherence Review (SAM) twice annually. Savio began providing MST in 1999 and has continually maintained its national certification through the model developer, MST Services.

MST training is rigorous and ongoing. All new MST therapists and supervisors are introduced to the theory and techniques of the model during a six-day orientation. Therapists receive individual supervision as needed, and weekly group supervision and consultation. The consultant also provides quarterly booster sessions to reinforce the model principles and strengthen therapeutic skills. All Savio's MST therapists receive additional training in the model's contingency management adaptation (MST-CM), which allows them to provide a tailored intervention for youth misusing substances. Due to the rigorous training and professional oversight, the MST model does not require staff to be individually licensed. Each therapist must have at least a bachelor's degree in a relevant field. Historically, more than 90% of Savio's MST therapists have held a master's degree.

Like MST, FFT national certification is also provided at the organization and team level. Certification requires a national fee and maintaining program adherence, as measured by the model's Client Services System (CSS). Site certification is renewed annually. FFT requires all therapists to hold a master's degree.

FFT site training is provided in three phases and is facilitated by a consultant from the model developer, FFT, LLC. The first phase (clinical training) typically lasts 12-18 months. During this stage, the FFT trainer introduces the clinical team to the model's core components. The consultant provides direct supervision of cases and coaches the therapeutic team as they become familiar with the clinical practices of the model. Savio trains FFT therapists in the contingency management adaptation of FFT as necessary to treat youth misusing substances. The year-long second training phase is focused on transitioning clinical oversight to the team supervisor. During the final maintenance phase, the FFT site is fully trained with less intensive direct case consultation. The FFT consultant provides an annual booster session to review taped sessions and strengthen clinical skills. They also continually review outcome and adherence measures with the supervisor to ensure program quality and model fidelity.

TF-CBT and EMDR therapists must hold a master's degree in a relevant field. Staff are required to hold appropriate qualifications and certifications in these specific modalities. Certification includes training from an accredited organization within the field of mental health and trauma therapy. This training equips therapists with the necessary knowledge, skills, and techniques to effectively implement TF-CBT and EMDR interventions with clients who have experienced trauma. Certification programs involve training, supervised practice, and examinations to ensure therapists meet competency standards set forth by the respective models.

Furthermore, therapists delivering TF-CBT and EMDR are required to demonstrate not only proficiency but also strict adherence to the models' established standards and protocols. This entails following

evidence-based guidelines for assessment, treatment planning, intervention techniques, and ongoing evaluation. Adherence to these standards ensures that clients receive consistent, high-quality care that aligns with best practices in trauma therapy.

Appendix C – Confidentiality and SAMHSA Participant Protection/Human Subjects Guidelines

1. Protect Participants and Staff from Potential Risks

Foreseeable Risks for Participants: Participants in Savio's programs may face various physical, medical, psychological, social, and legal risks. These risks include but are not limited to: exacerbation of existing mental health conditions; potential retraumatization during therapy sessions; adverse reactions to therapeutic interventions; and negligent breaches of confidentiality leading to social or legal consequences.

Foreseeable Risks for Staff: Staff may be exposed to physical, medical, psychological, social, and legal risks while carrying out their duties. These risks include but are not limited to: emotional fatigue or burnout from working with clients experiencing significant distress; potential exposure to vicarious trauma; and legal risks associated with maintaining confidentiality and adhering to professional standards of care. In addition, staff deliver community-based services, exposing them to the inherent dangers associated with driving automobiles and entering private homes, away from public view.

Procedures to Minimize Risks: To mitigate these risks, Savio has implemented stringent procedures and protocols. The deployment of evidence-based interventions is protective of both staff and participants. For staff, the models provide regular support, specific steps, and built-in guardrails. For participants, the models are trustworthy—they are proven to alleviate, not worsen symptoms.

To further protect participants, all Savio staff undergo comprehensive background checks, fingerprinting, and drug testing. Clinician may only operate within their education and training level, meaning that staff with bachelor's degrees, master's degrees, and licensure have differing roles and responsibilities.

Finally, Savio's programs are subject to state regulation, which include annual audits of clinical files.

For staff, standard policies and procedures include comprehensive initial and ongoing training for staff members to ensure competence in delivering evidence-based interventions safely and effectively. Savio prioritize the maintenance of a supportive and trauma-informed work environment, which includes regular in-person supervision, team-based consultation, debriefing sessions, and on-demand access to licensed supervisor. Self-care is also promoted through the organizational use of Components for Enhancing Career Experience and Reducing Trauma (CE-CERT), a suite of skills designed to support well-being in professionals who are exposed to secondary trauma. Additionally, strict confidentiality measures are enforced to safeguard the privacy and legal rights of both participants and staff. Staff are trained in de-escalation and monitoring their surroundings (e.g. sitting by a door) to promote their safety while providing in-home services.

To ensure safe driving, staff complete a driver safety training. They are required to report driving infractions to their supervisor and the HR department. Staff are required to complete additional trainings if multiple infractions occur.

Plan for Adverse Effects: In the event of adverse effects experienced by participants or staff, Savio has established clear protocols for response and support. This includes immediate access to clinical supervision and consultation for staff members, as well as providing participants with guidance and access to appropriate resources for managing any adverse reactions or experiences during treatment. Supervisors are trained to recognize signs of adverse effects on staff. Savio provides access to resources for self-care and emotional support through a robust Employee Assistance Program that includes holistic

support including counseling sessions. The organization is committed to addressing any adverse effects promptly, transparently, and with the utmost sensitivity to ensure the ongoing safety and well-being of all involved parties.

2. Fair Selection of Participants

Referrals for the featured programs primarily come from the Douglas County Mental Health Initiative and partners including the Colorado Crisis Continuum of Care. Program staff collaborate closely with these referral sources to ensure that information about the program is accessible and disseminated widely. To ensure equitable opportunities for participation, staff actively engage with community stakeholders and cultural liaisons to understand and address potential obstacles to participation, such as language barriers or cultural stigma surrounding mental health services. Savio provides training to staff to understand cultural considerations, implicit bias, and other factors that may restrict access to programming.

Exclusionary Criteria:

While Savio aims to provide services to as many individuals as possible, there are standard exclusionary criteria for certain programs to ensure the safety and effectiveness of interventions. For example, individuals with severe and persistent mental illness requiring specialized psychiatric care beyond the scope of the programs may be excluded. Additionally, individuals who pose a risk of harm to themselves or others (e.g. are actively suicidal or homicidal) are not suitable candidates for home-based interventions. These exclusionary criteria are based on clinical guidelines and are applied consistently and transparently to all potential participants.

3. Absence of Coercion

Savio adheres to ethical principles and guidelines to ensure that participant involvement remains voluntary and free from undue influence. The organization's approach to compensation and incentives for participants is designed to be appropriate, judicious, and culturally responsive, while also respecting the autonomy and dignity of individuals. Participants may be awarded incentives for their involvement in the program, which can include items such as gift cards, bus passes, or other tangible goods. This compensation is provided to reduce barriers to engaging in program activities or therapeutic recommendations.

Compensation and Incentives for the implementation of MST-CM and FF-CM:

For participants engaged in Multisystemic Therapy -Contingency Management (MST-CM) and Functional Family Therapy- Contingency Management (FFT-CM), incentives are built into the clinical model reinforce positive behaviors and promote engagement in treatment. These programs are evidence-based models that incorporate contingency management principles to incentivize adherence to treatment goals and desired outcomes.

Justification of Incentives:

The use of incentives in this context is justified by research demonstrating its effectiveness in promoting behavior change and enhancing treatment engagement among youth with substance misuse issues. As dedicated professionals, all clinical staff recognize the importance of ensuring that incentives are appropriate and do not unduly influence participant decision-making. Savio's approach to incentivizing

participation is conservative and carefully balanced to avoid creating undue inducement. Participants are informed of the availability of incentives in a culturally appropriate manner, emphasizing that participation in the program is voluntary and that services will be provided regardless of their choice to participate.

Culturally Competent Communication:

Staff are trained to communicate with participants in a culturally responsive manner, taking into account their diverse backgrounds, values, and preferences. Information about the availability of services, including the use of incentives, is provided in a clear and accessible manner, using language and materials that resonate with the target population. Participants are assured that their decision to participate or not participate in the data collection component will not affect their access to services or the quality of care they receive.

4. Data Collection:

For data collection, Savio employs a comprehensive approach that involves gathering information from multiple sources to ensure a thorough understanding of participants' needs, progress, and outcomes. Questionnaires, interviews, and assessments are generally conducted in-person.

Sources of Data:

Data will be collected from various stakeholders involved in the program, including referring partners, participants, and participants' family members.

Data Collection Procedures:

The data collection procedures encompass a variety of methods, including but not limited to:

Interviews: Structured interviews will be conducted with participants and their family members to gather information about their background, presenting concerns, treatment goals, and progress.

Psychological Assessments: Standardized psychological assessments will be administered to assess participants' mental health symptoms, functioning, and strengths.

Questionnaires: Participants and their family members will complete questionnaires to provide self-report data on various aspects of their well-being, including symptoms, functioning, and satisfaction with the program.

Observation: Observational data will be collected by program staff during interactions with participants to assess their behavior, communication skills, and engagement in treatment.

School Records: With participant consent, relevant information will be obtained from school records to assess academic performance, attendance, and behavior.

Specimen Collection:

Specimen collection, such as urine or blood samples, is not part of the data collection procedures for evaluation purposes. Savio's focus is primarily on gathering qualitative and quantitative data through interviews, assessments, questionnaires, and observations to inform treatment planning and monitor progress.

Attachment 2:

In Attachment 2, titled "Data Collection Instruments/Interview Protocols," there are copies of all available data collection instruments and interview protocols that Savio plans to use.

Privacy and Confidentiality: Privacy and confidentiality of participant data is paramount in the program, accordingly, Savio has implemented robust measures to safeguard sensitive information throughout the data collection, storage, and access processes.

Storage of Data: All collected data will be securely stored in electronic databases with restricted access. These databases are housed on secure servers that adhere to industry-standard encryption protocols and are maintained by a third party IT contractor.

Access to Data: Access to participant data will be strictly limited to authorized individuals directly involved in the program, including designated program staff, supervisors, and research personnel. Each authorized individual will be assigned unique login credentials to access the electronic database, and access permissions are tailored to their specific role and responsibilities within the program.

Maintaining Participant Privacy:

To maintain the privacy and confidentiality of participants, Savio will employ several strategies, including limiting access to patient records, delivering staff trainings, and identifying a designated compliance officer. Access to participant records will be limited to authorized personnel on a need-to-know basis. Strict access controls will be enforced to prevent unauthorized individuals from accessing or viewing sensitive information. In addition, Savio affirms its commitment to maintaining the confidentiality of substance use disorder client records in accordance with the provisions outlined in Title 42 of the Code of Federal Regulations, Part II, Subpart B. Savio is fully compliant with these regulations and will uphold the highest standards of confidentiality in handling participant information. These standards are maintained through the organization's policies, reviewed in staff training and supervision. Savio's accrediting agency, Council on Accreditation, also conducts a review to ensure Savio's policies, procedures, and practice meet these requirements.

16. Adequate Consent Procedures

Sample consent forms are attached.

For individuals with limited reading skills, elderly participants, and those who do not use English as their first language, staff employ various strategies to ensure understanding and facilitate informed consent. These include: 1) reading the consent forms aloud in a clear and understandable manner; 2) using interpreters or bilingual staff to provide explanations and answer questions in participants' preferred languages; 3) engaging in a dialogue with prospective participants to assess their understanding and address any concerns or questions they may have; 4) providing copies of the consent forms in the participants' preferred language, and 5) ensuring that they have the opportunity to review the forms before signing.

Documentation of Consent:

Consent will be documented through signed consent forms, which will be retained in participants' files in accordance with confidentiality protocols. Copies of signed consent forms will be provided to participants for their personal records, and they will be informed of their right to withdraw their consent

at any time. Savio is committed to ensuring that consent procedures are conducted ethically, transparently, and in a manner that respects participants' autonomy and rights.

7. Risk/Benefit Discussion

The risks identified in Element 1 are carefully weighed against the anticipated benefits that participants will derive from their involvement in the project. While it's acknowledged that therapeutic programs may entail certain physical, medical, psychological, social, and legal risks, we firmly believe that these risks are reasonable when compared to the significant benefits participants stand to gain. The anticipated benefits to participants involved in the project are manifold and encompass various dimensions of well-being and positive outcomes. These benefits include:

Improved Mental Health: Participants will receive evidence-based therapeutic interventions tailored to their unique needs, which have been demonstrated to effectively address mental health concerns and promote psychological well-being.

Strengthened Family Relationships: Through programs such as Functional Family Therapy (FFT) and Multisystemic Therapy (MST), participants and their families will receive support and guidance to improve communication, resolve conflicts, and build stronger, healthier relationships.

Enhanced Coping Skills: Participants will acquire coping skills and strategies to better manage stress, regulate emotions, and navigate challenges in their daily lives.

Reduced Risk Behaviors: Intervention programs, such as MST-CM and FFT-CM, are designed to address specific risk factors such as substance misuse, problem sexual behavior, and gang involvement, thereby reducing the likelihood of engagement in harmful behaviors.

Increased Academic and Social Functioning: By addressing mental health concerns and familial dynamics, participants are expected to experience improvements in academic performance, school attendance, and social integration.

Improved Quality of Life: Ultimately, participation in the project is anticipated to lead to an overall enhancement in participants' quality of life, fostering greater resilience, empowerment, and life satisfaction.

In light of these anticipated benefits, and aforementioned risk mitigation activities, the risks associated with participation in the project are reasonable and justifiable. The likelihood and significance of potential positive outcomes for participants far outweigh the potential risks, underscoring the importance and value of family involvement in treatment.

Protection of Human Subjects Regulations:

Although it is anticipated that this project will not require Institutional Review Board (IRB) approval under the Protection of Human Subjects Regulations (45 CFR 46), Savio's leadership understands the importance of ensuring compliance with these regulations should the project meet the criteria for research involving human subjects. In the event that the project does require IRB approval, Savio will initiate the process for obtaining such approval in accordance with established procedures.

CHILD AND ADOLESCENT TRAUMA SCREEI

CAREGIVER REPORT (AGES 7-17)

CHILD'S NAME: _____ CAREGIVER NAME: _____ DATE: _____

Stressful or scary events happen to many children. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to the child to the best of your knowledge. Mark NO if it didn't happen to the child.

	YES	NO
1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	<input type="radio"/>	<input type="radio"/>
2. Serious accident or injury like a car/bike crash, dog bite, or sports injury.	<input type="radio"/>	<input type="radio"/>
3. Threatened, hit or hurt badly within the family.	<input type="radio"/>	<input type="radio"/>
4. Threatened, hit or hurt badly in school or the community.	<input type="radio"/>	<input type="radio"/>
5. Attacked, stabbed, shot at or robbed by threat.	<input type="radio"/>	<input type="radio"/>
6. Seeing someone in the family threatened, hit or hurt badly.	<input type="radio"/>	<input type="radio"/>
7. Seeing someone in school or the community threatened, hit or hurt badly.	<input type="radio"/>	<input type="radio"/>
8. Someone doing sexual things to the child or making the child do sexual things to them when he/she couldn't say no. Or when the child was forced or pressured.	<input type="radio"/>	<input type="radio"/>
9. On line or in social media, someone asking or pressuring the child to do something sexual. Like take or send pictures.	<input type="radio"/>	<input type="radio"/>
10. Someone bullying the child in person. Saying very mean things that scare him/her.	<input type="radio"/>	<input type="radio"/>
11. Someone bullying the child online. Saying very mean things that scare him/her.	<input type="radio"/>	<input type="radio"/>
12. Someone close to the child dying suddenly or violently.	<input type="radio"/>	<input type="radio"/>
13. Stressful or scary medical procedure.	<input type="radio"/>	<input type="radio"/>
14. Being around war.	<input type="radio"/>	<input type="radio"/>
15. Other stressful or scary event? <u>Describe:</u>	<input type="radio"/>	<input type="radio"/>
16. Which event(s) are your child bothering the most now?		

Turn the page and answer the next questions **about all the scary or stressful events that happened to the child.**

Mark 0, 1, 2 or 3 for how often the child has had the following thoughts, feelings, or problems in the last four weeks: 0 = Never / 1 = Sometimes / 2 = Often / 3 = Almost always

- | | | | | |
|--|---|---|---|---|
| 1. Upsetting thoughts or memories about what happened pop into the child's head. Or the child re-enacting what happened in play. | 0 | 1 | 2 | 3 |
| 2. Bad dreams related to what happened. | 0 | 1 | 2 | 3 |
| 3. Acting, playing, or feeling as if what happened is happening right now. | 0 | 1 | 2 | 3 |
| 4. Feeling very upset when reminded of what happened. | 0 | 1 | 2 | 3 |
| 5. Strong physical reactions when reminded of what happened (sweating, heart beating fast, upset stomach). | 0 | 1 | 2 | 3 |
| 6. Trying not to think about or have feelings about what happened. | 0 | 1 | 2 | 3 |
| 7. Avoiding anything that is a reminder of what happened (people, places, things, situations, talks). | 0 | 1 | 2 | 3 |
| 8. Not being able to remember an important part of what happened. | 0 | 1 | 2 | 3 |
| 9. Having negative thoughts, such as: | | | | |
| a. I won't have a good life. | 0 | 1 | 2 | 3 |
| b. I can't trust other people. | 0 | 1 | 2 | 3 |
| c. The world is unsafe. | 0 | 1 | 2 | 3 |
| d. I am not good enough. | 0 | 1 | 2 | 3 |
| 10. Blame for the event(s) | | | | |
| a. Blaming self for what happened. | 0 | 1 | 2 | 3 |
| b. Blaming others for what happened even though it wasn't their fault. | 0 | 1 | 2 | 3 |
| 11. Upsetting feelings (afraid, angry, guilty, ashamed) a lot of the time. | 0 | 1 | 2 | 3 |
| 12. Not wanting to do things he/she used to do. Losing interest in activities he/she used to enjoy. | 0 | 1 | 2 | 3 |
| 13. Not feeling close to people. | 0 | 1 | 2 | 3 |
| 14. Showing or having less happy feelings. | 0 | 1 | 2 | 3 |
| 15. Managing strong feelings | | | | |
| a. Having a hard time calming down when upset. | 0 | 1 | 2 | 3 |
| b. Being irritable. Or having angry outbursts and taking it out on others. | 0 | 1 | 2 | 3 |
| 16. Risky behavior or behavior that could be harmful. Doing unsafe things. | 0 | 1 | 2 | 3 |
| 17. Being overly alert or on guard. | 0 | 1 | 2 | 3 |
| 18. Being jumpy or easily startled. | 0 | 1 | 2 | 3 |
| 19. Problems with concentration. | 0 | 1 | 2 | 3 |
| 20. Trouble falling or staying asleep. | 0 | 1 | 2 | 3 |

Please mark YES or NO if the problems you marked interfered with:

- | | YES | NO | | YES | NO |
|------------------------------|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| 1. Getting along with others | <input type="radio"/> | <input type="radio"/> | 4. Family relationships | <input type="radio"/> | <input type="radio"/> |
| 2. Hobbies/Fun | <input type="radio"/> | <input type="radio"/> | 5. General happiness | <input type="radio"/> | <input type="radio"/> |
| 3. School or work | <input type="radio"/> | <input type="radio"/> | | | |

DIMENSIONAL SCORING

Child's Name: _____ Date of Assessment: _____ Index Traumatic Event(s): _____

Scoring for posttraumatic stress symptom intensity (DSM-5 PTSD)

Sum of symptom items #1 to #20. Only count the highest score for #9; #10 and #15.

DSM-5 PTSD Sum = _____

CATS 7-17 Years

Score <15

Normal. Not clinically elevated.

CATS 7-17 Years

Score 15-20

Moderate trauma-related distress.

CATS 7-17 Years

Score ≥ 21*

Elevated distress. Positive Screening threshold. *

CATS 7-17 Years

Score ≥ 25*

High trauma-related distress. Probable PTSD. *

*Validation study: Sachser et al., 2022

Scoring for posttraumatic stress symptom intensity (ICD-11 PTSD)

Sum of symptom items #2, #3, #6, #7, #17, #18.

ICD-11 PTSD Sum = _____

CATS 7-17 Years

Score <5

Normal. Not clinically elevated.

CATS 7-17 Years

Score 5-6

Moderate trauma-related distress.

CATS 7-17 Years

Score ≥ 7*

Elevated distress. Positive Screening threshold. *

CATS 7-17 Years

Score ≥ 9*

High trauma-related distress. Probable PTSD. *

*Validation study: Sachser et al., 2022

Scoring for posttraumatic stress symptom intensity (ICD-11 CPTSD)

Sum of symptom items #2, #3, #6, #7, #9b, #9d, #10a, #13, #14, #15a, #17, #18.

ICD-11 CPTSD Sum = _____

CATS 7-17 Years

Score <9*

Normal. Not clinically elevated. *

CATS 7-17 Years

Score 10-12*

Moderate trauma-related distress. *

CATS 7-17 Years

Score ≥ 13*

Elevated distress. Positive Screening threshold. *

CATS 7-17 Years

Score ≥ 16*

High trauma-related distress. Probable CPTSD. *

* clinical approximation, cut-off validation pending.

CATEGORICAL SCORING

Child's Name: _____ Date of Assessment: _____ Index Traumatic Event(s): _____

DSM-5 PTSD

DSM-5 Criteria:	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?	
Re-experiencing Items 1-5		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avoidance Items 6-7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Negative Mood/Cognitions Items 8-14 (highest of #9, #10 and #15)		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hyperarousal Items 15-20		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No questions		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Probable DSM-5 PTSD Diagnosis:			<input type="checkbox"/> Yes	<input type="checkbox"/> No

ICD-11 PTSD and CPTSD

ICD-11 Criteria:	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	ICD-11 Criteria Met?	
Re-experiencing Items 2,3		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avoidance Items 6, 7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hyperarousal Items 17,18		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No Questions		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Probable ICD-11 PTSD Diagnosis:			<input type="checkbox"/> Yes	<input type="checkbox"/> No

CPTSD Criteria (only if ICD-11 PTSD is fulfilled)				
Emotion Regulation Items 14,15a		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Negative Self-Concept Items 9d, 10a		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disturbed Relationships Items 9b, 13		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Probable ICD-11 CPTSD Diagnosis:			<input type="checkbox"/> Yes	<input type="checkbox"/> No

*CATS-2 is constructed as a screening instrument. Elevated scores may be sufficient to suggest a trauma focused treatment, but because it relies on self-report, clinicians should be cautious to use it as a diagnostic tool.

CHILD AND ADOLESCENT TRAUMA SCREEN 2 (CATS-2)

SELF REPORT (7-17 YEARS)

NAME: _____ DATE: _____

Stressful or scary events happen to many people. Below is a list of stressful and scary events that sometimes happen. Mark YES if it happened to you. Mark NO if it didn't happen to you.

	YES	NO
1. Serious natural disaster like a flood, tornado, hurricane, earthquake, or fire.	<input type="radio"/>	<input type="radio"/>
2. Serious accident or injury like a car/bike crash, dog bite, or sports injury.	<input type="radio"/>	<input type="radio"/>
3. Threatened, hit or hurt badly in my family.	<input type="radio"/>	<input type="radio"/>
4. Threatened, hit or hurt badly in school or the community.	<input type="radio"/>	<input type="radio"/>
5. Attacked, stabbed, shot at or robbed by threat.	<input type="radio"/>	<input type="radio"/>
6. Seeing someone in my family threatened, hit or hurt badly.	<input type="radio"/>	<input type="radio"/>
7. Seeing someone in school or the community threatened, hit or hurt badly.	<input type="radio"/>	<input type="radio"/>
8. Someone doing sexual things to me or making me do sexual things to them when I couldn't say no. Or when I was forced or pressured.	<input type="radio"/>	<input type="radio"/>
9. On line or in social media, someone asking or pressuring me to do something sexual. Like take or send pictures.	<input type="radio"/>	<input type="radio"/>
10. Someone bullying me in person. Saying very mean things that scare me.	<input type="radio"/>	<input type="radio"/>
11. Someone bullying me online. Saying very mean things that scare me.	<input type="radio"/>	<input type="radio"/>
12. Someone close to me dying suddenly or violently.	<input type="radio"/>	<input type="radio"/>
13. Stressful or scary medical procedure.	<input type="radio"/>	<input type="radio"/>
14. Being around war.	<input type="radio"/>	<input type="radio"/>
15. Other stressful or scary event? <u>Describe:</u>	<input type="radio"/>	<input type="radio"/>
16. Which event(s) are bothering you the most?		

Turn the page and answer the next questions **about all the scary or stressful events that happened to you.**

Mark 0, 1, 2 or 3 for how often you had the following thoughts, feelings, or problems in the last four weeks: 0 = Never / 1 = Sometimes / 2 = Often / 3 = Almost always

- | | | | | |
|--|---|---|---|---|
| 1. Upsetting thoughts or memories about what happened pop into my head. | 0 | 1 | 2 | 3 |
| 2. Bad dreams reminding me of what happened. | 0 | 1 | 2 | 3 |
| 3. Pictures in my head of what happened. Feels like it is happening right now. | 0 | 1 | 2 | 3 |
| 4. Feeling very upset when I am reminded of what happened. | 0 | 1 | 2 | 3 |
| 5. Strong feelings in my body when I am reminded of what happened (sweating, heart beating fast, upset stomach). | 0 | 1 | 2 | 3 |
| 6. Trying not to think about what happened. Or to not have feelings about it. | 0 | 1 | 2 | 3 |
| 7. Staying away from anything that reminds me of what happened (people, places, things, situations, talks). | 0 | 1 | 2 | 3 |
| 8. Not being able to remember part of what happened. | 0 | 1 | 2 | 3 |
| 9. Having negative thoughts, such as: | | | | |
| a. I won't have a good life. | 0 | 1 | 2 | 3 |
| b. I can't trust other people. | 0 | 1 | 2 | 3 |
| c. The world is unsafe. | 0 | 1 | 2 | 3 |
| d. I am not good enough. | 0 | 1 | 2 | 3 |
| 10. Blaming for the event(s) | | | | |
| a. Blaming myself for what happened. | 0 | 1 | 2 | 3 |
| b. Blaming someone else for what happened although it wasn't their fault. | 0 | 1 | 2 | 3 |
| 11. Upsetting feelings (afraid, angry, guilty, ashamed) a lot of the time. | 0 | 1 | 2 | 3 |
| 12. Not wanting to do things I used to do. | 0 | 1 | 2 | 3 |
| 13. Not feeling close to people. | 0 | 1 | 2 | 3 |
| 14. Not being able to have happy feelings. | 0 | 1 | 2 | 3 |
| 15. Managing strong feelings | | | | |
| a. It is very hard to calm down when I am upset. | 0 | 1 | 2 | 3 |
| b. Feeling mad. Having fits of anger and taking it out on others. | 0 | 1 | 2 | 3 |
| 16. Doing unsafe things. | 0 | 1 | 2 | 3 |
| 17. Being overly careful (checking to see who is around me). | 0 | 1 | 2 | 3 |
| 18. Being jumpy. | 0 | 1 | 2 | 3 |
| 19. Problems paying attention. | 0 | 1 | 2 | 3 |
| 20. Trouble falling or staying asleep. | 0 | 1 | 2 | 3 |

Please mark YES or NO if the problems you marked interfered with:

- | | YES | NO | | YES | NO |
|------------------------------|-----------------------|-----------------------|-------------------------|-----------------------|-----------------------|
| 1. Getting along with others | <input type="radio"/> | <input type="radio"/> | 4. Family relationships | <input type="radio"/> | <input type="radio"/> |
| 2. Hobbies/Fun | <input type="radio"/> | <input type="radio"/> | 5. General happiness | <input type="radio"/> | <input type="radio"/> |
| 3. School or work | <input type="radio"/> | <input type="radio"/> | | | |

DIMENSIONAL SCORING

Child's Name: _____ Date of Assessment: _____ Index Traumatic Event(s): _____

Scoring for posttraumatic stress symptom intensity (DSM-5 PTSD)

Sum of symptom items #1 to #20. Only count the highest score for #9; #10 and #15.

DSM-5 PTSD Sum = _____

CATS 7-17 Years

Score <15

Normal. Not clinically elevated.

CATS 7-17 Years

Score 15-20

Moderate trauma-related distress.

CATS 7-17 Years

Score ≥ 21*

Elevated distress. Positive Screening threshold. *

CATS 7-17 Years

Score ≥ 25*

High trauma-related distress. Probable PTSD. *

*Validation study: Sachser et al., 2022

Scoring for posttraumatic stress symptom intensity (ICD-11 PTSD)

Sum of symptom items #2, #3, #6, #7, #17, #18.

ICD-11 PTSD Sum = _____

CATS 7-17 Years

Score <5

Normal. Not clinically elevated.

CATS 7-17 Years

Score 5-6

Moderate trauma-related distress.

CATS 7-17 Years

Score ≥ 7*

Elevated distress. Positive Screening threshold. *

CATS 7-17 Years

Score ≥ 9*

High trauma-related distress. Probable PTSD. *

*Validation study: Sachser et al., 2022

Scoring for posttraumatic stress symptom intensity (ICD-11 CPTSD)

Sum of symptom items #2, #3, #6, #7, #9b, #9d, #10a, #13, #14, #15a, #17, #18.

ICD-11 CPTSD Sum = _____

CATS 7-17 Years

Score <9*

Normal. Not clinically elevated. *

CATS 7-17 Years

Score 10-12*

Moderate trauma-related distress. *

CATS 7-17 Years

Score ≥ 13*

Elevated distress. Positive Screening threshold. *

CATS 7-17 Years

Score ≥ 16*

High trauma-related distress. Probable CPTSD. *

* clinical approximation, cut-off validation pending.

CATEGORICAL SCORING

Child's Name: _____ Date of Assessment: _____ Index Traumatic Event(s): _____

DSM-5 PTSD

DSM-5 Criteria:	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	DSM-5 Criteria Met?	
Re-experiencing Items 1-5		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avoidance Items 6-7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Negative Mood/Cognitions Items 8-14 (highest of #9, #10 and #15)		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hyperarousal Items 15-20		2+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No questions		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Probable DSM-5 PTSD Diagnosis*			<input type="checkbox"/> Yes	<input type="checkbox"/> No

ICD-11 PTSD and CPTSD

ICD-11 Criteria:	# of Symptoms (Only count items rated 2 or 3)	# Symptoms Required	ICD-11 Criteria Met?	
Re-experiencing Items 2, 3		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Avoidance Items 6, 7		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hyperarousal Items 17, 18		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Functional Impairment Set of 1-5 Yes/No Questions		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Probable ICD-11 PTSD Diagnosis*			<input type="checkbox"/> Yes	<input type="checkbox"/> No

CPTSD Criteria (only if ICD-11 PTSD is fulfilled)				
Emotion Regulation Items 14, 15a		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Negative Self-Concept Items 9d, 10a		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disturbed Relationships Items 9b, 13		1+	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Probable ICD-11 CPTSD Diagnosis*			<input type="checkbox"/> Yes	<input type="checkbox"/> No

*CATS-2 is constructed as a screening instrument. Elevated scores may be sufficient to suggest a trauma focused treatment, but because it relies on self-report, clinicians should be cautious to use it as a diagnostic tool.

Client Outcome Measure - Caregiver

Name

Date

Date of Final Session

Caregiver

Please help us understand what has changed or not since counseling began. Some of the questions are about you, some are about your child, and some are about your family. Please use this scale to answer the questions below.

- 5 Very much better - Most all of the things you, your child, or your family tried to change were successful. Things are very much better.
- 4 A lot better - Many but not all of the things you, your child, or your family tried to change were successful. Things are a lot better.
- 3 Some better - Some of the things you, your child, or your family tried to change were successful. Things are somewhat better.
- 2 Little better - Few of the things you, your child, or your family tried to change were successful. Things are a little better.
- 1 No Change - The things you, your child, or your family tried to change are no different.
- 0 Things are worse - The things you, your child, or your family tried to change are worse.
- N/A Not Applicable* - This was not an issue when counseling began and is not an issue now.

In general, how much has the family changed since beginning counseling? (N/A cannot be used here)

How much has the family changed its communication skills?

How much has your child's behavior changed? (N/A cannot be used here)

How much have you changed your parenting skills?

How much have you changed your ability to supervise your child?

How much change has occurred in the family conflict level?

"Please answer the following questions about change in your child's behavior SINCE counseling began. **If the behavior was not a reason why you were referred to counseling, it is ok to use non-applicable.** Use the same scale as above."

How much did your child's illegal behavior improve?

How much did your child's runaway behavior improve?

How much did your child's school attendance improve?

How much did your child's school performance (e.g. grades, behavior) improve?

How much did your child's alcohol use improve?

How much did your child's drug use improve?

Client Outcome Measure - Youth

Name

Date

Date of Final Session

Please help us understand what has changed or not since counseling began. Some of the questions are about you and some are about your family. Please use this scale to answer the questions below.

- 5 Very much better - Most all of the things you or your family tried to change were successful. Things are very much better.
- 4 A lot better - Many but not all of the things you or your family tried to change were successful. Things are a lot better.
- 3 Some better - Some of the things you or your family tried to change were successful. Things are somewhat better.
- 2 Little better - Few of the things you or your family tried to change were successful. Things are a little better.
- 1 No Change - The things you or your family tried to change are no different.
- 0 Things are worse - The things you or your family tried to change are worse.
- N/A Not Applicable* - This was not an issue when counseling began and is not an issue now.

In general, how much has the family changed since you began counseling? (N/A cannot be used here)

How much has the family changed its communication skills?

How much has your behavior changed? (N/A cannot be used here)

How much have your caregiver(s) changed their parenting skills?

How much have your caregiver(s) changed their ability to supervise you?

How much change has occurred in the family conflict level?

Please answer the following questions about change in your behavior SINCE counseling began. **If the behavior was not a reason why you were referred to counseling, it is ok to use non-applicable.** Use the same scale as above.

How much did your illegal behavior change?

How much did your runaway behavior change?

How much did your school attendance change?

How much did your school performance (e.g. grades, behavior) change?

How much did your alcohol use change?

How much did your drug use change?

Name:

Month: _____

Therapist: _____

MULTISYSTEMIC THERAPY INSTITUTE
Therapist Adherence Measure – Revised (TAM-R)

How many times have you seen your therapist in the past seven days? _____

REGARDING YOUR LAST 2 – 3 THERAPY SESSIONS:	Did Not Respond	Not at All	A Little	Some	Pretty Much	Very Much
1) The therapist tried to understand how my family's problems all fit together.						
2) My family and the therapist worked together effectively.						
3) My family knew exactly which problems we were working on.						
4) The therapist recommended that family members do specific things to solve our problems.						
5) The therapist's recommendations required family members to work on our problems almost every day.						
6) The therapist understood what is good about our family.						
7) My family and the therapist had similar ideas about ways to solve problems.						
8) The therapist tried to change some ways that family members interact with each other.						
9) The therapist tried to change some ways that family members interact with people outside the family.						
10) My family and the therapist were honest and straightforward with each other.						
11) The therapist's recommendations should help the children to mature.						
12) Family members and the therapist agreed upon the goals of the session.						
13) My family talked with the therapist about how well we followed her/his recommendations from the previous session.						
14) My family talked with the therapist about the success (or lack of success) of her/his recommendations from the previous session.						
15) We got much accomplished during the therapy session.						
16) My family was sure about the direction of treatment.						
17) The therapist's recommendations made good use of our family's strengths.						
18) My family accepted that part of the therapist's job is to help us change certain things about our family.						
19) The therapist's recommendations should help family members to become more responsible.						
20) The therapist talked to family members in a way we could understand.						
21) Our family agreed with the therapist about the goals of treatment.						
22) The therapist checked to see whether homework was completed from the last session.						
23) The therapist did whatever it took to help our family with tough situations.						
24) The therapist helped us to enforce rules for the child.						
25) The therapist helped family members talk with each other to solve problems.						

	Did Not Respond	Not an Issue	Not at all	A Little	Some	Pretty Much	Very Much
26) The therapist helped us keep our child from hanging around with troublesome friends.							
27) The therapist helped us improve our child's behavior at school.							
28) The therapist helped us get our child to stay in school every day.							

******Comments: (Please use the back of this page)******

FFT Functional Family Therapy - Family Self Report

Name: _____ Date: _____ Session: _____

We know that the process of talking with outsiders about your life, your hopes, and your challenges can be difficult and stressful. We also know that if we do our job well then you have a better chance of experiencing great benefits. So, we need to know **how you feel we are doing**. Your feelings, whether positive or negative or mixed, count and **will make a difference**. We hope you will give us feedback that can help us better serve your family and others -- Thank you.

1.) Please help us understand how you felt your family was doing before your first session.

1	2	3	4	5	6	7
(Very Bad)		(Mostly Bad)	(So-So)		(Mostly Good)	(Very Good)

2.) Please use the same scale to help us understand how you feel things are in your family now.

1	2	3	4	5	6	7
(Very Bad)		(Mostly Bad)	(So-So)		(Mostly Good)	(Very Good)

3.) Overall, how confident or hopeful are you that your family will get better?

1	2	3	4	5	6	7
(Not Confident)		(I'm Doubtful)	(I'm unsure)		(I'm Hopeful)	(I'm Very Confident)

4.) Overall, how much do you approve or disapprove of the way your therapist is treating your family?

1	2	3	4	5	6	7
(I Strongly Disapprove)		(Disapprove)	(I Have Mixed Feelings)		(Approve)	(I Strongly Approve)

5.) Whether or not you agree with the way your therapist is treating your family, how much do you like your therapist?

1	2	3	4	5	6	7
(Not at all)		(Mostly Negative)	(I have mixed feelings)		(Mostly Positive)	(Very Positive)

6.) How much do you trust your therapist?

1	2	3	4	5	6	7
(Not at all)		(Not Much)	(I have mixed feelings)		(I Trust a Lot)	(I Have Total Trust)

7.) How much do you feel your therapist trusts and likes you?

1	2	3	4	5	6	7
(Not at all)		(Not Much)	(Unsure)		(Quite a Bit)	(A Lot)

Outcome Questionnaire (OQ[®]-45.2)

Instructions: Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and mark the box under the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth. Please do not make any marks in the shaded areas.

Name: _____ Age: _____ yrs.
Sex
M ☐ F ☐
ID# _____

Session # _____ Date ____ / ____ / ____

	Never	Rarely	Sometimes	Frequently	Almost Always	SD	IR	SR
						DO NOT MARK BELOW		
1. I get along well with others.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
2. I tire quickly.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
3. I feel no interest in things.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
4. I feel stressed at work/school.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
5. I blame myself for things.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
6. I feel irritated.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
7. I feel unhappy in my marriage/significant relationship.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
8. I have thoughts of ending my life.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
9. I feel weak.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
10. I feel fearful.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
11. After heavy drinking, I need a drink the next morning to get going. (If you do not drink, mark "never")	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
12. I find my work/school satisfying.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
13. I am a happy person.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
14. I work/study too much.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
15. I feel worthless.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
16. I am concerned about family troubles.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
17. I have an unfulfilling sex life.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
18. I feel lonely.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
19. I have frequent arguments.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
20. I feel loved and wanted.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
21. I enjoy my spare time.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
22. I have difficulty concentrating.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
23. I feel hopeless about the future.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
24. I like myself.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
25. Disturbing thoughts come into my mind that I cannot get rid of.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
26. I feel annoyed by people who criticize my drinking (or drug use). (If not applicable, mark "never")	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
27. I have an upset stomach.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
28. I am not working/studying as well as I used to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
29. My heart pounds too much.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
30. I have trouble getting along with friends and close acquaintances.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
31. I am satisfied with my life.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
32. I have trouble at work/school because of drinking or drug use. (If not applicable, mark "never")	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
33. I feel that something bad is going to happen.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
34. I have sore muscles.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
35. I feel afraid of open spaces, of driving, or being on buses, subways, and so forth.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
36. I feel nervous.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
37. I feel my love relationships are full and complete.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
38. I feel that I am not doing well at work/school.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
39. I have too many disagreements at work/school.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
40. I feel something is wrong with my mind.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
41. I have trouble falling asleep or staying asleep.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
42. I feel blue.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
43. I am satisfied with my relationships with others.	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
44. I feel angry enough at work/school to do something I might regret.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			
45. I have headaches.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4			

Developed by Michael J. Lambert, Ph.D. and Gary M. Burlingame, Ph.D.
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For More Information Contact:

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FAX/VOICE: 1-973-366-8665

Total=

331. Deliberately breaks rules, laws, or expectations.....
332. Appears happy with her/himself.....
333. Sulks, pouts, or cries more than other children of the same age.....
334. Pulls away from family or friends.....
335. Complains of stomach pain or feeling sick more than other children of the same age.....
336. Doesn't have or keep friends.....
337. Has friends of whom I don't approve.....
338. Believes that others can hear her/his thoughts, or that s/he can hear the thoughts of others.....
339. Engages in inappropriate sexual behavior (e.g. sexually active, exhibits self, sexual abuse towards family members or others).....
340. Has difficulty waiting his/her turn in activities or conversations.....
341. Thinks about suicide, says s/he would be better off if s/he were dead.....
342. Complains of nightmares, difficulty getting to sleep, oversleeping, or waking up from - sleep too early.....
343. Complains about or challenges rules, expectations, or responsibilities.....
344. Has times of unusual happiness or excessive energy.....
345. Handles frustration or boredom appropriately.....
346. Has fears of going crazy.....
347. Feels appropriate guilt for wrongdoing.....
348. Is unusually demanding.....
349. Is irritable.....
350. Vomits or is nauseous more than other children of the same age.....
351. Becomes angry enough to be threatening to others.....
352. Seems to stir up trouble when bored.....
353. Is appropriately hopeful and optimistic.....
354. Experiences twitching muscles or jerking movement in face, arms, or body.....
355. Has deliberately destroyed property.....
356. Has difficulty concentrating, thinking clearly, or attending to tasks.....
357. Talks negatively, as though bad things are all his/her fault.....
358. Has lost significant amounts of weight without medical reason.....
359. Acts impulsively, without thinking of the consequences.....
360. Is usually calm.....
361. Will not forgive her/himself for past mistakes.....
362. Lacks energy.....
363. Feels that he/she doesn't have any friends, or that no one likes him/her.....
364. Gets frustrated and gives up, or gets upset easily.....

This Page Subtotals...
Side 1 Subtotals
SUBSCALE TOTALS
(Sum of Subtotals)

Gary M. Burlingame, Ph.D., M. Gawain Wells, Ph.D., and Michael J. Lambert, Ph.D.
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Cell Toll Free: 1-888-MH SCORE (1-888-647-2673) E-Mail: REISINGER@OOFAMILY.COM

Youth Outcome Questionnaire (Y-OQ® 2.01)

Child's Name _____ ID# _____ Today's Date _____

Child's Date of Birth _____ Child's Sex: Male _____ Female _____ Parent/Guardian _____

PURPOSE: The Y-OQ® 2.01 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common in children and adolescents. You may discover that some of the items do not apply to your child's current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ® 2.01 you will see that you can easily make your child look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking for your child.

DIRECTIONS: - Read each statement carefully.
- Check the box that most accurately describes your child during the past week.
- Decide how true this statement is for your child during the past 7 days.
- Check only one answer for each statement and erase unwanted marks clearly.

PLEASE COMPLETE BOTH SIDES

My Child:

- Wants to be alone more than other children of the same age
- Complains of dizziness or headaches
- Doesn't participate in activities that were previously enjoyable
- Argues or is verbally disrespectful
- Is more fearful than other children of the same age
- Cuts school or is truant
- Cooperates with rules and expectations
- Has difficulty completing assignments, or completes them carelessly
- Complains or whines about things being unfair
- Experiences trouble with her/his bowels, such as constipation or diarrhea
- Gets into physical fights with peers or family members
- Worries and can't get certain ideas off his/her mind
- Steals or lies
- Is fidgety, restless, or hyperactive
- Seems anxious or nervous
- Communicates in a pleasant and appropriate manner
- Seems tense, easily startled
- Soils or wets self
- Is aggressive toward adults
- Sees, hears, or believes things that are not real
- Has participated in self-harm (e.g. cutting or scratching self, attempting suicide)
- Uses alcohol or drugs
- Seems unable to get organized
- Enjoys relationships with family and friends
- Appears sad or unhappy
- Experiences pain or weakness in muscles or joints
- Has a negative, distrustful attitude toward friends, family members, or other adults
- Believes that others are trying to hurt him/her even when they are not
- Threatens to, or has run away from home
- Experiences rapidly changing and strong emotions

	For Office Use Only					
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SUBTOTALS						

SUBTOTALS



Savio House Intake and Assessment Consent and Release of Information Packet

I/We, as the parent/guardian of the below listed child(ren) understand that the consents and authorizations listed may be required as part of my/our treatment. I/we have reviewed, understand, and been offered of a copy of the following consents and authorizations. My initials next to each form indicates my agreement to the specific form. Please mark N/A next to forms you do not agree to or do not apply to your treatment.

List All Child(ren):

Child's Name

Child's Signature/Date

Child's Name

Child's Signature/Date

Child's Name

Child's Signature/Date

Child's Name

Child's Signature/Date

Child's Name

Child's Signature/Date

Right to Withdraw Consent: I have the right to withdraw my consent for evaluation and/or treatment at any time by providing a written request to the treating clinician.

Expiration of Consent: Consents to treat will expire 12 months from the date of signature, unless otherwise specified.

Please **initial** next to each Acknowledgment or Consent indicating agreement:

_____ Consent for Community Based Mental Health Treatment
_____ Travel Authorization
_____ Recreational Authorization
_____ Authorization to Conduct Follow-Up Studies for 1 year
_____ Authorization to Conduct Follow-Up Studies for 5 year
_____ Assessment Authorization
_____ Confidentiality of Alcohol & Drug Abuse Patient Records
_____ HIV Information and Referral Form
_____ Child Abuse Neglect and Licensing Form

_____ Grievance Procedure
_____ Consent for Audio or Video Taping, Co-Therapy &/or
photographs
_____ Client Rights and Responsibilities
_____ Emergency Preparedness
_____ HIPAA
_____ Medicaid Rights and Responsibilities
_____ Attendance and discharge agreement

Parent/Guardian Name

Parent/Guardian Signature and Date

Parent/Guardian Name

Parent/Guardian Signature and Date

Other: State Relationship

Other Signature and Date

Other: State Relationship

Other Signature and Date

Witness

Witness Signature and Date



CONSENT FOR MENTAL HEALTH TREATMENT FOR COMMUNITY BASED SERVICES

I/We understand that I/we have rights as a client, including being informed of the type and duration of treatment, notification of pending discharge, the cost of services if paid directly to Savio (if applicable), confidentiality to the fullest extent provided by the law, and opportunity to file grievances.

TRAVEL AUTHORIZATION

I/We hereby grant permission to Savio and its personnel to transport the child(ren) and while being transported, authorize emergency medical and dental treatment. I/we understand there is a risk of injury to or loss of life while being transported and hereby releases Savio and its personnel from any claims or demands which may arise on account of injury to or loss of life to the above named client not due to or caused by the negligence of Savio personnel.

RECREATIONAL AUTHORIZATION

I/We, as the parent/guardian consent to, hereby authorizes Savio and its personnel to allow the child(ren) listed to engage in various recreational activities. Some recreational activities may require an additional permission form to be signed by the legal custodian. Savio agrees to supervise these activities to the best of its ability. As the parent/guardian, I agree to have the child(ren) wear required protective equipment including but not limited to helmets, pads, etc. when participating in recreation activities.

I/We understand that there may be risk of injury to or loss of life for those who are involved in such recreational activities and hereby releases Savio and its personnel and agrees to hold them harmless from any claims or demands which may arise due to injury to or loss of life of the below named child(ren) not due to or caused by negligence of Savio personnel.

AUTHORIZATION TO CONDUCT FOLLOW UP STUDIES

I/We, as the parent/guardian consent of the child(ren) listed, hereby grants permission to Savio and its personnel to conduct follow up studies in order to evaluate progress and program effectiveness. The follow up studies are conducted by collecting information through interviewing the client, a family member or caregiver, and involved professionals and/or State systems. Requested information may include, but is not limited to, the current living situation of the client, whether he/she is employed or attending an educational program, new child welfare of juvenile justice systems involvement and the legal status.

The gained information is considered confidential and specific identifying information (i.e., names) will not be shared with the general public. The information will be tallied, and the collective data will be shared with staff and interested parties to describe program effectiveness and trends. Families involved in the Problem-Solving Courts will be followed for five years post discharge.

ASSESSMENT AUTHORIZATION

I/We, as the parent/guardian of the listed child(ren) hereby authorize Savio to administer or arrange for one or more assessments in order to gain an understanding of the level of functioning and needs. The assessments may include but are not limited to psychological testing, health assessments, drug testing (UA's, breathalyzers, etc.) biopsychosocial summaries, drug and alcohol assessments, trauma assessment and family functioning assessments.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of alcohol and drug abuse records maintained by this program is protected by Federal laws and regulations. Generally, the program may not say to a person outside the program that a specific client attends the program, or disclose any information identifying a client as an alcohol or drug abuser unless:

1. The consent is in writing; OR
2. The disclosure is allowed by a court order; OR
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation; OR
4. The client commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities, and all Savio staff are mandatory reporters. (See 42 U.S.C. & 290-22 for Federal laws and 42 C.F.R. Part 2 for Federal regulations)

HIV/AIDS INFORMATION AND REFERRAL FORM

The following activities have been confirmed to be high risk factors indicating a need for HIV/AIDS testing. The factors are as follows:

- use of unsterile needles for IV drug use, tattoos, piercings, etc.
- engaging in sexual activity for money, drugs, or something else
- engaging in any activities where bodily fluids are exchanged
- blood transfusions
- engaging in unprotected oral, vaginal, and/or anal sex
- blackouts



Clients who have participated in any of these activities are encouraged to obtain HIV/AIDS testing. In addition to informing clients of high-risk factors, staff are available to provide counseling (pre and post); scheduling, transporting to and accompanying to a testing site; education and support; and referrals for additional services. These services are available at any time during involvement with Savio, regardless of the client's test results.

CHILD ABUSE AND NEGLECT AND LICENSING
PARENT/GUARDIAN INFORMATION

At the time of admission, licensing rules require Savio House to inform all parent(s) or guardian(s) how to report suspected child abuse or child neglect.

Any suspected incidents of child abuse or neglect are to be reported to: **1.844.CO.4.KIDS or 1.844.254.5437**

Childcare facilities must provide written information to parents at the time of admission on how to file a complaint concerning suspected licensing violation. The undersigned certifies that they have read and received a copy of the above policy.

Any suspected incidents of licensing violations are to be reported to: Division of Child Care Office Colorado Department of Human Services 1575 Sherman Street Denver, Colorado 80203-1714 (303) 856-5958	Office of Behavioral Health Substance Use Disorders Licensing Section 3824 S. Princeton Circle Denver, CO 80236 (303)-866-7480
--	--

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities, and all Savio staff are mandatory reporters.

GRIEVANCE PROCEDURES

I/We, hereby acknowledges the following grievance procedure for processing concerns or complaints regarding any aspect of their involvement with Savio. Any suspected mistreatment is to be reported to the appropriate Program Coordinator as follows:

- | | | |
|--|---|--|
| • Elizabeth Doner, Community Based Services Adolescent Coordinator | • Julia Roguski, Child Protection Coordinator | • Rebecca Carpenter, CPA Placement Coordinator |
| • Courtney Fiedler, MST Coordinator | | |

Any of the above personnel can be reached at the following address, telephone number or fax number:

Savio
325 King Street
Denver, CO 80219
Telephone Number: 303-225-4100
Fax Number: 303-225-4101

The Coordinator will review and respond to the grievance or complaint within 3 business days. The only exception will be when information concerning the grievance is not available until a later date, such as when significant staff are off-duty. When the Coordinator has reviewed and assessed the grievance, he or she shall report a response to the parent or caregiver who filed the grievance and document the entire process (all information and actions taken). If the person who filed the grievance is dissatisfied with Savio's response, or if the grievance concerns a Program Coordinator, the grievance may be presented to the Executive Director, Norma Aguilar-Dave. The Executive Director will address the grievance and will respond to the parent/caregiver no later than 15 days after the grievance is filed.

Any suspected incidents of licensing violations are to be reported to:

Division of Child Welfare Colorado Department of Human Services 1575 Sherman Street Denver, Colorado 80203-1714 (303) 856-5958	Office of Behavioral Health Substance Use Disorders and Mental Health 3824 S. Princeton Circle Denver, CO 80236 (303)-866-7400
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CONSENT FOR AUDIO TAPING, VIDEO TAPING, CO-THERAPY,
AND/OR PHOTOGRAPHS

In order to better optimize your child's and/or family's outcomes, our workers operate with a team approach. An important part of this approach involves audio or video taping of occasional sessions as well as co-therapy with another Savio Worker or direct observation by the Supervisor. You will be informed when this is to take place. The purpose of this is solely for improving the quality of services being offered to you. The nature of the materials gathered will be used for education, identification, quality assurance and documentation. At no time will the audio tapes, video tapes, and/or photographs be sold. **You may revoke this consent at any time with no penalty or loss of services.**



CLIENT RIGHTS AND RESPONSIBILITIES

CLIENT RIGHTS:

As a Savio client, you have the right to:

1. Be treated with dignity and respect
2. Be treated as an individual with personal needs, feeling and requirements
3. Receive treatment on an equal basis with others, free from discrimination due to race, religion, sex, age, ethnic origin, ability, gender or sexual orientation
4. Privacy in your treatment, care, and in the fulfillment of your personal needs
5. Be fully informed of all services available at Savio and the fee(s) associated with those services
6. Be fully informed of your rights as a client and of all the rules and regulations governing your conduct as a client
7. Participate in the development of your treatment plan
8. Have access to Savio services during regular program hours, and 24-hour access to crisis intervention services
9. Refuse treatment to the extent permitted by law and to be informed of the consequences
10. You will receive counseling and services which promote an appropriate aftercare plan when discharged from program
11. Notification of pending discharge. You will not be discharged except for a medical or therapeutic reason, non-compliance with the program rules, for your personal welfare, or for the welfare of others. If a discharge is necessary, you will be given reasonable advance notice with the exception of an emergency situation
12. Voice grievances in relation to policies and services offered by Savio without fear of restraint, interference, coercion, discrimination, or retaliation and have it handled in accordance with the grievance procedure
13. Confidential treatment of clinical records to the fullest extent provided by the law.
14. Consult with legal counsel at any time during your treatment episode
15. Every Child has the right to be given the names and professional status of the staff members responsible for his/her care

CLIENT RESPONSIBILITIES:

As a Savio client, you have the responsibility to:

1. Participate actively in your own treatment
2. Report changes in your condition to the appropriate staff
3. Be considerate and careful of the rights of other clients and Savio staff
4. Honor the confidentiality and privacy of others
5. Comply with the policies and rules of your individual case plan and program
6. Make financial arrangements for payment of services rendered (if applicable)
7. Keep your agreements with the Savio program
8. Be honest about matters that relate to you as a Client
9. Attend sessions as scheduled. If you will be absent it is your responsibility to contact Savio staff
10. Use the grievance procedure if you feel that your rights are being violated
11. Respect the property of Savio and assist in keeping the facility clean

The violation of any of the above client responsibilities may result in discharge or termination from the Savio Program. The undersigned certified that they have read and received a copy of the above policy.

EMERGENCY PREPAREDNESS ACKNOWLEDGEMENT

Emergency preparedness refers to the planning and organizing surrounding dangerous and/or life-threatening situations, such as weather (tornado, flood, lightening or severe thunderstorms), fires, toxic leaks, other disasters, pandemic conditions, and/or hostile situations.

On-Grounds

In an on-grounds emergency, clients and staff should follow emergency instructions accordingly:

Fire Alarms: Find the nearest exit lighted by an EXIT sign, and exit the building.

Emergency Alert Sirens: Proceed to areas designated as Tornado Shelter Area and sit with backs to the walls away from glass and doors.

Panic Alarm system: Staff and/or local law enforcement will respond

Off-Grounds

If the Savio staff is with the client off-grounds and a natural emergency arises, if weather permits, staff and client will return to the vehicle and seek the nearest shelter or return to the client's home or a Savio office. If a vehicular emergency, such as an accident occurs, Savio staff will contact police and EMS (if needed). In both situations, Savio staff should alert supervisors who can communicate to family members/caretakers about the situation and the client's whereabouts and condition. Upon arriving at a client home or if during Savio services a situation becomes dangerous or hostile, Savio staff may alert a supervisor, the Mobile Crisis Unit, Emergency Medical Services, and/or local law enforcement to assist in making the situation safe.



NOTICE OF USE OF PRIVATE HEALTH INFORMATION

Effective Date: April 14, 2003

FOR YOUR PROTECTION THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

GENERAL INFORMATION

Information regarding your health care, including payment for health care, is protected by two federal laws:

- The Health Insurance Portability and Accountability Act of 1996 ("HIPAA"); and,
 - 42 U.S.C. §1320d et seq., 45 C.F.R. Parts 160 and 164, and the Confidentiality Law, 42 U.S.C. §290dd-2, 42 C.F.R. Part 2.
- Under these laws, Savio may not say to a person outside Savio that you attend the program, nor may Savio disclose any information about your history of alcohol or drug use or disclose any other protected information except as permitted by federal law.

Savio must get your written permission before it can share information about you for payment purposes. For example, Savio must get your written permission before it can give information to the county in order to be paid for services. Generally, you must also give written permission before Savio can share information for treatment purposes or for business operations. However, federal law allows Savio to share some information *without* your written permission:

1. Pursuant to an agreement with a qualified service organization / business associate;
2. For research, audit or evaluations;
3. For the purpose of staff training and case supervision and consultation;
4. To report a crime committed on Savio property or against Savio personnel;
5. To medical personnel in a medical emergency;
6. To appropriate authorities to report suspected child abuse or neglect; and
7. As allowed by a court order.

For example, Savio can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified service organization/business associate agreement in place. Before Savio can use or disclose any information about your health in a way not described above, it must first get your specific written permission allowing it to make the disclosure. Any such written permission may be revoked by you in writing.

YOUR RIGHTS

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. Savio is not required to agree to any restrictions you request, but if it does agree, then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. Any requests of this nature should be made to the individual listed at the end of this notice. Savio will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by Savio, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances. To obtain access to your health information maintained by Savio, you should make a written request to the individual listed at the end of this notice.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Savio's records, by submitting a written request that includes the reason supporting the amendment. HIPAA allows you to request and receive an accounting of disclosures of your health-related information made by Savio during the six years prior to your request. You are permitted to receive the first accounting during a 12-month period free of charge. If you request further accountings within the same 12-month period, Savio may charge a cost-based fee. Requests for an accounting of disclosures should be submitted in writing to the individual listed below. You also have the right to receive a paper copy of this notice.

ELECTRONIC COMMUNICATION

Forms of communication including emails, text messages, Apple Facetime, Facebook messenger video chat, Google Hangouts Video, Skype and phone conversations are not guaranteed to be HIPAA compliant or confidential.

SAVIO'S DUTIES

Savio is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Savio is required by law to abide by the terms of this notice. Savio reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. If the notice changes, you will be mailed an updated copy. You can obtain additional copies of this notice by asking your counselor or therapist.

COMPLAINTS AND REPORTING VIOLATIONS

You may complain to Savio and the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. You may complain to Savio by contacting one of the following individuals:

Savio House
Julia Roguski, Associate Executive Director
325 King Street
Denver, CO 80219
(303) 225-4100

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.



MEDICAID RIGHTS AND RESPONSIBILITIES

Members should be clearly informed about their rights and responsibilities, so they can make the best health care decisions. Members also have the right to ask questions about the way we conduct business as well as the responsibility to learn about their health care coverage. The following member rights and responsibilities are defined by the state of Colorado and appear in the Health First Colorado member handbook.

You have the right to

1. Get the information in this handbook and about your coverage, plans, benefits and services
2. Be treated with respect and consideration for your privacy and dignity
3. Get information in a way you can easily understand
4. Get information from your provider about treatment choices for your health condition
5. Be involved in all decisions about your health care and say "no" to any treatment offered
6. Not be secluded or restrained as a punishment or to make things easier for your provider
7. Ask for and get a copy of your medical records and ask that they be changed or corrected
8. Get health care services
9. Use your rights without fear of being treated poorly
10. Any other rights guaranteed by law
11. Be free from discrimination based on race, color, ethnic or national origin, ancestry, age, sex, gender, sexual orientation, gender identity and expression, religion, creed, political beliefs, disability or health status
12. Ask your health plan for help if your provider does not offer a service you need because of moral or religious reasons

You have the responsibility to:

1. Understand your rights
2. Follow this handbook
3. Treat other members, your providers and staff with respect
4. Choose a primary care provider and call 303-839-2120 or 888-367-6557 (State Relay 711) if you want to see a different provider
5. Pay for services you get that are not covered by Health First Colorado
6. Tell your provider and Health First Colorado if you have other insurance or family or address changes
7. Ask questions when you do not understand or want to learn more
8. Tell your provider information they need to care for you, such as your symptoms
9. Take medications as prescribed and tell your provider about side effects or if your medications are not helping
10. Invite people who will be helpful and supportive to you to be included in your treatment
11. Report suspected member or provider fraud or abuse to Member Fraud at 844-475-0444 or Provider Fraud at 855-375-2500

Mental Health

If it appears your child needs residential treatment, call your Regional Accountable Entity (RAE) for an assessment. The Child Mental Health Treatment Act says your child must be assessed and you must get a decision on treatment in a timely way. If you do not agree with the decision, you can appeal (see Part 6: Appeals). If you lose your Health First Colorado coverage and cannot afford needed mental health treatment, call the Office of Behavioral Health at 303-866-7400 (State Relay 711). The Child Mental Health Treatment Act may be able to help.

Child and Youth Well Care

Health First Colorado automatically gives child and youth members ages 20 and younger special health care services. This makes sure they get the right preventive, dental, mental health, developmental and specialty services. Members ages 20 and younger may have different co-pays depending on their age and the type of service:

- Members ages 18 and younger do not have co-pays
- Members ages 19 and 20 may have a co-pay for some services

Children in the County Department of Social/Human Services custody have these same benefits and co-pays. For members ages 20 and younger, any medically necessary service to treat any physical, dental or mental diagnosis is covered. These services are called Early and Periodic Screening, Diagnostic and Treatment (EPSDT). A service may be covered even if it is not a Health First Colorado benefit or has service limits. Your provider must ask Health First Colorado for the medically necessary service. Health First Colorado will read the medical necessity request and approve or deny it. You must still see licensed participating providers and get needed pre-approvals.

Well-child check-ups Well-child check-ups are more complete than sports physicals. They make sure your child or teen is growing up healthy. The provider can identify physical, dental and behavioral health risks early and correct, reduce or control health problems. Your child also gets needed shots and screenings at the right ages.

Your child should get a well-child check-up at these ages:

- 2-4 days after birth
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Once a year from 3 to 20 years old



SAVIO HOUSE DISCHARGE AND ATTENDANCE POLICY

As a client of Savio House, I agree to:

Insurance agreement:

Savio needs up to date information in order to effectively utilize your insurance for services. We ask that Savio clients agree to the following in order to ensure continuity of services:

- Update my therapist upon any changes to Medicaid status, which would include cancellation of Medicaid or change of RAE or primary care physician.
- Let my therapist know if my child is listed as a beneficiary of any additional private insurance.
- I understand that changes in my insurance may result in termination from services.

Attendance agreement:

As a client of Savio House, I recognize that attendance is an important part of my own and my family's progress. I agree to:

- Call my therapist to cancel any scheduled session in advance.
- Reschedule any cancelled sessions within one week of cancelled session. I understand this may include multiple appointments in one week.
- I understand that multiple missed sessions may result in termination from services.



**AUTHORIZATION FOR RELEASE OR INSPECTION OF
EDUCATION RECORDS TO SAVIO
COMPLETE ONE FOR EACH CHILD**

Name of Student _____ Date of Birth: _____

The undersigned hereby authorizes _____ to release to Savio, 325 King Street, Denver, Colorado, the following records for the above-named client:

Please initial next to each item you authorize to be released:

_____ Transcript	_____ Individual Education Plan
_____ Behavior Plan	_____ Medical
_____ Immunization	_____ Sociological
_____ Standardized Test Data	_____ Psychological
_____ Attendance	_____ Other _____
_____ Triennial Review	_____ Other _____

Record may be inspected by Savio Personnel.

Please forward requested records to:

SAVIO
Attention: _____
325 KING STREET
DENVER, COLORADO 80219

PLEASE NOTE: The person or agency receiving these records must not transfer the information obtained to any other person or agency without obtaining the written consent of the parent or legal guardian, or of the client if he/she is 18 years of age or older.

INITIAL ONE OF THE FOLLOWING

_____ I certify that I am the parent or legal guardian of the above-named person who is the subject matter of the records listed above. The said person above is under 18 years of age.

_____ I certify that I am 18 years of age or older and that I am the person who is identified above.

This authorization and consent expires **30 days after discharge** but I understand I may revoke it at any time. I have read this authorization and by signing acknowledge that I knowingly and freely authorize and consent to the release of the above-identified information.

Client printed Name

Client Signature and Date

Parent/Guardian Printed Name

Parent/Guardian Signature and Date

Witness name printed

Witness Signature and Date



CLIENT CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, as the client(s) named and signed below, hereby consent to communication between Savio and the following:
Please check the box for all the entities you are authorizing consent to release information:

☐ **Parent/Caregiver:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Savio's Contracted Consultants:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **GAL:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Counsel for Youth:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **County Department of Human Services:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **School/School District:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **DYS:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Child Placement Agency:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Court:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Mental Health Services:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Police Personnel:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Medicaid:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Probation/Parole/Diversion:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Legal Counsel:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Primary Care Physician**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Emergency Contact**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Other**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Other**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Other**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

Savio releases the minimum amount of information necessary to achieve the purpose of disclosure.

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 C.F.R. Parts 160 and 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: Thirty days past discharge from the program (to allow for Discharge Summary to be completed and sent). (Specification of the date, event or condition upon which consent expires.)

I understand that generally Savio may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances, I may be denied treatment if I do not sign a consent form. I also understand that any disclosure made is



bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may re-disclose it only in connection of their official duties.

The undersigned certifies that they have read and received a copy of the above consent.

Child's Name

Child's Signature/Date

Child's Name

Child's Signature/Date

Child's Name

Child's Signature/Date

Child's Name

Child's Signature/Date

Parent/Guardian's Name

Parent/Guardian's Signature/Date

Other: State Relationship

Other Signature/Date

Other: State Relationship

Other Signature/Date

Witness Name

Witness Signature/Date



CAREGIVER CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, as the Parent/caregiver of the child/children named below, do hereby consent to communication between Savio and the following: Please check the box for all the entities you are authorizing consent to release information:

☐ **Parent/Caregiver:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Savio's Contracted Consultants:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **GAL:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Counsel for Youth:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **County Department of Human Services:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **School/School District:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **DYS:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Child Placement Agency:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Court:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Mental Health Services:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Police Personnel:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Medicaid:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Probation/Parole/Diversion:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Legal Counsel:**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Primary Care Physician**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Emergency Contact**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Other**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Other**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

☐ **Other**

☐ Attendance ☐ Assessments ☐ Diagnosis ☐ Education Info ☐ Recommendations ☐ Progress reports ☐ Verbal/written reports

Savio releases the minimum amount of information necessary to achieve the purpose of disclosure.

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 C.F.R. Parts 160 and 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Thirty days past discharge from the program (to allow for Discharge Summary to be completed and sent). (Specification of the date, event or condition upon which consent expires.)

I understand that generally Savio may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances, I may be denied treatment if I do not sign a consent form. I also understand that any disclosure made is



bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may re-disclose it only in connection of their official duties.

The undersigned certifies that they have read and received a copy of the above consent.

Child's Name

Child's Signature/Date

Child's Name

Child's Signature/Date

Child's Name

Child's Signature/Date

Child's Name

Child's Signature/Date

Parent/Guardian's Name

Parent/Guardian's Signature/Date

Other: State Relationship

Other Signature/Date

Other: State Relationship

Other Signature/Date

Witness Name

Witness Signature/Date



**INITIAL TREATMENT PLAN DEVELOPED AT INTAKE
TO BE FORMALIZED WITH ONGOING THERAPIST**

Date

Initial Treatment Plan Goals

Recommended Savio Treatment Program

Treatment Modalities ☐: Individual ☐ Family ☐ Group

Frequency of Sessions

Anticipated Duration of Services

Tentative discharge plan: The client will be discharged from the recommended treatment when symptom reduction is sustained, and a lower level of care is deemed appropriate. Aftercare services will be assessed prior to discharge.

This Initial Treatment Plan was developed at intake with family participation. I/we agree to the initial treatment plan.

Child's Name Printed

Child's Signature/Date

Parent/Guardian's Name Printed

Parent/Guardian's Signature/Date

Other: State Relationship Printed

Other Signature/Date

Witness Name Printed

Witness Signature/Date

Rendering Provider

Rendering Provider Signature/Date