

STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

**CONTRACT FOR SPECIALIZED TREATMENT SERVICES
AMENDMENT 1 to Contract CON0001588**

The **Texas Juvenile Justice Department**, hereinafter **TJJD**, and **Williams Consultants & Associates**, hereinafter **Service Provider**, acknowledge that they have previously entered into a contract for the provision of **Specialized Treatment Services** for TJJD youth for the period of **June 1, 2024**, through **May 31, 2027**.

Both parties wish to continue the relationship that exists without a lapse in services. Service Provider agrees to continue to provide services under the aforementioned existing contract, and the TJJD agrees to continue to use Service Provider's services during the term of this contract.

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

The parties hereto agree to be bound by the terms of the existing contract, including prior amendments, if any, agreeing that the current provisions, terms, and conditions shall remain in full force and effect up until the date of termination and to remain bound by any terms or requirements that survive contract termination.:

Pursuant to **Exhibit F, TERMS AND CONDITIONS, 12., Contract Amendment and Merger Clause**, this contract is being amended as follows:

1. Section II, Service Provider, B., is revised to read as follows:

"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 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 the youth's participation in clinical services provided;

c. Summary of the youth's overall behavior;

d. Relevant therapeutic issues;

e. Documentation of collateral contacts made; and

f. Copies of dated weekly sign-in sheets (**Exhibit D**) showing the printed name and signature of each youth and Service Provider conducting the session.

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

h. 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. "

2. **Exhibit C, Service Area and Locations**, is deleted and replaced with the attached hereto as **EXHIBIT C, Service Area and Locations** and hereby incorporated by reference.

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

For the Texas Juvenile Justice Department:



Shandra Carter, Executive Director

5/20/2024
Date

For Service Provider:



Signature

5/20/24
Date

EXHIBIT C SERVICE AREA AND LOCATIONS

Service Provider will provide services at:

- TJJJ Institution TJJJ Halfway House TJJJ Parole Office Service Provider's Office
 Youth's home Other Public Facility Telehealth Telephone

Service Provider will provide services in the agreed service area(s):

San Antonio area region codes:

- Central Region CR1
- South Region SR5
- West Region WR7

Fort Worth area region codes:

- North Region NR2
- Panhandle Region PR4

Houston area region codes:

- Northeast Region NER3
- Southeast Region SER6

Service Area is defined as the area in which Service Provider provides services without travel charges. All requests for travel require written approval from the Parole Supervisor or Regional Manager in advance. Mileage is reimbursed at a rate of \$0.50 per mile.

Approved rates for this provider that replace these rates listed in Exhibit B for the following locations: All Locations

Requirements for SU with full billing amount specified in contract

- Must be a Licensed Chemical Dependency Counselor (LCDC); or
- Must be a Qualified Credentialed Counselor (QCC) based on another qualifying licensure in accordance with the definition of a QCC established by the Texas Department of State Health Services (DSHS) and have one year of experience providing chemical dependency treatment services to youth

Locations	Individual Counseling
Out of Office (face-to-face)	\$120
In Office (includes telehealth or face-to-face)	\$120

BEHAVIORAL HEALTH (BH) :

- Licensed Master or Doctoral-level therapist board approved for independent practice, i.e. Licensed Clinical Social Worker (LCSW), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), or Licensed Psychologist; and
- Two years of therapy with juveniles with mental illness and or families

Locations	Individual Counseling
Out of Office (face-to-face)	\$100.78
In Office (includes telehealth or face-to-face)	\$100.00

SEND INVOICE (AND BACKUP DOCUMENTATION) TO:

Invoicing addresses as follows:

CR1, SR5 and WR7:
Atrium Building
85 NE Loop 410, Suite 105
San Antonio, TX 78216
SAinvoice@tjtd.texas.gov

NR2, PR4:
2462 E. Long Ave
Fort Worth, TX 76106
FTWinvoice@tjtd.texas.gov

NER3 and SER6:
10165 Harwin, #180
Houston, TX 77036
HOUInvoice@tjtd.texas.gov