

ADAMS COUNTY, COLORADO
THIRD ADDENDUM TO
SERVICE AGREEMENT WITH SAVIO HOUSE 2014.137.014

THIS ~~THIRD~~ ADDENDUM TO SERVICE AGREEMENT ("Third Addendum") is entered into this 21st day of October, 2014, by and between the Board of County Commissioners of Adams County, Colorado, located at 4430 South Adams County Parkway, Brighton, CO 80601, hereinafter referred to as the "County," acting in its capacity as the Adams County Board of Human Services, and Savio House, located at 325 King Street, Denver, CO 80219, hereinafter referred to as the "Contractor."

RECITALS

WHEREAS, on June 1, 2011, the County entered into a Service Agreement with Savio House to provide Home Based Intervention Services, Sexual Abuse Therapy and Day Treatment to families referred by Adams County Human Services Department (ACHSD) pursuant to the Colorado Family Preservation Act §§ 26-5-101, et seq., C.R.S. and in compliance with the state rules and County Plan, policies, and procedures and CDHS Volume VII 7.303, and,

WHEREAS, the term of Addendum Second to the Agreement expired on May 31, 2014; and,

WHEREAS, the County and the Contractor mutually desire to extend the Service Agreement beginning June 1, 2014 through May 31, 2015; and,

WHEREAS, the Contractor agrees to perform Home Based Intervention Services, Sexual Abuse Therapy, Mental Health and After Care Services to families referred by ACHSD described in the 2013.073 Request for Application for Core Services.

NOW, THEREFORE, for the consideration set forth herein, the sufficiency of which is mutually acknowledged by the parties, the County and the Contractor agree as follows:

1. The County shall reimburse the Contractor for the work provided under this Third Addendum in accordance with **Section IV of the Service Agreement**. Beginning June 1, 2014 through May 31, 2015, Adams County will pay Savio House a sum not to exceed five hundred thousand dollars (\$500,000.00). Contractor will provide the various services at the monthly rates quoted in their response in the Request for Application attached as Exhibit "A".
2. The term of the Service Agreement is extended through May 31, 2015.
3. The Service Agreement and this Third Addendum contain the entire understanding of the parties hereto and neither it, nor the rights and obligations hereunder, may be changed, modified, or waived except by an instrument in writing that is signed by both parties. Any terms, conditions, or provisions of the Service Agreement that are not amended or modified by this Third Addendum shall remain in full force and effect. In the event of any conflicts between the terms, conditions, or provisions of the Service Agreement and this Third Addendum, the terms, conditions, and provisions of this Third Addendum shall control.
4. The Recitals contained in this Third Addendum are incorporated into the body hereof and accurately reflect the intent and agreement of the parties.

5. This Third Addendum may be executed in multiple counterparts, each of which shall be deemed to be an original and all of which taken together shall constitute one and the same agreement.
6. Nothing expressed or implied in this Third Addendum is intended or shall be construed to confer upon or to give to, any person other than the parties, any right, remedy, or claim under or by reason of this Third Addendum or any terms, conditions, or provisions hereof. All terms, conditions, and provisions in this Third Addendum by and on behalf of the County and the Contractor shall be for the sole and exclusive benefit of the County and the Contractor.
7. If any provision of this Third Addendum is determined to be unenforceable or invalid for any reason, the remainder of the Third Addendum shall remain in effect, unless otherwise terminated in accordance with the terms contained in the Service Agreement.
8. Each party represents and warrants that it has the power and ability to enter into this Third Addendum, to grant the rights granted herein, and to perform the duties and obligations herein described.

IN WITNESS WHEREOF, the County and the Contractor have caused their names to be affixed.


BOARD OF COUNTY COMMISSIONERS
ADAMS COUNTY, COLORADO


Chairman

10-21-14
Date

ATTEST:
KAREN LONG
CLERK AND RECORDER


Deputy Clerk

Approved as to form:

Adams County Attorney's Office

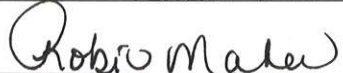
SAVIO HOUSE


William S. Hildenbrand, Executive Director

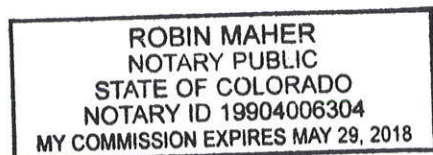
10-16-14
Date

Signed and sworn to before me on this 16 day of October, 2014 by

W.S. Hildenbrand


Notary Public

My commission expires on: 5-29-2018



CONTRACTOR'S CERTIFICATION OF COMPLIANCE

Pursuant to Colorado Revised Statute, § 8-17.5-101, et.seq., as amended 5/13/08, as a prerequisite to entering into a contract for services with Adams County, Colorado, the undersigned Contractor hereby certifies that at the time of this certification, Contractor does not knowingly employ or contract with an illegal alien who will perform work under the attached contract for services and that the Contractor will participate in the E-Verify Program or Department program, as those terms are defined in C.R.S. § 8-17.5-101, et. seq. in order to confirm the employment eligibility of all employees who are newly hired for employment to perform work under the attached contract for services.

CONTRACTOR:

SAVIO House
Company Name

10/16/14
Date

W.S. Hildenbrand
Name (Print or Type)


Signature

Executive Director
Title

Note: Registration for the E-Verify Program can be completed at: <https://www.vis-dhs.com/employerregistration>. It is recommended that employers review the sample "memorandum of understanding" available at the website prior to registering




APPLICATION FORM
ADAMS COUNTY HUMAN SERVICES
2013.073 REQUEST FOR APPLICATION FOR
CORE SERVICES

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WE THE UNDERSIGNED HEREBY ACKNOWLEDGE RECEIPT OF

Addenda # 1 Addenda # _____

If None, Please write NONE.

<u>Savio</u>	<u>April 3, 2013</u>
Company Name	Date
<u>325 King Street</u>	
Address	Signature
<u>Denver, Co 80219</u>	<u>William S. Hildenbrand</u>
City, State, Zip Code	Printed Name
<u>Denver</u>	<u>Executive Director</u>
County	Title
<u>303.225.4014</u>	<u>bhildenbrand@saviohouse.org</u>
Telephone	Fax or Email address

Chris Kline
DIRECTOR
Darwin J. Cox, MSW
DIVISION DIRECTOR



Human Services Department
Children and Family Services Division
7401 North Broadway
Denver, Colorado 80221
PHONE 303.412.8121
FAX 303.412.5335
www.adcogov.org

Core Service Application Form
page 2 of 2

(Please Print or Type)

Agency Name: Savio

Type (LLC/Sole Prop/etc.): _____

Address: 325 King Street

City: Denver State: CO Zip: 80219

Telephone Number: 303.225.4100 Fax Number: 303.225.4101

Website: www.saviohouse.org Email Address: _____

Contact Person for the Application: Julia L. Roguski

Title: Director of Child Protection Services Phone: 303.225.4200 Email: jroguski@saviohouse.org

Executive Director, CEO, or Owner: William S. Hildenbrand

Title: Executive Director Phone: 303.225.4014 Email: bhildenbrand@saviohouse.org

A. Agency Information

- 1. Provide a brief description of your agency, and / or organization including total staff size, number of years in operations, mission and history.**

Savio was founded in 1966 as an orphanage and steadily gained momentum as a high-quality, effective service for adolescent boys. For over 47 years, Savio's work has expanded to a full continuum of care for children, youth and families that include in-home counseling and crisis intervention services, an on-site school, therapeutic foster care and temporary residential treatment. As Colorado's major pioneer in implementing evidence based programs, Savio is known for its commitment to outcome analysis and having the highest fidelity in evidence based programs in the Rocky Mountain region. Savio employs 145 staff throughout the Front Range.

MISSION - Savio House is dedicated to eliminating violence, crime, drug and alcohol abuse, child abuse and neglect, and other destructive behaviors in families through care, support and education.

VISION - Savio House will be the preeminent child and family treatment center where the most caring, culturally appropriate and effective strategies enable families to resolve conflicts and live harmoniously in the community.



2. Detail previous contracts with Adams County Human Services Department and / or other government agencies and describe your ability to effectively manage these programs.

Savio's long and successful history of partnering with Adams and other Front Range County Human Service Agencies to serve families throughout Colorado sets the agency apart and establishes an institutional knowledge that drives service development and delivery at every level of the organization. This institutional knowledge provides a solid foundation from which programs operate. Savio has the resources, policy and procedures to manage an effective and accountable workforce that spends most of its time in the community. Savio maintains high expectations for staff performance and is consistently cited for the quality of its service delivery and client records when monitored by state and local agencies and national accrediting bodies. Savio Directors represent combined experience of over 75 years in the child welfare and youth corrections fields, and are recognized as national experts for their skills in managing these services.

B. Programs / Services to be provided, in the context of this RFA

1. In the specific service area your agency is proposing, what are the key concepts and strategies for program/services to be provided?

Program	Target Population	Program Specific Key Concepts and Strategies
Home Based Interventions Child Protection	<ul style="list-style-type: none"> ▪ Families with young children age birth – 12 years or older, at risk of child abuse and/or neglect ▪ Families with children at home or in placement. ▪ Voluntary or court involved. ▪ Kinship or foster placements at risk of disrupting. 	<ul style="list-style-type: none"> ▪ Assessment driven case decision making through the use of the Colorado Assessment Continuum ▪ Development of kinship and community supports and resources ▪ Parenting skills enhancement training ▪ Permanency planning ▪ Supervised Visitation ▪ Treatment Support Meetings ▪ Use of Family Group Conferencing and Family to Family principles ▪ Strengths-based family focused service
Home Based Interventions Adolescent	Adolescents age 13 - 21 and their families who do not require the intensity of MST or FFT or youth in need of emancipation services	<ul style="list-style-type: none"> • Target criminogenic risk factors and increase protective factors in the family • Provide concrete supports to enhance parenting skills, independent living skills and engage in prosocial activities
Intensive Family Therapy	<ul style="list-style-type: none"> ▪ Child Protection ▪ Families with children age birth – 12 years ▪ Adolescent ▪ Families with children age 12 – 18 years 	<p>HB Child Protection and Adolescent</p> <ul style="list-style-type: none"> ▪ Research-Informed Therapeutic interventions targeting family systems ▪ Improve family functioning, communication, and relationships ▪ Increase family skills to eliminate the need for system involvement ▪ Develop long term support systems for sustainability

	<ul style="list-style-type: none"> ▪ MST ▪ Youth 10 – 18 ▪ Delinquency, Truancy, Family Conflict and Beyond Control of Parent ▪ Intensity Varies Based On Family Need ▪ FFT ▪ Youth 12 – 21 ▪ Delinquency, Truancy, Family Conflict and Beyond Control of Parent ▪ 1 – 2 Sessions Per Week 	<p>MST</p> <ul style="list-style-type: none"> ▪ Understands Problems From A System Perspective ▪ Intervention is primarily with parents <p>FFT</p> <ul style="list-style-type: none"> ▪ Understands Problems From A Family Relations Perspective ▪ FFT is a short-term intervention with an average of 8 to 12 sessions for mild cases and up to 30 hours of direct service for more difficult cases. In most cases, sessions are spread over a three month period. ▪ Family Therapy Model – all family members participate in treatment
Sexual Abuse Treatment	<ul style="list-style-type: none"> ▪ Sexual Abuse Intervention (SAI) ▪ Sexual Abuse Intervention – With Child Protection <p>Children 4 – 12 (Sexualized Behaviors) Caregiver Participation Paired Intervention with SAI and CP Therapists 2 – 3 Sessions Per Week</p>	<p>SAI</p> <ul style="list-style-type: none"> ▪ Family therapy ▪ Offense specific treatment group ▪ Individual therapy ▪ In-home supervision and safety contracts ▪ School containment contracts ▪ Polygraphs ▪ Weekly Caretaker groups <p>SAI CP</p> <ul style="list-style-type: none"> ▪ Family therapy ▪ Child-focused skill building –boundaries, touching rules, personal safety, refusal skills ▪ In-home supervision and safety plans ▪ School containment plans ▪ Psycho-education regarding consistent and appropriate supervision of children and enforcement of safety plans ▪ Psycho-education regarding healthy sexual development and age-appropriate behaviors ▪ Case Management integrating all family, social systems and resources ▪ Role modeling of team work to families through co-therapy ▪ Address parents' own trauma and identify appropriate resources ▪ Help parents repair harm their actions or inaction may have caused their children



Day Treatment	<ul style="list-style-type: none"> Adolescents age 10 – 18 (co-ed) 	<ul style="list-style-type: none"> Clinical Services – Reality, Cognitive Behavioral, Systems and Structural Therapies. Special and regular education, GED Child-care management/supervision – year-round services, full day programming, therapeutic environment. Therapeutic recreational services Weekly family therapy Daily group therapy Nutritious meals – hot breakfasts and lunches
Life Skills	All child welfare involved families in need of basic skill building.	<ul style="list-style-type: none"> Teach basic life skills: household management, budgeting, basic parenting Teach families to access needed services in their community for long term sustainability
Mental Health Services	<ul style="list-style-type: none"> Trauma Focused Cognitive Behavioral Therapy (TF CBT) Children age 4 – 17 years with clinically significant trauma symptoms and/or PTSD diagnosis.	<ul style="list-style-type: none"> Reduce or eliminate trauma symptoms Teach caretaker skills to manage behaviors of child
Family Team Meetings* New Service for 2013 -14	Family Group Conferencing or Family Team Meetings	<ul style="list-style-type: none"> Increase family engagement Increase collaboration among professionals and families Develop solid plans for transitioning children to/from home Develop safety plans to prevent placement whenever possible

2. Service area applying for: (Select all that apply)

Requested Amount per Service

<input checked="" type="checkbox"/>	Home-Based Interventions (Child Protection)	\$1520/month
<input checked="" type="checkbox"/>	Home-Based Interventions (Adolescent)	\$1590/month
<input checked="" type="checkbox"/>	Home-Based Intervention (After Care for Day Treatment, TRCCF, MTFC)	\$1151/month
<input checked="" type="checkbox"/>	Intensive Family Therapy (MST)	\$1640/month
<input checked="" type="checkbox"/>	Intensive Family Therapy (FFT)	\$ 850/month
<input checked="" type="checkbox"/>	Sexual Abuse Treatment (SAI & SAI CP)	\$1833/month
<input checked="" type="checkbox"/>	Sexual Abuse Treatment (After Care)	\$1512/month
<input checked="" type="checkbox"/>	MST For Problem Sexual Behavior	\$2537/month
<input checked="" type="checkbox"/>	Day Treatment (Regular)	\$1648/month
<input checked="" type="checkbox"/>	Day Treatment (Sexual Abuse Intervention)	\$2639/month
<input checked="" type="checkbox"/>	Day Treatment (With MST)	\$2639/month
<input checked="" type="checkbox"/>	Life Skills	\$56/hour
<input checked="" type="checkbox"/>	Mental Health Services (TF CBT)	\$947/month
<input checked="" type="checkbox"/>	Mental Health Services (Psychiatric Services/Medication Management)	\$175/hour
<input type="checkbox"/>	Substance Abuse Services	\$



<input checked="" type="checkbox"/> Family Team Meetings	\$ 56/hour
Total Application Request	\$420,000*

Pricing must be submitted based on an hourly or monthly rate for each service.

*Savio adding Family Team Meetings to the menu of services offered.

3. In the specific service area, provide a detailed narrative on how this service will address the five Core Services goals of:

a) Focus on the family strengths by directing intensive services that support and strengthen the family and protect the child:

Savio believes every family has strengths and that those strengths should be acknowledged and utilized to address the concerns that brought the family into the child welfare system. From the point of intake strengths are identified through informal and formal avenues including meeting with the family, collaborating with the DHS case worker, interviewing community and relative support systems, and assessments designed to identify strengths (North Carolina Family Assessment Scale – Reunification – Child Protection and Life Skills families only). Once identified, the strengths are used as the foundation for addressing the child welfare concerns which brought the family to the attention of DHS. Families respond more positively to services when their strengths are acknowledged and often are more likely to successfully engage in services and have successful, sustainable outcomes. This approach helps to insure the family is seen holistically and not just as their presenting problem.

b) Prevent out-of-home placement:

Preventing out-of-home placement and preserving families are the primary outcome measures tracked by Savio. Savio staff, along with the family and DHS caseworker, identify specific concerns that put the child(ren) at risk of out-of-home placement. Services are designed to target those concerns and develop skills to keep children and youth safe and at home. Savio Services can also be accessed to successfully stabilize kinship and long-term foster placements at risk of disruption. Savio works with the substitute care provider to resolve issues and preserve the placement, preventing the child or youth from needing a higher level of care.

c) Return children in placement to their own home:

Savio services have a long history of successfully reunifying children and youth from out-of-home care back to their family of origin. Services start prior to or at the point of reunification and are designed to help the child or youth and family have a successful and smooth transition home. When appropriate, Savio staff engage the substitute care provider to aid in this transition. Intensity of service will be determined jointly with the DHS caseworker and will be based on family need. Transitions plans are established and form the basis for service delivery.

d) Unite children with their permanent families:

When children or youth are unable to safely reunify with their family of origin, Savio works with the DHS caseworker and other professionals to help identify an appropriate permanent home. Options may include permanent allocation of parental responsibility to relatives or kin, adoption or independent living.

e) Provide services that protect the child:



Safety of children and youth is a primary goal of Savio Services. Staff are trained in identifying safety concerns and developing and monitoring safety plans. Savio staff participate in Team Decision Making (TDM) Meetings when safety is discussed and plans are developed. Savio's Director of Child Protection Services is on contract with the Colorado Department of Human Services Child Protection Consultants as an expert in the Colorado Assessment Continuum and has been an active member of the State workgroup re-designing the new risk and safety tools.

Management of risk factors for young children is essential to protecting children. Savio has expertise in risk identification and management. The Child Protection Division utilizes the Risk Assessment and Re-Assessment to identify specific risk factors and help the family develop concrete plans for managing those risks in the future. By paying specific attention to risk management, recidivism is greatly reduced.

In addition to formalized safety and risk management through the use of the Colorado Assessment Continuum, Savio utilizes the Signs of Safety approach with families. Signs of Safety is a solution-focused brief therapy approach that builds partnerships with parents when there is suspected or substantiated child abuse and neglect. This strengths-based, family-centered style enlists parents as partners, and the focus is on developing protective capacities through identifying what is or needs to be occurring in the family system to create safety for children. Savio purchased the training curriculum from Signs of Safety; all staff are formally trained in the model.

When working with adolescents, safety is achieved through teaching parent's skills and developing a solid supervision plan as well as affecting changes in the youth's behavior. The goal is not only safety of the youth, but also to build safe communities. Criminogenic factors are targeted as well as decreasing association with negative peers.

4. Do you have experience working in the Child Welfare System, particularly with traumatized children and families? Please describe your agency's approach to trauma informed care within your practice.

Savio's 47 year history of serving Child Welfare families throughout Colorado gives the agency a solid understanding of the needs of this special population. Savio works closely with child welfare staff to insure the treatment goals are coordinated and services are targeting the specific child welfare concerns. Savio is following the National Child Traumatic Stress Network's (NCTSN) Guidelines for creating a trauma informed child welfare system. Clinicians provide trauma-informed care to all families by being aware of the connection between this trauma history and current behavior. Staff assess for trauma and work to provide and/or connect the family to the necessary treatment. Savio also provides home-based and office-based Trauma Focused Cognitive Behavioral Therapy (TF CBT) for children age 3 – 17 years and their caretakers.

5. Describe how you will be multi-culturally responsive and how you plan to provide services that meet the social, cultural and language needs of clients involved in the Child Welfare System.



Savio currently employs staff who are trained and able to meet the referral numbers proposed in this RFA response. Savio will ensure all staff meet DHS's minimum education and training requirements; the majority has a Master's Degree in Human Services, Psychology, Social Work or related field; some are Bachelor's level with prior experience. Supervisors are Master's level with a minimum of one year experience as a worker. Savio provides specialized training regarding working with child welfare families. Staff complete a minimum of 20 hours of continuing education annually. Savio offers its employees the E-Learning training program comprising hundreds of hours of state-of-the-art training modules developed to meet standards in the human services field. All employees receive weekly supervision. Savio is proud to have a base of long-term employees which adds to the organizational knowledge and expertise available to newer staff.

Knowing that each family and community is different, Savio is sensitive to cultural and ethnic identity. Each of Savio's evidence based programs have been studied and are equally effective across diverse cultures. Bi-annual client satisfaction survey responses also used to gauge program aptitude in this area. Hiring and training practices value and promote diversity and cultural competency in staff. Staff are trained regularly on cultural and ethnic awareness including the values and traditions of different cultures. All staff are evaluated during annual performance reviews regarding their ability to work effectively with diverse clients, and multi-cultural communication and language skills are recognized and rewarded.

Savio maintains Spanish speaking capacity in all of its program areas. The Child Protection programs also currently have capability to serve hearing-impaired families who communicate using American Sign Language.

C. Collaboration

Providing services for Child Welfare clients involves the ability to advocate and collaborate on behalf of the clients you serve and yourself. This includes collaboration with ACHSD, community-based organizations and other government entities.

1. How do you plan to coordinate services and reporting with Child Welfare Social Case Workers?

One of Savio's underlying principles of service delivery is collaboration among multiple systems in an effort to support successful outcomes for families and children. Savio's program includes the development of a team with representatives from both Savio and Human Services who jointly manage services for clients (Quality Assurance). Within Savio, the service approach is called "joint service management", a formal model in which staff are trained to align themselves with public agencies in order to provide individualized, seamless services to clients that meet expectations. This involves treatment planning, weekly communication and reporting, goals tracking, and outcome reporting. Savio fosters its working relationships to maintain mutual trust and respect, keeping both agencies joint owners of case outcomes.

2. Will you provide other supportive services through collaborative agreements with other programs/providers? If so, define these services:

Savio has extensive experience working with numerous collateral agencies including schools, mental health services, community health agencies, foster care providers and youth corrections facilities. Staff are



able to collaborate with these and other systems to ensure the needs of clients are met through the community. Savio is known not only as a service provider, but as a partner in the communities it serves. These strong alliances create a comprehensive network of resources for families to utilize as aftercare supports. The goal of all Savio services is to provide time-limited, assessment driven, targeted services to families, then transition that care to lower level community supports for long term sustainability.

3. **It is likely that you or your staff will be expected to testify on the witness stand during Court Hearings. Briefly describe your (their) experience and the qualifications that would qualify you as experts in child welfare or other fields.**

Savio staff are trained in courtroom testimony, and are specifically trained not to present testimony outside of their knowledge of a specific case. Savio administrators have extensive experience in providing court testimony, and provide training in this area to staff. Staff are accompanied to most court hearings with a supervisor.

D. Report and Accounting Systems

1. **ACHSD requires monthly reports with specific information. Briefly describe your methodology and ability to track data and provide these reports on client progress.**

Savio maintains high specific standards for case notes and recordkeeping in all program areas. Each Savio staff member must note all work in time logs (documentation of time spent with families), DAP case notes, and other systems as required by licensing agencies. Each case must have written case plan, monthly reports and a discharge summary used for reporting to the referral agency.

Census and outcome information is kept up-to-date in Savio's Client Tracking database. Other program-wide information can be compiled as requested to meet the Department's needs. Data are presented and evaluated at each quarterly Quality Assurance meeting. This provides an opportunity for administrators and supervisors from both Savio and DHS to evaluate the program and make any necessary changes to improve outcomes.

2. **Describe the accounting system you utilize to provide fiduciary accountability.**

Savio utilizes the accrual basis of accounting in accordance with U.S. Generally Accepted Accounting Principles for fund accounting. Utilizing a thorough and verifiable system of internal controls, accounting data is gathered and recorded throughout each month. Monthly financial statements for the operating fund are prepared and presented to the Board of Trustees at regular monthly meetings. Financial statements for the plant fund and the endowment fund are presented to the Board quarterly. The financial statements for all funds as well as the consolidated entity are audited annually by an independent auditor. Savio's operations follow the Audit and Accounting Guide for Health Care organizations published by the AICPA. Savio's physical accounting system consists of Great Plains software integrated with the proprietary Savio Client Tracking system.

E. Target Population

1. **Which, if any, Adams County area/neighborhoods do you see as your targeted clientele?**



Savio is able to serve families in all Adams County areas/neighborhoods.

F. Availability

Please indicate the hours your services can be provided:

x	Monday - Friday	Any based on family need	a.m. to		p.m.
x	Evenings	days	7 Days A week	Hours	Hours vary based on family need
x	Weekends	days	Saturday and Sunday	Hours	Hours vary based on family need
	Other:				

Can services be provided in the client's home? YES **NO**
 Can you transport a client for services? YES **NO**

G. Services Outcomes

Please provide the following data for clients who have received your services:

1. Average length of stay in treatment: _____

- Child Protection: CBS 4 – 6 Months
- Adolescent: CBS 4 – 6 Months
- Life Skills 4 – 6 Months
- MST 4 – 6 Months
- FFT 3 – 5 Months
- Sexual Abuse Treatment (SAI) 5 – 7 Months
- MST PSB 5 – 8 Months
- Day Treatment 3 – 5 Months Care 2 – 3 Months
- Day Treatment SAI 3 – 6 Months
- TF CBT 3 – 5 Months
- After Care: 2 – 3 Months

2. How do you define "successful" treatment in your program?

The Quality Assurance Committee defines and evaluates program success. The final determination of case outcome (successful, partial successful or unsuccessful) is determined jointly by the DHS caseworker and Savio supervisor. DHS caseworkers are asked to sign off on the case outcome either on a written form or verbally over the phone.

Child Protection HB Service and Life Skills defines success as children at home, with kin or in a permanent placement.

Adolescent HB services (MST, FFT, CBS Adolescent, SAI, Day Treatment) defines success as, clients who have met at least 85% of treatment goals and in a lower level of care; partial success is defined as meeting at least 50% treatment goals and in a lower level of care.



Trauma Focused Cognitive Behavior Therapy defines success as completing treatment and eliminating or reducing trauma symptoms; partial success is defined as completing 6 or more sessions and reducing trauma symptoms.

Outcome definitions for Family Team Meetings to be developed with the Quality Assurance Committee.

3. What percentage of clients successfully discharged within the last 12 months from your program? _____

- Home Based Child Protection and Life Skills: 83% Successful
- Home Based Adolescent: 67% Successful, 20% Partial Successful
- MST: 65% Successful, 16% Partial Successful
- FFT: 74% Successful, 15% Partial Successful
- SAI: 70% Successful, 7% Partial Successful
- Day Treatment: 53% Successful
- TF CBT: 83% Successful, 17% Partial Successful
- Family Team Meetings: None Served in 2012

H. Sustainability

1. ACHSD does not guarantee a specific number of case referrals and contracts may be terminated at any time. ACHSD values continuity and sustainability of care for clients involved in the child welfare system and desires providers who adopt sustainable business practices to promote fiscal and programmatic efficiencies. Do you receive referrals from other County Department of Human Services Agencies, Court, etc.? If so, please list:

Denver	Arapahoe
Douglas	Weld
Jefferson	El Paso and other Front Range Counties

2. Are you a Medicaid provider? Yes No