

STATE OF TEXAS     §  
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COUNTY OF TRAVIS §

**CONTRACT FOR SPECIALIZED TREATMENT  
AMENDMENT 1 to CONTRACT # CON0001597**

The **Texas Juvenile Justice Department**, hereinafter **TJJJ**, and the **Latoya McCoy DBA Solace Therapy, 726 Dallas Street, Post Neches, TX.**, hereinafter **Service Provider**, acknowledge that they have previously entered into a contract for the purpose of providing Specialized Treatment Services to TJJJ youth. This contract is identified as **Contract Number CON0001597**.

The Service Provider represents and warrants that the individual signing this Amendment is authorized to sign this document on behalf of the Service Provider under this Agreement.

The parties hereto agree to be bound by the terms of the existing contract, including prior amendments, if any, subject to the following changes:

**Pursuant to Exhibit D Terms and Conditions, Article 13: Contract Amendment and Merger Clause**, the contract may be amended to reflect the following revisions. Therefore, the parties agree to amend **Contract Number CON0001597** as follows:

1. Pursuant to **Section II. Service Provider, A, Substance Use**, referenced in #7, is removed and replaced with  
“7. Submit copies of monthly progress reports (**Exhibit H**) to the youth’s TJJJ PSW that include the following information:
  - a. The youth’s progress toward reducing risk factors and increasing protective factors related to treatment;
  - b. Summary of efforts made to address responsivity and criminogenic needs;
  - c. Summary of the youth’s participation in clinical services provided;
  - d. Copy of the youth’s treatment plan that summarizes the youth’s movement towards completing the objectives stated, participation in services provided, relevant behavior, and barriers identified;
  - e. A copy of the revised treatment plan for the next month with revised objectives, strategies, or approaches;
  - f. Documentation of all collateral contacts made; and
  - g. Copies of either dated and completed weekly sign-in sheets (**Exhibit G**) showing the printed name and signature of each youth and Service Provider conducting the session or copies of TJJJ group attendance logs, as determined by program type.
  - h. Telehealth session copies must include dates, completed session and service provider’s name conducting the session.
  - i. Telephone session copies must include date, completed session and service provider’s name conducting the session.”

2. Pursuant to **Section II, B**, removing **Intentionally Left Blank** and replaced with

**“B. BEHAVIORAL HEALTH (BH)**

Service Provider will:

1. Maintain licensure as a Masters or Doctoral level therapist or psychologist for the full term of this contract, which includes any subsequent renewals/extensions as preapproved by TJJD. Service Provider must be licensed in the State of Texas before any services are rendered pursuant to this contract. Individuals who are provisionally licensed may provide services as long as they are under the supervision of a licensed professional in accordance with their licensing board. Any clinician providing services to TJJD youth under this contract within the contracted Service Provider's practice must be and remain properly licensed while providing services under this contract and be preapproved by TJJD before any services are rendered pursuant to this contract. It is Service Provider's responsibility to provide TJJD with: licensing information upon execution of this contract and upon execution of any renewal amendment, if applicable; a new/renewed/reissued license when issued; and also provide licensing information upon request by TJJD.
2. Review the youth's TJJD assessment, treatment plan, and discharge/transition summary or other treatment records and recommendations for treatment based on the youth's risk and protective factors prior to implementing treatment. Services described in this paragraph are required within the first month the youth is admitted for treatment.
3. Conduct an initial interview with the youth to determine the youth's understanding of the treatment needs identified through the review described in paragraph 2 above and to establish the basis for developing youth's treatment plan.
4. Develop an initial written treatment plan that contains treatment goals and the expected duration of treatment, and also explicitly addresses each of the identified recommendations referenced in paragraph 2 above. The treatment plan must be provided to the youth's Primary Service Worker (PSW) within **five (5) days** of the initial appointment. The treatment plan shall include a written sequence of observable and measurable behavioral objectives designed to address and minimize the youth's risk factors or triggers for reoffending and relapse. The treatment plan shall contain specific approaches to achieve the objectives (group, individual, family sessions, etc.) and shall reference any specific curriculum or treatment program to be used. Services described in this paragraph are required within the first month the youth is admitted for treatment. The treatment plan shall also include a summary of the initial interview and any case notes.
5. Provide evidence-based treatment programming as determined by the youth's individualized level of care needs and approved by TJJD. Service Provider may only use programming that was approved prior to this contract being awarded. If Service Provider wishes to use programming not approved prior to this contract being awarded, Service Provider must obtain approval from TJJD prior to using the programming.
6. Provide the following:
  - a. Service Provider may provide up to ten (10) sessions. A request to schedule additional sessions may be approved by the chief local administrator. If group services are preferred, but not feasible because there are not enough youth available, Service Provider shall include individual treatment services. Individual services shall be for a minimum of one (1) continuous hour per month. The one (1) continuous hour should be at least fifty (50) minutes of treatment services and ten (10) minutes of case management. The individual treatment services shall not exceed one (1) continuous hour per week, unless it is mutually agreed upon by both Service Provider and the designated TJJD staff member to provide additional individual treatment services for up to two (2) continuous hours per week. Group services shall be for a minimum of one and a half (1.5) continuous hours,

but not more than three (3) continuous hours per week. Additional time requires prior written approval from TJJD.

b. Services are to be provided in Service Provider's office, identified service area/region, a TJJD facility, or if needed, in the youth's home. If services are to be provided in the youth's home, a safety plan shall be approved by TJJD prior to services beginning. If services are provided in the home, this type of service location shall have been determined relevant and necessary to meet the youth's needs.

c. Documentation of any collateral contact/case management. Collateral contacts could include, but are not limited to: attending Admissions, Review, and Dismissal (A.R.D.) meetings, Community Resource Coordination Group (C.R.C.G.) staffing and development of the treatment plan, interview and evaluation of youth, meetings with TJJD staff, coordinating care with psychiatric providers, and monthly progress reports.

7. Provide monthly progress reports (**Exhibit H**) to the designated TJJD staff that include:

a. The youth's progress toward reducing risk factors and increasing protective factors related to treatment;

b. Summary of efforts made to address responsivity and criminogenic needs;

c. Summary of the youth's participation in clinical services provided;

d. Copy of the youth's treatment plan that summarizes the youth's movement towards completing the objectives stated, participation in services provided, relevant behavior, and barriers identified;

e. A copy of the revised treatment plan for the next month with revised objectives, strategies, or approaches;

f. Documentation of all collateral contacts made; and

g. Copies of either dated and completed weekly sign-in sheets (**Exhibit G**) showing the printed name and signature of each youth and Service Provider conducting the session or copies of TJJD group attendance logs, as determined by program type.

h. Telehealth session copies must include dates, completed session and service provider's name conducting the session.

i. Telephone session copies must include date, completed session and service provider's name conducting the session.

8. Communicate the youth's treatment schedule to the designated TJJD staff member. The treatment schedule should be based upon information from the Referral Packet Checklist and Approval form (CCF-809) that will be provided by TJJD. Submit schedule changes and attendance sheets to designated TJJD staff member showing those youth present and absent from sessions on a weekly basis, including the signatures of both youth and Service Provider.

9. Contact the youth's PSW after one (1) missed appointment. Discharge the youth from service after two (2) missed sessions within one (1) month or a total of three (3) missed sessions and notify the designated TJJD staff member within 24 hours of discharge.

10. Provide services in a facility if requested by the youth's TJJD PSW.

11. Provide services in the identified area/region selected in the Specialized Treatment Application.

3. Pursuant to Section II. Service Provider, D. Referenced in #3 is removed and replaced with

“3. For services provided to TJJD youth for which Service Provider cannot receive payment through Medicaid or insurance, Service Provider shall submit an invoicing cover sheet (**Exhibit F**), monthly invoice, with sign-in sheets (**Exhibit G**) and monthly progress reports (**Exhibit H**) to the designated TJJD billing location (**see Exhibit C**) for services provided, no later than ten (10) working days from the last day of the month for which payment is requested. If a claim is rejected by Medicaid and/or the insurer, Service Provider shall submit an invoice for payment of the claim with the required backup documentation and evidence of claim rejection to the designated TJJD billing location no later than ten (10) working days from the date of notification of rejection. All invoices shall contain the name and TJJD number of the youth for whom services were provided, the date said services were provided, and a description of the services rendered. Completed sign-in sheets (**Exhibit G**) and monthly progress (**Exhibit H**) reports shall be included with the invoice as backup documentation. If the invoice or backup documentation is erroneous or incomplete, it will delay the processing of the invoice. Payment will be made in accordance with Chapter 2251 of the Texas Government Code.”

4. **Adding Section IV. NOTICES** are as follows:

“Required written notices shall be addressed to the Texas Juvenile Justice Department, Office of Business Operations Department, Contracts at mailing address: P.O. Box 12757, Austin, Texas 78711-2757, or physical address: 1801 N Congress Ave., Ste. 13.1400, Austin, TX 78701”

**Service Provider Point of Contact:**

Name: Latoya McCoy

Email: [lmccoy@solacetherapy.net](mailto:lmccoy@solacetherapy.net)

**TJJD Point of Contact for Service:**

Name: Marqus Butler, Interim Director of Probation & Re-entry Support

Email: [marqus.butler@tjjd.texas.gov](mailto:marqus.butler@tjjd.texas.gov)

And

Name: Amy Dupaty, PS III-Reentry &Parole Aftercare

Email: [Amy.dupaty@tjjd.texas.gov](mailto:Amy.dupaty@tjjd.texas.gov)

**Contracts Point of Contact:**

Vickie Griffin, Contract Specialist

Phone: 512-490-7148

Email: [Vickie.griffin@tjjd.texas.gov](mailto:Vickie.griffin@tjjd.texas.gov)

5. Pursuant to Exhibit C, **Service Area and Locations** are revised and attached hereto as **Exhibit C, Service Area and Locations**, and hereby incorporated by reference.
6. Pursuant to Exhibit F, **TERMS AND CONDITIONS** are revised and attached hereto as **Exhibit D, TERMS AND CONDITIONS**, and hereby incorporated by reference.
7. Pursuant to Exhibit D **Sign In sheet** changed to **Exhibit G Sign In sheet**
8. Pursuant to Exhibit F, the **Invoice Cover Sheet** has been added to the contract
9. Pursuant to Exhibit H, the **Monthly Progress Note** has been added to the contract.

**IN WITNESS WHEREOF**, the parties hereto have made and executed this Amendment as of the day and year last below written.

**For Texas Juvenile Justice Department:**

 \_\_\_\_\_ 01/29/2026  
Shanara Carter, Executive Director Date

**For Service Provider:**

 \_\_\_\_\_ *Dr. L. Toyama McCoy* 01/22/2026  
Signature Printed Name Date