

# **Tab 8 Program Components and Narrative**

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### A. Program Clinical Focus

In line with the intent and focus of TJJD RFP # 644-3-12112, Cornerstone is able and committed to operate a program that will provide a safe, therapeutic secure residential setting for juvenile offenders. In realizing this program, Cornerstone will work towards the following goals and objectives to meet the expectations of this Request for Proposal.

The goal of this program is to provide a safe environment where young men and women can build solid foundations for their futures. Positive behavioral change done by the youth will be encouraged in an environment that is not only safe for change, but one that supports and encourages it. The ultimate goal of the program will be to help juvenile offenders make better decisions reflecting a positive social response and thereby reducing delinquent behaviors. The programs mission is to provide a transforming experience for the young men and women in placement and serve as an instrument of social change in the culture so that they have a greater chance of success upon community reintegration.

Our objective is to fulfill all contractual obligations outlined in the TJJD Statement of Work by ensuring public safety, developing social, academic and vocational competencies, and providing accountability to repair the harm the youths' behaviors have caused in their relationships with themselves, their families, and in their communities. The youth who come to our care have complex and multiple problems. They may have had a series of unsuccessful placements and may have "earned" their way into this program through aggressive, violent and/or self-destructive behaviors. They may be difficult to manage, even dangerous. Once a safe environment is established, staff can pursue relationship-based treatment. However, the treatment program is designed to assist the youth in gaining self-control and feeling safe enough to pursue relationship-based treatment. An effective program has to find the delicate balance between safety and security practices, relationships and treatment. The environment will provide clear expectations and boundaries that will be upheld, while also encouraging gender appropriate interests and behaviors.

Upon admission if the psychological evaluation is over one year old (365 days), a full mental health assessment will be conducted with the youth by the contracted program

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psychologist. Depending on the youth's treatment needs, as they are prescribed in the assessment, an individualized treatment plan is developed. The treatment plan addresses the individual treatment needs such as family counseling, drug and alcohol, sex offender, anger management, and general offender issues. All therapeutic services are evidence-based and delivered by Master's level therapists, licensed sex offender therapists, and licensed drug and alcohol counselors, in both group and individual settings.

Cornerstone also provides a Cognitive Behavior Treatment (CBT) based core treatment program. Case managers facilitate the core groups and behavior groups on a regularly scheduled daily basis. Stage assessments are conducted through a Multi-Disciplinary Treatment (MDT) Team, which also meets on a regular basis, which includes the youth, case manager, direct care worker, education and others as needed. During MDT Team meetings all components of youth treatment plans are addressed. Youth also receive life skills training during the week. The case managers issue assignments and activities, i.e. journals, discussion topics, money management, etc. for youth to complete and discuss in group format. Completed assignments are retained on a monthly basis and submitted as a component in the MDT review.

All staff members receive a minimum of 80 hours of training. All staff members are trained within 60 days of employment.

In addition to the therapeutic services offered to the program's juveniles they are also provided with ancillary services such as an accredited education program, a structured recreation program, GED prep and onsite GED testing, vocational training, psycho-educational core groups, cultural awareness curriculum, (i.e. Native American), and college course opportunities through Ashworth College. To provide ultimate support as youth progress through their treatment plan the program employs a compliment of culturally diverse and bilingual staff to include its educators and therapists.

1. Cornerstone is prepared to offer these treatments and services to a maximum number of forty-eight (48) juveniles.

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2. Cornerstone is prepared to accept male juvenile offenders.

### B. Licenses and Certification of Program Staff

In accordance with Texas Administrative Code (TAC) Chapter 344, employees of Garza County Regional Juvenile Center will meet the qualifications of a Juvenile Supervision Officer (JSO), prior to providing sole supervision of youth. Although not counted in direct care coverage, the qualifications of a JSO extends to the Superintendent, Director of Treatment, Director of Operations, Case Managers, and Department Heads.

### C. Contractor Clinical Program Policies and Procedures

1. Cornerstone's Garza County facility currently complies with all assigned TJJD Rules and all related Standards and any subsequent amendments to these policies and standards, which apply to residential programs. Cornerstone has demonstrated such willingness and ability to comply for the past several years and will commit to complying fully in the future.
2. Cornerstone agrees to the terms and conditions stated in the TJJD Contract for Residential Services, as stated in the provision attached to TJJD RFP 644-3-12112, as Exhibit F.

### D. Target Population and Admissions

Cornerstone is prepared to provide care for the TJJD target population of male juvenile offenders, age 10 years to 18 years of age.

### E. Transportation/Off-Site Supervision

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It is the intent of GCRJC to provide transportation services for residents during the duration of their stay, for necessary medical, dental, mental health appointments, court appearances and upon scheduled release to a public transportation location, such as a bus station or airport. Resident supervision practices for residents allowed to temporarily leave or be released from the secure confines of the facility or the facility's secure grounds include:

1. Only staff meeting the qualifications of a Juvenile Supervision Officer (JSO) by the Texas Juvenile Justice Department may transport and supervise youth off premises; staff must have a current State of Texas Driver's License, have cleared an annual driver's record review and must be approved facility drivers;
2. Two direct care staff meeting the qualifications of a JSO, will be assigned to all transports and no more than 6 residents may be transported at once.
3. When practical both supervising staff will be of the same gender as the youth being transported, however one male staff member and one female staff member may be used as the transportation team, provided that staff of the same gender perform personal searches on the residents on transport;
4. Only staff meeting the qualifications of a JSO, who have completed and demonstrated competency in a facility mechanical and physical restraint course (Handle With Care-Behavior Management System) will be authorized to use approved restraint practices;
5. Staff will ensure that youth have no contact with the general public and will maintain separation of youth and the public as best as their environment allows. Should a youth become unruly or attempt to make contact with the public, staff will redirect the youth or escort them to the secured vehicle and stay with them until either the purpose of the visit is completed or the youth is returned to the secure placement.
6. Staff meeting the qualifications of a JSO, who transport a resident off the facility premises; must be currently certified in CPR, First Aid and, Handle With Care.

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7. Youth on transport will be searched for contraband, prior to departing the facility and upon arrival back to the facility, prior to being allowed back into the general population.
8. While on transport, all youth will be fully restrained, utilizing handcuffs, belly chains and leg restraints. At no time, without the consent of the Director of Operations or Program Manager (Superintendent) will the restraints be removed during transport or medical, dental, mental health visits or court proceedings.
9. The transportation team will notify the facility control center of arrival and departure times, from the facility and places of appointments or release.
10. At all times during transportation, both youth and staff will be required to wear seatbelts and staff will adhere to posted speed limits.

### F. Staff Requirements and Training

#### 1. Training

GCRJC utilizes a Pre-Service Orientation program, consisting of various curricula to prepare new employees on how to deal and manage youth committed to TJJD and GCRJC.

The training program enlists over 40 hours of classroom topics, as well as 40 On the Job Training hours, when new staff shadow and are trained by designated veteran staff/supervisors. All direct care staff, as well as Department Heads are required to complete this training, prior to assuming duties that provide sole supervision of TJJD youth. Handle With Care is the state approved physical restraint system used at GCRJC. All direct care staff are required to complete and demonstrate competency in HWC, prior to completing training. The requirement for completing Handle With Care does not apply to staff positions that do not require JSO qualifications, such as clerical positions.

2. Supervision

A ratio of 1 youth advisor to 8 youth from 6 a.m. to 10 p.m., and a ratio of 1 youth advisor to 16 youth from 10 p.m. to 6 a.m. as per the TJJD Statement of Work are in effect at GCRJC. Direct care staff ratios will only include staff providing direct supervision to TJJD youth. Supervisors, Educators, and Case Managers will not be counted for the purpose of staff to youth ratios.

The facility shall be staffed by Youth Advisors twenty-four hours per day, seven days per week, twelve months a year. If residents of both sexes are present in the facility, male Youth Advisors and female Youth Advisors shall be on duty. The Unit Managers will be responsible for ensuring that all staffing requirements are met, this includes meeting all staff to resident ratios. Residents shall be in the constant physical presence of a Youth Advisor at all times.

3. Movement Supervision/Staff Deployment:

All youth movement will be directly supervised by a youth advisor and will be a one way transition from a starting point to a point of destination and will be coordinated by the control center:

- a. Only one group of youth from a specific housing unit may be moved at one time, there will be no cross traffic in the hallway. Youth will be required to walk single file close to the wall on their immediate right hand side, and are not allowed to speak while in transition. In the event that there is a youth from another housing unit in the hallway with staff at the time of movement, that individual youth(s) will be required to face the adjacent wall to avoid contact with the moving group.

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- b. At no time will youth be permitted to transition without direct staff supervision. Youth will not be allowed to be unsupervised at anytime, including being placed in time outs or in seclusion.
- c. With the exception of student council or special events such as guest speakers, will youth from different populations to co-mingle, have physical or verbal contact.
- d. Staff will position themselves in a manner which allows direct line of site, so that all youth in transition can be clearly observed, in a manner that prohibits abuse, physical assault and ensures orderly and safe movement.
- e. Once at the destination point, all youth will sit at their assigned or staff designated seat and will remain seated, unless otherwise directed by staff.
- f. Should a youth become severely disruptive in education or any other area of the facility, the youth may be escorted back to his/her assigned room, but a staff must remain to provide direct observation, while the youth is secluded.
- g. Supervising staff will notify the control staff, via radio, of the number of youth being transitioned. Supervising staff will maintain a count of youth under their supervision at all times for escape prevention, as well as to ensure that youth are free from harm.

#### 4. Staff Ratios

Direct Care Staff will maintain established staff to youth ratios of 1:8 during programming hours and 1:16 during non-programming hours, by providing direct supervision at all times, during all activities. Direct Care Staff will be present in the classrooms during the school day to maintain order, safety and security at all times, this includes all recreational activities. While in the dorm, during programming hours, Direct Care Staff will maintain a 1:8 ratio, should there be more than 8 youth assigned and present on the dorm or in the classrooms or other activities; two staff will provide direct supervision to the youth.

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To meet the treatment needs of the TJJD youth assigned to GCRJC, clinical staff will be provided, as follows:

### **5. Clinical Staff are identified as follows:**

**Treatment Director-** Haylee Dill, LBSW, LPC-I, M.Ed.

**Psychologist-** Dr. Julie Bates, Ph.D.

**Sex Offender and Family Therapist-** Dr. Beth Shapiro, Ph.D., M.A.

**Psychiatrist-** Dr. Avrim Fishkind, M.D.

**Therapist (AOD)-** Mr. William David Boyles, LPC, MSW

**Therapist-** Rex Boyles, LBSW, LPC

**Physician-** Dr. Ben Edwards, MD

All counseling and treatment services will be provided by a fully licensed clinical staff. Clinical staff will be deployed at a ratio of one Master's level therapist for every 24 youth. A Licensed Vocational Nurse will provide 40 hours of medical services per week, as well as provide availability for on-call services, when needed after hours.

### **Licenses and Job descriptions**

Please See Attachment 8.3 in this section (Job Descriptions/Licenses).

## **G. Hours Of Operation and Program Schedules**

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1. To ensure facility safety and security, juveniles are never left unsupervised. The facility maintains sight and sound supervision of juveniles 24 hours a day, 7 days a week by qualified staff, who meet the minimum employment requirements of TAC Chapter 344, including being at least 21 years of age and meeting the requirements as a Juvenile Supervision Officer. At no time will a juvenile or group of juveniles have control over other juveniles. Inherent in staff supervision and involvement is a positive relationship between facility staff and juveniles. Staff involvement with youth ensures a positive environment.

Please See Attachment 8.4 in this section (Operation Schedules).

### H. Assessment Tools

- The initial assessment is conducted by the contracted licensed psychologist: Julie Bates, Ph.D., LSSP. Assessment tools used in these evaluations include:
  - Kaufman Brief Intelligence Test –II (KBIT-II)
  - Millon Adolescent Clinical Inventory
  - Multi-score depression inventory for children (MDI-C)
  - Multi- score anxiety symptom check list (MASC)
  - Adolescent Sentence Completion
  - House-Tree- Person Drawings
- Sex Offender assessments tools:
  - Psycho-Sexual Life History Questionnaire
  - J-SOAP Recidivism Measure
  - Minnesota Multi-phasic Personal Inventory
  - Millon Adolescent Clinical Inventory
  - Jessness assessment
  - Shipley Assessment
  - Multi-phasic Sex Inventory

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- Sexual Adjustment Inventory
  - Clarke Sexual History
- Educational Assessment Tools:
- Texas Assessment of Knowledge and Skills
  - Language Proficiency Assessment
  - Woodcock Munoz Language Survey (WMLS)
  - Woodcock Johnson III (WJ-III)
  - Woodcock Johnson III Test of Achievement
  - Behavior Assessment Scales for Children II
  - Childhood Depression Inventory
  - Revised Children Manifest Scale

### **I. Health Care**

1. Cornerstone agrees to provide services and training per the requirements of TJJD.
2. Cornerstone currently provides a designated Health Authority for the Garza County facility. Ben Edwards, M.D. is contracted with the responsibility for health care services for youth at the facility.
3. Cornerstone's Garza County facility presently obtains authorization and an encumbrance number from TJJD prior to the delivery of medical services, except in the case of an emergency.
4. Cornerstone has identified health care providers in the local community:
  - Ben Edwards, M.D. –Lubbock, TX
  - Garza County Health Clinic – Post, TX
  - University Medical Center (UMC)- Lubbock, TX
  - Hometown Pharmacy – Post, TX

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- Donna Winchester, Dentist –Slaton, TX
  - Vision Mart – Lubbock, TX
  - B.R. Kallepalli, M.D. (Psychiatrist) – Lubbock, TX
  - Julie Bates, Ph.D. (Psychologist) – Lubbock, TX
5. Cornerstone's Garza County facility's nurse, Francelle Cox, LVN, provides 40 hours per week of on-site nursing services, during normal business hours and on-call nursing services 24 hours a day. The program also utilizes The Garza County Health Clinic as a supplement to the program nurse.
  6. Cornerstone's Garza County facility presently provides psychiatric medication management through a contracted licensed psychiatrist, Avrim Fishkind, M.D. and B.R. Kallepalli, M.D. (psychiatrist), as needed.
  7. Cornerstone's Garza County facility presently requires any staff administering psychotropic medications to be trained in the administration and side effects of these medications. This training is conducted annually and as needed by Ben Edwards, M.D., the designated Health Authority.
  8. Cornerstone's Garza County facility presently provides over the counter medications, medical supplies, and first aid to TJJD youth, under the supervision of the facility's nurse, Francelle Cox, LVN, and trained staff.
  9. Cornerstone's Garza County facility presently provides supervision for any youth sent off-site to a hospital. Supervision is provided at a rate of at least two staff per youth for the duration of the hospital stay.
  10. Cornerstone's Garza County facility presently provides transportation to TJJD youth to and from health care appointments.
  11. Cornerstone's Garza County facility's nurse, Francelle Cox, LVN, is scheduled to work Monday through Friday, from 7:00a – 4:00p; and is on call after hours, weekends, and holidays.

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12. Cornerstone's Garza County facility will enroll TJJD youth, who are eligible, in the Medicaid System prior to their release.
13. Cornerstone's Garza County facility will be prepared for TJJD's annual Health Contract Care Facility Review annually in compliance with Exhibit K.

### **J. Educational Services**

1. Educational services will be provided by the Post Independent School District (Post ISD), a fully accredited school with its central office in Post, Texas. Post ISD has operated inside Garza County Regional Juvenile Center for the past two years and specializes in serving children with severe emotional and behavioral disorders. The school component offers a year-round full-day instructional program (8:00 – 4:00, surpassing the minimum requirement of 360 minutes) and also offers extended day instructional services.
2. The Post Independent School District only employs fully qualified/certified teachers who are capable of providing extensive services targeted for at-risk youth including dynamic instruction, recreational activities that exceed state requirements, advanced technologies (including individualized, computer assisted assessments and remedial programs), and age-appropriate activities and materials.
3. The educational program has been designed specifically for youth in a residential treatment environment. The mission of the education program is to facilitate each youth's personal growth and development toward their personal career goals, be it the workforce or further education. This includes skill acquisition, increasing functional performance, and experiencing a broad range of individual and collaborative learning experiences. The academic program will provide each youth with a range of educational opportunities: 5-12, GED, and post-graduate classes, as well as strong vocational programming that emphasize and reinforce academic skill development. Other program activities and events will consciously address academic skill development and reinforcement. Each youth will have an

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Individualized Education Plan based on an assessment of their strengths, interests, and development areas.

4. Post ISD operates a standard 180 calendar (from August – May) and an additional year round summer program. The annual schedule allows breaks for major holidays as well as for teacher in service and staff development days. On such days, the facility will go to an alternative operational schedule, during which the educational component will be replaced with additional treatment, recreational, and cultural or festive programming. Additionally, Post ISD offers flexible evening, tutoring and instructional time (e.g. use of the computer lab) that works around the facility schedule.

Please See Attachment 8.5 in this section (School Schedule).

5. GCRJC provides space on-site for educational services:
  - a. The facility has eight education spaces that are designated for the five content area teachers (math, science, social studies, and English) and a computer lab, as well as space for special education, ESL and a library. The library can also be utilized for study hall or individual tutoring sessions. Post ISD provides an educational diagnostician to operate the special education program, and teachers typically hold both content-area and special education certification. The library includes age-appropriate books and educational materials. Additionally, the students will be able to use the basketball and outdoor area for physical education and age-appropriate educational purposes. The typical class size is 10 – 12 students with a certified teacher and instructional aides available.
  - b. All classrooms are fitted with a T-1 line and at least one student computer. Additionally, the teacher will have a wireless laptop. All classrooms are equipped with a digital projector and a Smart Board. The computer lab

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presently is equipped with 12 computers so that an entire class can be online for special learning activities.

- c. GCRJC in collaboration with Post ISD presently provides TJJD youth, as needed, with GED preparation, along with Proctor certified staff to provide on-site GED testing.
- d. For TJJD youth, who have completed their high school education or received their GED, GCRJC will provide vocational education opportunities; for example: ServSafe (food-handler certification), ASVAB (military entrance exam prep), and THEA (college entrance exam prep).
- e. The Program also offers various onsite community service activities, such as “Earth Day” activities and “Support the Troops initiatives”

6. GCRJC in collaboration with Post ISD provides a standard 180 calendar (from August – May) school year and an additional year round summer program.

**K. Clothing, Nutrition, and Hygiene**

Cornerstone will provide clothing and hygiene items to TJJD youth and will provide for all their nutritional requirements as specified in this RFP, and state and federal law.

1. Youth will be issued the following items:

2 white t-shirts	1 pair colored recreation shorts	1 washcloth
2 pair white socks	1 colored recreation t-shirt	1 blanket
2 pair white boxers	1 pair shower shoes	1 set white sheets
1 pair khaki pants	1 towel	1 pillow case
1 Colored Phase/Level shirt (Phase/Level 2-4)	1 pair sneakers	1 sweatshirt in cool weather months

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- a. Upon arrival at the facility, each youth is provided a personal items box containing the aforementioned delineated clothing items.
- b. Clothing will fit appropriately when provided. Clothing will be replaced as they show signs of wear, or become ill fitting. A clothing inventory for each youth will document the initial issue of the clothing items, and subsequent issues to include dates. Youth will return worn-out or ill fitting clothing when they request replacements.
- c. Each youth will be provided with at least a weekly opportunity to do their laundry (under staff supervision). Such opportunities are scheduled by unit and schedules are posted in the facility and are on the Master Schedule
- d. Please See Attachment 8.6 in this section (Laundry Schedule).

### 2. Nutrition:

- a. The program will provide meals to meet or exceed all licensing standards as well as the USDA school breakfast, lunch and dinner dietary allowances seven days per week; twelve months per year at no cost to the youth.
- b. Menus will be certified annually by a certified dietician and contain a variety of foods and due to the age of the youth served, will also contain foods appropriate to the target population's preferred eating habits while also encouraging the youth to try new foods and establish new habits.
- c. The dietician and program management will work together to insure that the menu is age, gender, physical ability, medically and activity level specific to this population.
- d. All TJJD nutrition and food service policies will be followed through the delivery of nutritional services.
- e. The programs food service plan will be managed by an onsite certified food service manager.

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- f. The program will participate in and meet all regulation of the National School Lunch Program/School Breakfast Program.
- g. The programs food service plan will follow all applicable state and local sanitation and health standards.
- h. The programs food service plan will include at least two health department inspections during the school year.
- i. Not Applicable
- j. The food service plan includes the usage and up keep of temperature records for food storage, preparation, and service.
- k. The program menu will adhere to the most recent recommended dietary allowances from the National Research Council. Provisions will be made to accommodate juveniles who are not available at regularly scheduled meal times due to unusual circumstances
- l. The program will serve portions of food as indicated on the master menu; records of any substitution will be kept on file for 3 years
- m. An evening snack will be provided to each youth each evening. Food production records will be completed for each meal and snack.
- n. Modified diets will be provided upon the recommendation of health professionals, religious clergyman or as authorized by the Unit Manager for religious reasons. All dietary provisions made after consultation of the aforementioned program staff will be documented and filed accordingly.
- o. The program will include a quality of food review by youth which will consist of a quarterly survey. Youth concerns will be addressed by facility administration.
- p. Youth and staff will eat from the same single menu.
- q. The program will provide meals to meet or exceed all licensing standards as well as the USDA school breakfast, lunch and dinner dietary allowances seven days per week; twelve months per year at no cost to the youth. At least two (2) meals each day will be hot meals while one meal per day may be cold (such as cereal at breakfast, or sandwiches).
- r. GCRJC prohibits the use of meals and snacks for disciplinary purpose

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- s. The program maintains a comprehensive tool control and chemical log to track the use and location of chemicals and tools. In addition, all chemicals remain securely stored, and all tools are stored in a locked and outlined tool cage.
- t. The program will allow a maximum of 14 hours from the beginning of supper to the beginning of breakfast.
- U. Please See Attachment 8.7 in this section (Sample Menu).

**3. Hygiene items:**

- a. The following items will be provided to each youth:

1 comb	1 shampoo	1 toothbrush
1 soap	1 dental floss*  *When requested by the youth, dental floss will be provided by way of the shift supervisor or nurse.*	1 toothpaste
1 deodorant		

- b. Upon arrival at the center, each youth will receive personal hygiene items in their personal items box as stated above.
- c. Culturally sensitive and gender specific hygiene items will be provided as needed. Such products could include (but not be limited to) disposable razors and gender specific, ethnic hair and skin care product. Items will be replaced by the program as needed. Due to safety issues, youth will not be permitted to have more than the one of each hygiene item at a time.

**L. Food Services**

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The facility has onsite food service operations, encompassing 1,096.2 square feet of space. The food service department provides three nutritionally balanced meals daily, at least two of which must be hot meals, and an evening snack. The facility menu is reviewed and approved by a licensed dietician and each youth is provided meals on a daily basis that exceeds 3,200 calories. In addition, the programs food services operation is inspected twice a year by The State of Texas Department of Health.

### **M. Treatment Services**

In addition to GCRJC's core treatment services, all TJJD youth presently have access to specialized mental health, chemical dependency, or sexual behavior treatment services.

**Specialized Mental Health Treatment:** Upon admission, if the psychological evaluation is over one year old (365 days), a full mental health assessment will be conducted with the youth by the contracted program psychologist, Dr. Julie Bates, Ph.D., Licensed Specialist in School Psychology. Depending on the youths' treatment needs, as they are prescribed in the assessment, an individualized treatment plan is developed. The treatment plan addresses the individual treatment needs such as family counseling, drug and alcohol, sex offender, anger management, and general offender issues. All therapeutic services are evidence-based and delivered by Master's level therapists, licensed sex offender therapists, and licensed drug and alcohol counselors, in both group and individual settings.

All TJJD youth presently have access to mental health treatment through GCRJC's contracted treatment team: Psychiatrist, Avrim Fishkind, M.D.; Psychologist, Julie Bates, Ph.D.; and Licensed Counselor, David Boyles, ME.D., LPC. Therapeutic mental health services follow these evidence-based treatment guides:

- "Integrated Services for Substance Abuse and Mental Health Problems -- Cognitive-Behavioral Therapy"; developed by the faculty from Dartmouth Medical School; published by the

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Hazelden Foundation. This version of CBT focuses on cognitive restructuring with emphasis on helping the youth examine the sequence of events from situations to thoughts to feelings and understand that there is more flexibility in altering thoughts than the youth may have ever imagined.

- “Out of Control – A Dialectical Behavior Therapy – Cognitive-Behavioral Therapy Workbook”; by Melanie Gordon Sheets, Ph.D. This approach is designed to help youth get control of their emotions and the emotion-driven behaviors that have been so disruptive to their lives and families.

### 1. PROOF of EVIDENCED-BASED

- a. Please See Attachment 8.14 in this section (Literature Review/Validation).
2. The GCRJC Mental Health treatment program’s objective is to help the youth examine the sequence of events from situations to thoughts to feelings, so that the therapist can educate the youth in cognitive restructuring. This treatment model requires a minimum of twenty (20) weeks.
  3. GCRJC presently complies with TJJD’s Quality Assurance and Monitoring Standards.
  4. GCRJC presently provides copies of Individual Case Plans on approved forms to the appropriate TJJD staff for review.
  5. GCRJC presently provides Case Management for TJJD youth in coordination with the TJJD Primary Service Worker and/or the designated Parole Officer, working with families to assist in re-integration upon release.
  6. GCRJC’s behavioral modification treatment system is referred to as G.I.T., an acronym for Group Interactive Therapy. It is an evidence-based cognitive-behavioral approach, incorporating cognitive, behavioral, social resources,

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and small group theory to offer a variety of strategies for treating adolescents, especially those who are at-risk or disruptive. As a resource for this particular approach, GCRJC uses the book: “Group Therapy with Troubled Youth: A Cognitive –Behavioral Interactive Approach” by Sheldon D. Rose; published by Sage Publications.

7. GCRJC currently uses individual, didactic groups and experiential groups in its therapeutic approach for mental health, chemical dependency, and sex offender treatments.
8. GCRJC currently incorporates recreation in all aspects of its treatment programs.
9. GCRJC currently documents and maintains progress notes on each TJJD youth in treatment.
10. GCRJC currently keeps all records on-site in secure areas.
11. GCRJC currently allows and welcomes TJJD staff to observe clinical services.

### Specialized AOD treatment:

GCRJC presently provides specialized AOD treatment for all TJJD youth that have been recommended for such treatment or have been referred for AOD treatment by the facility’s contracted psychologist, Julie Bates, Ph.D., L.S.S.P. Primary AOD treatment is presently provided through the contracted licensed counselor, David Boyles, MEd, LPC. Mr. Boyles is presently in the doctoral program at Texas Tech University, where he also serves as a graduate assistant in chemical dependency and addictions courses. In addition to the assessments conducted by the contracted licensed psychologist, the therapist has access to these additional assessment tools: “Screening and Assessment – Integrated Services for Substance Abuse and Mental Health Problems” developed by the faculty from the Dartmouth Medical School, which includes assessments for Alcohol and other

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Drugs (SSI-AOD); Depression; Dysthymia; Suicidality; Bipolar Disorder; Social Phobia; Anxiety Disorders; and Post Traumatic Stress Disorder.

The primary curriculum for the AOD treatment, provided by GCRJC to present TJJD youth, is the evidence-based program: “Living in Balance – Moving from a Life of Addiction to a Life of Recovery” by Jeffrey Hoffman, Mim Landry, and Barry Caudill; published by Hazelden Publishing. This evidence-based program draws from the cognitive behavioral, experiential, and Twelve Step approaches to help youth achieve lifelong recovery. As other strategies are warranted all contracted and licensed therapists have access to these evidence-based treatment models:

- “Integrated Services for Substance Abuse and Mental Health Problems – Cognitive-Behavioral Therapy”; developed by the faculty from Dartmouth Medical School; published by the Hazelden Foundation. This version of CBT focuses on cognitive restructuring with emphasis on helping the youth examine the sequence of events from situations to thoughts to feelings and understand that there is more flexibility in altering thoughts than the youth may have ever imagined.
- “Out of Control – A Dialectical Behavior Therapy – Cognitive-Behavioral Therapy Workbook”; by Melanie Gordon Sheets, Ph.D. This evidenced-based approach is designed to help youth get control of their emotions and the emotion-driven behaviors that have been so disruptive to their lives and families.
- Hazelden’s Co-Occurring Disorders and Moral Reconciliation Therapy. These treatment concepts are evidenced-based and focus on cognitive behavioral therapy. The treatment program will also incorporate the Turning Point curriculum, which is a metaphorical approach to help the offender eliminate thinking

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errors. This curriculum will be utilized as a supplement to the Hazelden and MRT core curriculum. Turning Point's curriculum also creates cognitive dissonance at a higher level; while revealing the youth's discrepancies between their value system and their behavior.

- “Overcoming Your Alcohol or Drug Problem – Effective Recovery Strategies” (with the companion workbook) by Dennis Daley and Alan Marlatt; published by Oxford University Press. This evidence based CBT model focuses on thinking errors that may lead to substance abuse as well as recovery, reintegration, and relapse prevention.

### Program Focus

The purpose of the adolescent substance abuse treatment program is to provide youth the opportunity to make corrective changes in their thinking. Youth will be challenged to evaluate their behavior and come up with alternatives that are socially positive and productive. Youth are afforded the opportunity to begin the process of changing their behavior by socializing with a positive peer group, which can improve their thinking and physiology. This program ensures a good learning environment, encourages the participants to share their experiences and practice using new skills.

The substance abuse group counseling program uses facilitative learning as its primary approach to addressing our youths' substance abuse treatment needs. This program also helps the adolescent identify the root causes of their substance use/abuse and break through their pattern of denial, minimization and blaming of others. Youth will learn to understand their personal risk factors that underlie the addiction cycle.

The TJJD youth will receive an individualized treatment plan, developed from their initial assessment. Every youth will participate in life skills training, guided interactive

## CON0000309 – Program Components and Narrative – FY `17

therapy (GIT), and core groups, which will include lessons on substance abuse education, cognitive-behavioral modification, relapse prevention, and re-integration skills. Those youth with AOD moderate priority needs will attend individual and/or group counseling sessions with a licensed therapist until the completion of the AOD course of treatment. Family counseling sessions will be scheduled as needed. Estimated hours of treatment for all concerns will be 16 hours.

The substance abuse program's curriculum is based on sound theories of psychosocial development and will specifically address the unique needs of substance abusing offenders with mental health issues. Each youth's identified strengths and risks are integrated into their treatment continuum. The contracted licensed psychiatrist, Avrim Fishkind, Ph.D., will monitor the use of medications closely with regularly scheduled consultations for the TJJD youth, who have been diagnosed with a co-occurring disorder. The use of a psychiatric nurse who is in contract with Dr. Fishkind may conduct the consultations for medication management and prescribe medications, as described in their contract agreement through JSA Health.

Holistically the treatment program will address specific topics such as, but not limited to the following: self-esteem, family of origin, relationships, interpersonal violence, sexuality and abuse, and meditation and relaxation. Self-help (AA/NA) Recovery models will be introduced and encouraged, during the TJJD youth's stay at GCRJC. All TJJD youth will have access to physical health, mental health, and ancillary services.

Because GCRJC's objective is provide the most effective treatment available to all TJJD youth, the contracted licensed therapist and the case manager for TJJD youth are willing and able to be trained by TJJD on the "Pathways to Self-Discovery Change" curriculum.

### 1. PROOF OF EVIDENCE-BASED

Please See Attachment 8.14 in this section (Literature Review/Validation).

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2. The GCRJC's AOD treatment program objectives are to help the youth understand the characteristics of substance use problems; to understand the benefits of participating in individual and group counseling and assigned projects; to learn the importance of developing and maintaining a personal change plan along with the strategies and coping-skills to fulfill the plan. This treatment model requires a minimum of twelve (12) weeks.
3. GCRJC presently complies with TJJD's Quality Assurance and Monitoring Standards.
4. GCRJC presently provides copies of Individual Case Plans on approved forms to the appropriate TJJD staff for review.
5. GCRJC presently provides Case Management for TJJD youth in coordination with the TJJD Primary Service Worker and/or the designated Parole Officer, working with families to assist in re-integration upon release.
6. GCRJC's behavioral modification treatment system is referred to as G.I.T., an acronym for Group Interactive Therapy. It is an evidence-based cognitive-behavioral approach, incorporating cognitive, behavioral, social resources, and small group theory to offer a variety of strategies for treating adolescents, especially those who are at-risk or disruptive. As a resource for this particular approach, GCRJC uses the book: "Group Therapy with Troubled Youth: A Cognitive –Behavioral Interactive Approach" by Sheldon D. Rose; published by Sage Publications. This approach is especially compatible with the AOD treatment program.
7. GCRJC currently uses individual, didactic groups and experiential groups in its therapeutic approach for mental health, chemical dependency, and sex offender treatments.
8. GCRJC currently incorporates recreation in all aspects of its treatment programs. As an example: the contracted licensed therapist uses games such as chess, checkers, and puzzles to establish rapport with the TJJD youth, as well as to illustrate and develop decision-making and conduct response skills.
9. GCRJC currently documents and maintains progress notes on each TJJD youth in treatment.
10. GCRJC currently keeps all records on-site in secure areas.
11. GCRJC currently allows and welcomes TJJD staff to observe clinical services upon request.

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Specialized Sex Offender Treatment: GCRJC presently provides services for juvenile sex offenders and are not only willing but eager to provide sex-offender therapy for TJJD youth. The SO Program is an evidence-based treatment program based on known research findings indicating the most effective treatment program components for juvenile sex offenders. The program focuses on the emotional, sexual, social, family and relationship issues that contribute to sexual deviancy. The eleven overall program components/modules include:

- Initial Assessment
- Psychosexual history/verification/commitment to treatment
- Compulsive behaviors/needed personal changes
- Risks/dangers for recidivism/Assault Cycle
- Scripting behavioral changes
- Thought patterns
- Victim awareness
- Power and control issues
- Goals of abuse
- Healthy relationships
- Relapse prevention/release issues

\*\*Please See Attachment 8.8 in this section (SO APPENDIX 1, TREATMENT PROGRAM, for a more comprehensive description of the program components/modules)\*\*

The SO treatment program provides one hour of individual therapy per week to each client, and 1.5 hours of group therapy per week to each client. Group therapy uses

## CON0000309 – Program Components and Narrative – FY `17

didactic, experiential and educational modalities. Clients are always given written assignments that when completed need to be presented in individual and group therapy sessions. The program is designed to interface with the basic program services offered at the Garza County facility, including the behavior modification treatment system, case management, substance abuse counseling, medication management, and educational services. Interfaces with the client's probation officer are also maintained for treatment planning and discharge planning.

The sexual behavior/sex offender program is appropriate for high need and moderate need juvenile offenders, and can accommodate 12-15 clients. Individualized treatment plans are designed for each participant within the basic SO treatment program framework. Individual differences in treatment plans are dependent upon the client's status (emotional, cognitive, social, sexual, relationship, family,) intervention needs, prior completed treatment, and post detention possible placements.

**\*\* (Please See Attachment 8.9 in this section SO APPENDIX 2, SEX OFFENDER TREATMENT PROGRAM/TREATMENT PLAN, for an example of all components of an individualized treatment plan.)\*\***

The basic treatment program can be completed in 6 months, though most clients require 9-12 months to satisfactorily complete the eleven basic treatment components. As advised by the research literature, emphasis is placed on returning the juvenile to a safe and secure community setting as soon as possible, while insuring public safety and establishing appropriate continuing intervention and services for clients post release. It is generally recommended that clients continue with community based therapeutic services after release from the treatment center. For clients remaining in treatment after completion of the basic treatment program, on-going SO therapy services are provided focusing on issues including but not limited to: self-control, boundaries, advanced family work, relationships, monitoring deviant sexual arousal, power and control issues, conflict resolution, healthy relationships, on-going relapse prevention strategies.

The SO program will fully comply with TJJD Quality Assurance and Monitoring Standards. The treatment program will provide, upon request, copies of Individual Case

## CON0000309 – Program Components and Narrative – FY `17

Plans to TJJD Staff for review on approved forms. The Garza County facility provides case management for all clients, working with TJJD Primary Service Worker and/or Parole Officer assigned, and work with families to assist in re-integration upon release. The SO treatment staff works with the case managers in collaboration on these issues. Monthly monitoring of the individualized treatment plans allow for the capability to measure and document each youth's progress throughout their stay at the facility. All records of clients who participate in the SO program are maintained at the facility and are available to be produced upon request. TJJD staff may observe clinical services at any time. The SO program complies with the facility's policies regarding Youth Rights, Youth Complaint and Resolution System, and Personal Funds.

GCRJC presently provides SO treatment services through these contracted licensed sex offender therapists and support staff:

- Beth Shapiro, Ph.D., LMFT, LSOTP. Director of Gateways Counseling PC, Lubbock Texas; Director of Sex Offender Treatment Program at Garza County Regional Detention Center; Contract Provider for Texas Department of Family and Protective Services: Children's Protective Services; Contract Provider for Sex Offender Pre-Trial and Post-Adjudicate Services for U.S. Probation and Pretrial Services. Her duties include directing all aspects of the program: Provide sex offense specific evaluations and reports adhering to the established ethics, standards and principals of the Association for the Treatment of Sexual Abusers (ATSA.) Provide individual, group, and family counseling; chaperone training and support, treatment planning for all clients, all required reports and consultations for all clients.
- Brett Hendricks, Ed.D., LPC, Provisional Sex Offender Treatment Provider; Staff Therapist, Gateways Counseling PC.; Assistant Professor, Counselor Education Program, Department of Educational Psychology

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and Leadership, Texas Tech University. Duties: Provide individual, group, and family counseling under the supervision of Dr. Shapiro.

- Douglas Sutton, Deputy Sheriff, Lubbock County Texas. Duties: Conduct clinical polygraph examinations and maintenance, as well as monitoring polygraph examinations, and provide reports on test results.

### 1. PROOF OF EVIDENCE-BASED

- a. Please See Attachment 8.14 in this section (Literature Review/Validation).

2. The GCRJC's current Sex-Offender treatment program focuses on the emotional, sexual, social, family and relationship issues that contribute to sexual deviancy. The basic treatment program can be completed in 6 months, though most clients require 9-12 months to satisfactorily complete the eleven basic treatment components.
3. GCRJC presently complies with TJJD's Quality Assurance and Monitoring Standards.
4. GCRJC presently provides copies of Individual Case Plans on approved forms to the appropriate TJJD staff for review.
5. GCRJC presently provides Case Management for TJJD youth in coordination with the TJJD Primary Service Worker and/or the designated Parole Officer, working with families to assist in re-integration upon release.
6. GCRJC's behavioral modification treatment system is compatible with the SO treatment program.
7. GCRJC currently uses individual, didactic groups and experiential groups in its therapeutic approach for mental health, chemical dependency, and sex offender treatments.

## CON0000309 – Program Components and Narrative – FY `17

8. GCRJC currently incorporates recreation in all aspects of its treatment programs.
9. GCRJC currently documents and maintains progress notes on each TJJD youth in treatment.
10. GCRJC currently keeps all records on-site in secure areas.
11. GCRJC currently allows and welcomes TJJD staff to observe clinical services upon request.

### Other Group Curriculum and Services:

#### Gang Prevention

#### **"Getting Out of Gangs, Staying Out of Gangs" GANG INTERVENTION AND DESISTENCE STRATEGIES.**

"Gang interventionists can help gang members who are seeking to leave the gang lifestyle by providing them with accurate advice about transitioning out of gangs and helping them design a plan for leaving the gang lifestyle. This gang desistence plan should identify/remove barriers and replace them with appropriate opportunities to successfully reenter the mainstream world."

~~([www.nationalgangcenter.gov/Content/Documents/Getting-Out-Staying-Out.pdf](http://www.nationalgangcenter.gov/Content/Documents/Getting-Out-Staying-Out.pdf))~~

Evidence-based: <http://www.nationalgangcenter.gov/SPT/Planning-Implementation/Review>

#### Relapse Prevention

#### **"The Next Step ... Toward a Better Life"**

U.S. Department of Health and Human Services – Substance Abuse and Mental Health Services Administration – Center for Substance Abuse Treatment

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“Part 1 of this book helps you avoid drugs and alcohol while you make this adjustment. Part 2 is about longer term recovery. When you have adjusted to being sober, and the road feels less bumpy, you will start longer-term recover. You will set new goals, make better decisions, and plan your time.”

Evidence-based: [www.samhsa.gov](http://www.samhsa.gov)

### Re-Entry

#### **“Helping Young Offenders Return to Communities”**

SAMHSA NEWS; (May/June 2008). “Helping Young Offenders Return to Communities”. U.S. Department of Health and Human Services – Substance Abuse and Mental Health Services Administration – Center for Substance Abuse Treatment. (Volume 16, Number 3).

“The program allows grantees to expand or enhance substance abuse treatment and other services for juvenile and young adult offenders who are returning to the community following incarceration in juvenile detention centers, jail or prison. The goal is to treat substance abuse and reduce the chances that these youth will commit more crimes.”

Evidence-based: [www.samhsa.gov](http://www.samhsa.gov)

### Cultural Diversity

#### **“Culture Card – A Guide to Build Cultural Awareness”**

U.S. Department of Health and Human Services – Substance Abuse and Mental Health Services Administration – Center for Substance Abuse Treatment

“The purpose of this guide is to provide basic information for service providers who may be deployed or otherwise assigned to provide or coordinate services in American Indian/Alaska Native communities.”

Evidence-based: [www.samhsa.gov](http://www.samhsa.gov)

**“A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals”**

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U.S. Department of Health and Human Services – Substance Abuse and Mental Health Services Administration – Center for Substance Abuse Treatment. (2001).

“Although LGBT persons use and abuse alcohol and all types of drugs, certain drugs seem to be more popular in the LGBT community than in the majority community. Understanding the appropriate terminology is essential to understanding LGBT clients.”

Evidence-based: [www.samhsa.gov](http://www.samhsa.gov)

### **N. Handling of Youth Rights, Personal Funds**

Please See Attachment 8.10 in this section (Youth Rights).

#### **PERSONAL FUNDS**

The Garza County Regional Juvenile Center, will comply with the requirement of handling of youth funds, stated in RFP 644-3-12112, by way of enacting the following Garza County Regional Juvenile Center Policy Number 14-002 Youth Trust Fund.

Please See Attachment 8.11 in this section (Personal Funds).

### **O. Behavior Modification System**

#### **Evidence Based**

G.I.T. is an acronym for Group Interactive Therapy. It is an evidence-based cognitive-behavioral approach to group therapy. Incorporating cognitive, behavioral, social resources and small group theory offers a variety of strategies for treating adolescents, especially those who are at-risk and disruptive. Anger management, negotiation and using social support networks are among the topics addressed. As a recourse for this

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Group meetings: Although the process of the GIT takes place at all times in the program, the major focus occurs during daily GIT groups, held three times a day. The overall process in the group is complex, but in brief, the youth must go through the following stages: 1) Trusting the group, 2) Getting to know self, 3) Getting to know others, 4) Making responsible plans and commitments, and 5) Terminating plans. Past problems are particularly significant when the student is in the phase of “getting to know self”. The youth must present his life story to the group in such a way that he can show an awareness of his problems. However, past experiences can never be used as an excuse to explain present irresponsible behavior. Focus is on helping the youth fashion new, more responsible ways of behaving. It is also done with the goal in mind of helping the youth deal with reality as it is; not fantasized reality. In general, excuses for past or present irresponsible behaviors are not acceptable, but plans to develop responsible behaviors are.

The group meeting itself is highly structured. Each group has a staff group leader and the group is composed of all the youths on that unit. The majority of helping in the groups is done by the group itself. The role of the group leader is to see that the group helps and does not hurt. Also, by asking appropriate questions or making comments, the group leader guides the group helping them to see things that may need to be discussed, helping to clarify issues that may be confusing to the group members, and keeping the meeting on agenda. At the end of the meeting, the group leader processes or summarizes. At this time he/she acts as a guide or a teacher and points out areas where the group has done well, describes the progression of the meeting, and points out individual group member’s contributions. In addition, he/she may state what has been accomplished and what areas the group may not have covered. Also, he/she may give direction for follow-up action. In the case of a school teacher, he/she may give out homework assignments. Scores for participation are then given (plus, minus, or base). To emphasize the importance of the GIT and to relate it to the phase system, all

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youth's "promotions", and special rewards/privileges, will be earned by GIT ratings and processes.

It is important to note that the process of GIT does not end with group, but must be carried out at all times "on the floor" outside of group. The youths and staff have a responsibility to help each other evaluate their behavior, act responsibly, and carry out the commitments they have made.

Measuring youth's progress: pluses, minuses, and baselines and how the rating sheet works: Throughout the week, staff observe youth in all activities and are charged with rating their behavior, compliance, and participation. Staff may assign the following ratings:

Baseline: This rating is appropriate when the youth is following basic behavioral expectations regarding program norms and expectations, as well as individual expectations as outlined on the youth's treatment plan. A baseline score simply means that the youth's attitudes and behaviors meet the basic program expectations.

Pluses: A Plus is given when a youth goes above and beyond what is expected of them as set in the baseline. Youth's attitudes and behaviors are such that there is a noticeable positive change in their interaction with others.

Minuses: A minus is given when the youth fails to meet the expectations set forth in the baseline. Minuses may be assigned through self-report or by staff.

The Weekly GIT rating sheets begin on Sunday morning and ends on the following Saturday evening. Youth who do not receive a rating of "Poor" during the week will be rewarded with an Honor Party on Sunday afternoon in recognition of appropriate behavior displayed throughout the prior week.

Phase System - Earned Privileges: A Phase system is also used to assess a youth's treatment progress while in the facility and to provide further

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opportunities for positive reinforcement through earning privileges. The phase system also helps provide structure to both the youth and staff. Youth are encouraged to objectively analyze their own actions and to determine what behaviors they must exhibit to progress through the system. The system is divided into five Phases: Basic, I, II, III, and IV. Each Phase is designed to challenge youth differently, as such, they are increasingly difficult in order and the higher youth progress, the higher the responsibilities placed on youth. In accordance with increasing difficulty, the Phase system also has increasing privileges. The Phase privileges are posted throughout the facility and are also in the Client Handbook.

### **P. Privilege System**

Please See Attachment 8.12 in this section (Privilege System).

### **Q. Sample of Program Case Plan**

Please See Attachment 8.9 in this section (Case Plan).

### **R. Literature Review and Validation of Programming**

Please See Attachment 8.14 in this section (Literature Review Validation).

### **S. Acceptance of Contract Provisions**

Cornerstone Programs Corp and Garza County Regional Juvenile Center shall provide services that are in full compliance with all applicable local, state, and federal laws, rules and regulations now in effect or that become effective during the term the contract. Further, Cornerstone Programs Corp and GCRJC are in full understanding and acceptance of the TJJD Contract Provisions, Certifications, and Representations.

### **T. Agreement to Execute**

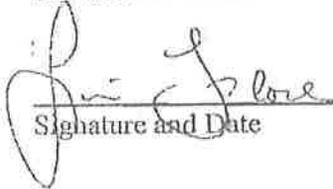
a. Please See Attachment 8.13 in this section (Execute Offer Agreement).

# TEXAS JUVENILE JUSTICE DEPARTMENT

## *Statement of Work Narrative/Program Components*

Service Provider certifies by his/her signature that all information in the SOW is complete and accurate and that the services described will be adhered to for the extent of the contract, unless amended with the agreement of both parties; and that he/she has full authority to sign and submit the Statement of Work Narrative/Program Components and Budget.

**Service Provider:**

 6-14-16  
\_\_\_\_\_  
Signature and Date

**Approved by Youth Services Contracts Manager:**

 6/30/16  
\_\_\_\_\_  
Signature and Date

**TEXAS JUVENILE JUSTICE DEPARTMENT**  
**STATEMENT OF WORK BUDGET**

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Name of Contract Provider: Cornerstone Programs Corporation-Garza CRJC

Estimated Revenue from TJJD

Based on:

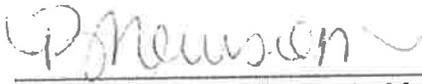
Proposed Daily Rate	<u>162</u>
Proposed Daily Pop. - TJJD Youth	<u>40</u>

Submitted by Service Provider:

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*Signature*

Approved by TJJD:

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*Youth Services Contracts Manager*