

STATE OF TEXAS           §  
  §  
COUNTY OF TRAVIS       §

**AMENDMENT 3 TO CONTRACT NUMBER AMSN1114**

The Texas Juvenile Justice Department, hereinafter TJJJ, and Ryan Watson, 7460 Golden Pond Place #100, Amarillo, TX 79121, hereinafter **Service Provider**, acknowledge that they have previously entered into a contract for the provision of services for the period **June 24, 2011** through **August 31, 2015**. This contract is identified as **Contract Number AMSN1114**.

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 TJJJ agrees to continue to use Service Provider's services during the term of this contract. The parties hereto agree to be bound by the terms of the existing contract subject to the following changes:

**1. Service Provider name change as follows:**

Watson Psychological Health Center  
1901 Medi-Park Dr. Suite 2058  
Amarillo, TX 79106

**2. Section I. Service Provider, A. Alcohol and Other Drug Treatment, B. Mental Health Treatment, C. Sexual Behavior Treatment, is hereby revised as follows:**

**6. Provide the following:**

- a Services will be provided based on the youth's need for an agreed upon length of time and type as discussed with the youth's PSW. If group services are preferred, but not feasible because there are not enough youth available, the Service Provider shall include individual treatment services. Individual services shall be a minimum of one (1) continuous hour per month. The one (1) continuous hour should be for at least fifty (50) minutes of treatment services and ten (10) minutes of case management. The individual treatment services shall not be for more than one (1) continuous hour per week except in certain circumstances where it may be up to two (2) continuous hours per week with TJJJ approval. Group services shall be a minimum of one and a half (1.5) continuous hours and up to three (3) continuous hours per weeks Additional time requires prior approval from TJJJ.

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

3. Section I. Service Provider, D. The Following Applies to All Services, is hereby revised as follows:

3. Service Provider shall submit monthly invoice and sign-in sheet (**Exhibit C**) to designated TJJJ billing location for services provided, no later than ten (10) days from the last day of the month for which payment is requested. Each invoice shall contain the name and TJJJ number of the youth for whom services were provided, the date said services were provided and a description of the services rendered, include completed sign in sheets (**Exhibit C**) and monthly progress reports. 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 the Texas Government Code, Chapter 2251.

Sign-in sheet (Exhibit C) is attached hereto and incorporated into this contract. Sign-in sheet must be completed and attached to the invoice submitted for payment.

Insert the following:

Missed appointment (no-show): In the event a youth is not available for the scheduled appointment, when the Service Provider is present, the Service Provider may conduct staff training, consultations with staff or perform other administrative duties relating to the youth's psychological needs. Service Provider may bill for these services not to exceed one (1) hour.

4. Section III. Certifications, is hereby revised by inserting the following:

**ARTICLE 26: Compliance with Prison Rape Elimination (PREA)**

Contractor shall comply with the Final Rule of the Prison Rape Elimination Act (PREA) of June 20, 2012 (Federal Law 42 U.S.C. 15601) and with all applicable PREA standards and TJJJ policies related to PREA to the extent required by law for the type of facility contemplated by this contract. Contractor shall make itself familiar with and at all times shall observe and comply with all PREA regulations which in any manner affect performance under this Contract. Contractor acknowledges that in addition to "self-monitoring requirement" TJJJ will conduct announced or unannounced compliance monitoring visits including "on-site" monitoring. Contractor will be subject to a Department of Justice (DOJ) PREA Audit every three (3) years beginning August 20, 2013. Contractor shall be solely responsible for paying for a PREA Audit as required by its contract with TJJJ. During the non-audit period, TJJJ will perform an audit at no cost to Contractor to ensure continued compliance with the PREA. Failure to comply with PREA standards and related TJJJ policies to the extent required by law for the type of facility contemplated by this contract may result in termination of the contract.

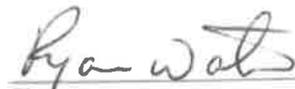
For the Texas Juvenile Justice Department:

  
Mike Griffiths, Executive Director

11-18-13

Date

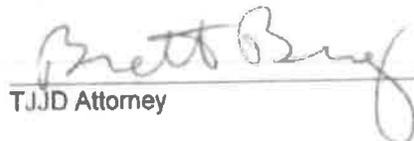
For the Service Provider

  
Signature

11/25/2013

Date

Approved as to form:

  
TJJJ Attorney

10/30/13

Date



**SPECIALIZED TREATMENT AFTERCARE  
SIGN-IN SHEET**

TEXAS  
JUVENILE  
JUSTICE  
DEPARTMENT

SERVICE PROVIDER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ TELEPHONE NUMBER: ( ) \_\_\_\_\_

TYPE OF SERVICE:     AOD     MH     SB  
 CATEGORY:             INDIVIDUAL     GROUP     FAMILY  
 LOCATION:             IN OFFICE     HOME BASED     OUT OF OFFICE     TJJD LOCATION:

"Treatment was provided to the following Youth"  
 (In order to receive credit for the service each line must be completed and Youth receiving treatment must sign below)

1 2 3 4 5 6 7 8	Print Name	TJJD #	Signature	Date	Appointment Time			Total Time	No Show ✓
					Scheduled Appt. Time	Start	End		

NOTE: This sign-in sheet must be submitted with each invoice for payment and separated for each TJJD location.

APPROVED BY: \_\_\_\_\_  
 Signature \_\_\_\_\_ Printed Name \_\_\_\_\_  
 Date \_\_\_\_\_

By signing above, I certify that the information above is complete and accurate.