

STATE OF TEXAS

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COUNTY OF FORT BEND

**AFFILIATION AND PROGRAM AGREEMENT FOR COURSE EXPERIENCE AND
PRAIRIE VIEW A&M UNIVERSITY**

This Affiliation and Program Agreement is entered into by Fort Bend County, a body corporate and politic under the laws of the State of Texas, (hereinafter "COUNTY") and Prairie View A&M University, a nonprofit institution of higher education through its College of Juvenile Justice and Psychology; Department of Psychology (Field Placement Graduate Course), (hereinafter "SCHOOL").

RECITALS

THAT WHEREAS, COUNTY operates facilities located at 301 Jackson St., in the city of Richmond, State of Texas, (hereinafter "FACILITY" or "FACILITIES") and therein provides healthcare services; and

WHEREAS, SCHOOL provides graduate level courses in the fields of Juvenile Forensic Psychology and desires to provide its students with a practical learning experience at FACILITY (hereinafter "PROGRAM"); and

WHEREAS, this Agreement serves the general health and well-being of the community and therefore serves a public purpose; and

WHEREAS, COUNTY is willing to make FACILITIES available to qualified students (hereinafter "Student" or "Students") who will be supervised by Fort Bend County Staff; and

WHEREAS, both parties hereto recognize that, in the performance of this Agreement, the greatest benefits will be derived by promoting the interests of both parties, and each party does, therefore enter into this Agreement with the intention of loyally cooperating with each other in carrying out the terms of this Agreement; and

WHEREAS, the governing bodies of COUNTY and SCHOOL have duly authorized this Agreement; and

NOW THEREFORE, for and in consideration of the mutual promises, obligations, and benefits hereinafter set forth, the COUNTY and SCHOOL hereby agree as follows:

I. BASIC TERMS

1. Both parties will share in the education process.
2. Both parties agree that this Agreement confers no financial obligation on either party.
3. Both parties agree that participation in the PROGRAM is gratuitous and voluntary.

4. Both parties agree that they will not discriminate against any person because of race, religion, color, gender, sexual orientation, national origin, age, disability, special disabled veteran's status, Vietnam-era veteran's status, or any other protected status.
5. Both parties mutually agree that the number of Students participating in the PROGRAM will be arranged jointly, with due consideration given to the clinical material available.
6. The COUNTY representative for the PROGRAM are:

M. Connie Almeida, PhD, LSSP
Director of Behavioral Health Services
Fort Bend County
301 Jackson St., Suite 520
Richmond, Texas 77469

II. OBLIGATIONS OF COUNTY

1. COUNTY will, under proper supervision, permit "hands on" experience at levels COUNTY determines to be appropriate based on the knowledge and training of the Student.
2. COUNTY retains responsibility and decision-making authority for all aspects of COUNTY services and functions, including patient care.
3. COUNTY reserves the right to refuse participation of any Student designated by the SCHOOL and to terminate participation by any Student when, in the sole opinion of the COUNTY: (i) the Student is deemed to be a risk to the COUNTY'S employees, or to himself or herself, (ii) the Student fails to meet or abide by the rules, regulations, policies and procedures of the COUNTY, (iii) the Student's conduct is detrimental to the business or reputation of the COUNTY, (iv) the Student fails to accept or comply with the direction of COUNTY staff, or (v) further participation by the Student would be inappropriate. SCHOOL shall comply with COUNTY's request to remove a Student(s) in the event that COUNTY determines that there is cause to do so.

III. OBLIGATIONS OF SCHOOL

1. SCHOOL will establish Course and Practicum Description, attached hereto as Exhibit B, including guidelines for Student eligibility, the provision of classroom theory and practical instruction, and ensure that all Students meet eligibility requirements prior to PROGRAM participation.
2. When requested by COUNTY, SCHOOL shall require Students to attend clinical orientation.
3. SCHOOL will assure COUNTY of Student's reasonable proficiency of infectious disease control issues.
4. SCHOOL will provide a faculty advisor who is available for consultation and direction.

The SCHOOL representative or faculty advisor for the PROGRAM is:

Prairie View A & M University's Psychology Department Instructor
Dr. Dashiel J. Geyen
Field Work Instructor
Telephone Number: 936 261 3564
Email Address: djgeyen@pvamu.edu

SCHOOL shall inform COUNTY in a timely manner of any changes in the information listed above.

5. SCHOOL will require faculty and Students to comply with all COUNTY policies.
6. SCHOOL will require Students to provide to COUNTY a completed:
 - a. Student Confidentiality Agreement,
 - b. Student Assumption of Risk, Release, and Waiver of Liability, and
 - c. Student Participation Form.

All of which are attached to this Agreement, as Exhibit A.

7. SCHOOL will adhere to COUNTY communicable disease reporting requirements.
8. SCHOOL will require Student to provide to the COUNTY such results for drug testing, health care, and criminal background checks prior to Student participation in the PROGRAM including proof of a:
 - a. PPD test (commonly referred to as a TB test);
 - b. HBV vaccine or signed refusal; and
 - c. Any other immunizations as required by laws.
9. SCHOOL understands and agrees that Student will be responsible for their own transportation, meals, and health care needs in the performance of this Agreement.
10. SCHOOL will be responsible for equipment that is broken or damaged due to Student's negligence.
11. SCHOOL will be responsible for the final grading of Student.
12. SCHOOL shall inform COUNTY in a timely manner of any change in Student(s) status, or curriculum, or faculty advisor during participation in PROGRAM.
13. Visits by SCHOOL and SCHOOL'S faculty are welcome for purposes of observation of Student with prior notification to COUNTY.

IV. INDEPENDENT CONTRACTOR/NO AGENCY

In the performance of duties and obligations as described in this Agreement, NO SCHOOL FACULTY, STUDENTS, EMPLOYEES, OR AGENTS SHALL, FOR ANY PURPOSE, BE DEEMED TO BE AN AGENT, SERVANT OR EMPLOYEE OF THE COUNTY OR AUTHORIZED TO ACT FOR OR ON BEHALF

OF THE COUNTY. NO EMPLOYEE OR AGENT OF THE COUNTY SHALL, FOR ANY PURPOSE, BE DEEMED TO BE AN AGENT, SERVANT OR EMPLOYEE OF THE SCHOOL OR AUTHORIZED TO ACT FOR OR ON BEHALF OF THE SCHOOL.

Neither party shall withhold on behalf of the employees of the other, any sums for income tax, unemployment insurance, social security or any other withholding or benefit pursuant to any law or requirement of any governmental body. Nothing in this Agreement is intended nor shall be construed to create any employer/employee relationship, a joint venture relationship, or to allow the parties to exercise control over one another or the manner in which their employees or agents perform any of the activities which are the subject of this Agreement. Both parties agree that no payment shall be made by either party to the other party or to either party's employees or agents.

V. INDEMNITY

TO THE EXTENT ALLOWED BY LAW, SCHOOL SHALL INDEMNIFY AND DEFEND COUNTY AGAINST ALL LOSSES, LIABILITIES, CLAIMS, CAUSES OF ACTION, AND OTHER EXPENSES, INCLUDING REASONABLE ATTORNEYS FEES, ARISING FROM ACTIVITIES OF CONTRACTOR, ITS AGENTS, SERVANTS OR EMPLOYEES, PERFORMED UNDER THIS AGREEMENT THAT RESULT FROM THE NEGLIGENT ACT, ERROR, OR OMISSION OF SCHOOL OR ANY OF SCHOOL'S AGENTS, SERVANTS OR EMPLOYEES.

VI. INSURANCE

The SCHOOL will arrange for liability and malpractice insurance coverage acceptable to the County for its faculty members and students assigned to the Facilities. **COVERAGE SHALL BE WITH A COMPANY ACCEPTABLE TO THE FORT BEND COUNTY RISK MANAGEMENT DEPARTMENT AND A COPY OF THE POLICY OR CERTIFICATE OF COVERAGE SHALL BE DELIVERED TO COUNTY ON OR BEFORE THE DATE OF COMMENCEMENT OF THIS AGREEMENT.**

VII. TERM

1. This Agreement shall become effective as of the date of full execution by the parties and will continue in full force until December 31, 2017.
2. Thereafter, this Agreement shall automatically renew, for a period not to exceed five years, unless otherwise terminated as provided herein.

VIII. TERMINATION

1. Either party may terminate this Agreement without cause upon the giving of thirty (30) days written notice to the other party in the manner and form provided for herein.
2. In the event that the Agreement is terminated, COUNTY may at, its own discretion, permit any participating Student to complete the PROGRAM.

IX. NOTICE

Any and all notices or communications required or permitted under this Agreement shall be delivered in person or mailed, certified mail, return receipt requested as follows:

If to COUNTY: Fort Bend County
401 Jackson
Richmond, Texas 77469
Attn: County Judge

With copy to: M. Connie Almeida , PhD LSSP
Director of Behavioral Health Services
301 Jackson St, Suite 520
Richmond, Texas 77469

If to SCHOOL: Prairie View A & M University's Psychology Department
Dr. Dashiel J. Geyen, Field Work Instructor
Telephone Number: 936 261 3564
Email Address: djgeyen@pvamu.edu

Either Party may change the address for notification by submitting written notice of same to the other.

X. CONFIDENTIAL AND PROPRIETARY INFORMATION

A. GENERAL TERMS. SCHOOL acknowledges that it and its employees or agents may, in the course of performing their responsibilities under this Agreement, be exposed to or acquire information that is confidential to COUNTY. Any and all information of any form obtained by SCHOOL or its employees or agents from COUNTY in the performance of this Agreement, including any reports or other documents or items (including software) that result from the use of Confidential Information, shall be deemed to be confidential information of COUNTY ("Confidential Information"). Confidential Information shall be deemed NOT to include information that (a) is or becomes (other than by disclosure by SCHOOL) publicly known or is contained in a publicly available document; (b) is rightfully in SCHOOL's possession without the obligation of nondisclosure prior to the time of its disclosure under this Agreement; or (c) is independently developed by employees or agents of SCHOOL who can be shown to have had no access to the Confidential Information.

SCHOOL agrees to hold Confidential Information in strict confidence, using at least the same degree of care that SCHOOL uses in maintaining the confidentiality of its own confidential information, and not to copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of, give, or disclose Confidential Information to third parties or use Confidential Information for any purposes whatsoever, except as directed by COUNTY. SCHOOL shall use its best efforts to assist COUNTY in identifying and preventing any unauthorized use or disclosure of

any Confidential Information. Without limitation of the foregoing, SCHOOL shall advise COUNTY immediately in the event SCHOOL learns or has reason to believe that any person who has had access to Confidential Information has violated or intends to violate the terms of this Agreement and SCHOOL shall at its expense cooperate with COUNTY in seeking injunctive or other equitable relief in the name of COUNTY or SCHOOL against any such person.

SCHOOL agrees to obtain prior written consent of COUNTY for publication of any articles relating to the clinical experiences occurring at COUNTY. Upon termination of this Agreement or at COUNTY's request, SCHOOL shall promptly turn over to COUNTY any documents, papers, and other matter in SCHOOL's possession which embody Confidential Information. SCHOOL agrees to abide by the provisions of any applicable Federal or State Data Privacy Act.

B. TEXAS PUBLIC INFORMATION ACT. SCHOOL expressly acknowledges that COUNTY is subject to the Texas Public Information Act, TEX. GOV'T CODE ANN. §§ 552.001 *et seq.*, as amended, and notwithstanding any provision in the Agreement to the contrary, COUNTY shall make any information related to the Agreement, or otherwise, available to third parties in accordance with the Texas Public Information Act. Any proprietary or confidential information marked as such provided to COUNTY by SCHOOL shall not be disclosed to any third party, except as directed by the Texas Attorney General in response to a request for such under the Texas Public Information Act, which provides for notice to the owner of such marked information and the opportunity for the owner of such information to notify the Attorney General of the reasons why such information should not be disclosed. The terms and conditions of the Agreement are not proprietary or confidential information.

C. HIPAA. To the extent applicable to this Agreement, each party agrees to comply with the Health Insurance Portability and Accountability Act of 1996, as codified at 42 U.S.C. Section 1320d ("HIPAA") and any current and future regulations promulgated hereunder, including without limitation, the federal privacy regulations contained in 45 C.F.R, Parts 160-164 ("Federal Privacy Regulations", "Federal Security Regulations", and "Federal Electronic Transaction Regulations"), all as may be amended from time to time, and all collectively referred to herein as "HIPAA Requirements"). SCHOOL agrees not to use or further disclose any Protected Health Information (as defined in the Federal Privacy Regulations) or Individually Identifiable Health Information (as defined in the Federal Security Regulations), other than as permitted by the HIPAA Requirements and the terms of this Agreement. SCHOOL agrees to make its internal practices, books, and records relating to the use and disclosure of Protected Health Information available to the Secretary of Health and Human Services to the extent required for determining compliance with the HIPAA Requirements.

Solely for the purpose of defining their role in relation to the use and disclosure of protected health information, such Students are defined as members of COUNTY'S workforce, as that term is defined by 45 CFR 160.105, when engaged in activities pursuant to this Agreement. However, neither Students nor faculty are or shall be considered to be employees of COUNTY for any other purpose.

D. FERPA. For purposes of this Agreement, pursuant to the Family Educational Rights and Privacy Act of 1974 (FERPA), the SCHOOL hereby designates the COUNTY as a SCHOOL official with a legitimate educational interest in the educational records of the Student participating in the PROGRAM to the extent that access to the records are required by the COUNTY to carry out the PROGRAM. COUNTY agrees to maintain the confidentiality of the educational records in accordance with the provisions of FERPA.

E. BREACH OF CONFIDENTIALITY. SCHOOL acknowledges that a breach of this Section, including disclosure of any Confidential Information, or disclosure of other information that, at law or in equity, ought to remain confidential, shall give rise to irreparable injury to COUNTY that is inadequately compensable in damages. Accordingly, COUNTY may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies that may be available. SCHOOL acknowledges and agrees that the covenants contained herein are necessary for the protection of the legitimate business interest of COUNTY and are reasonable in scope and content.

XI. ADDITIONAL TERMS

1. **Compliance with Applicable Laws.** Both SCHOOL and COUNTY shall comply with all federal, state, and local laws, statutes, ordinances, rules and regulations, and the orders and decrees of any courts or administrative bodies or tribunals in any matter affecting the performance of this Agreement.
2. **Right to Inspect.** SCHOOL shall permit COUNTY, or any duly authorized agent of COUNTY, to inspect and examine the books and records of SCHOOL for the purpose of verifying the amount of work performed under this Agreement. COUNTY's right to inspect survives the termination of this Agreement for a period of four years.
3. **Venue and Applicable Law.** The laws of the State of Texas govern all disputes arising out of or relating to this Agreement. The parties hereto acknowledge that venue is proper in Fort Bend County, Texas, for all legal actions or proceedings arising out of or relating to this Agreement and waive the right to sue or be sued elsewhere. Nothing in the Agreement shall be construed to waive the COUNTY's sovereign immunity.
4. **Assignment and Delegation.** Neither party may assign any of its rights under this Agreement, except with the prior written consent of the other party. That party shall not unreasonably withhold its consent. All assignments of rights are prohibited under this subsection, whether they are voluntarily or involuntarily, by merger, consolidation, dissolution, operation of law, or any other manner. Neither party may delegate any performance under this Agreement. Any purported delegation of performance in violation of this Section is void.
5. **Waiver.** The parties may not amend or waive this Agreement, except by a written agreement executed by both parties.
6. **Rights and Remedies.** The rights and remedies of the parties set forth in this Agreement are not exclusive of, but are cumulative to, any rights or remedies now or subsequently existing at law, in equity, or by statute. No failure or delay in exercising any right or remedy or requiring the satisfaction of any condition under this Agreement, and

no course of dealing between the parties, operates as a waiver or estoppel of any right, remedy, or condition.

7. **Severability.** If any provision of this Agreement is determined to be invalid, illegal, or unenforceable, the remaining provisions remain in full force, if the essential terms and conditions of this Agreement for each party remain valid, binding, and enforceable.
8. **Publicity.** Contact with citizens of Fort Bend County, media outlets, or governmental agencies shall be the sole responsibility of COUNTY. Under no circumstances whatsoever, shall SCHOOL release any material or information developed or received in the performance of this Agreement without the express written permission of COUNTY or where required by law.
9. **Captions.** The section captions used in this Agreement are for convenience of reference only and do not affect the interpretation or construction of this Agreement.
10. **Entire Agreement.** It is understood and agreed to by the parties that the entire Agreement of the parties is contained herein and in any exhibit or attachment identified in Agreement. It is further understood and agreed that this Agreement supersedes all prior communications and negotiations between the parties, oral or written, relating to the subject matter hereof as well as any previous Agreements presently in effect between the parties relating to the subject matter hereof.
11. **Conflict.** In the event there is a conflict between this Agreement and the attached exhibit(s) or attachments, this Agreement controls.

*{Execution Page Follows}
{Remainder Intentionally Left Blank}*

IN WITNESS WHEREOF, the parties have executed this Agreement as indicated below.

FORT BEND COUNTY

By: _____
Robert E. Hebert, County Judge

Date: _____

ATTEST:

Laura Richard, County Clerk

PRAIRIE VIEW A & M UNIVERSITY



Signature

Dashiel J. Geyen, Ed.D., M.A.H.
Authorized Signer Printed Name and Title

Date: 6/22/17

**EXHIBIT A
ATTACHMENTS
FORMS:**

STUDENT CONFIDENTIALITY AGREEMENT

STUDENT ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY

STUDENT PARTICIPATION FORM

VOLUNTEER RISK OF RELEASE, AND WAIVER OF LIABILITY

STUDENT CONFIDENTIALITY AGREEMENT

I, _____ ("STUDENT"), will be participating in an internship experience (hereinafter "PROGRAM") at Fort Bend County (hereinafter "COUNTY") pursuant to an agreement between Fort Bend County and _____.

I, _____ ("STUDENT"), acknowledge, understand and agree that in the performance of my duties as an intern that I may come in contact with, or be provided with, confidential or proprietary information.

I, _____ ("STUDENT"), agree to maintain the confidentiality of any information deemed confidential by the COUNTY, including any and all patient, client or hospital information. I agree not to reveal to any person or persons, except authorized individuals, any specific confidential information including any specific patient or client information, except as required by law or as authorized by COUNTY.

I, _____ ("STUDENT"), agree that if a computer network account is made available to me for PROGRAM purposes that such information contained within the computer network may be confidential in nature, and will be treated as such by me. I will not remove, change, delete, modify, or copy any confidential computer records or any other records, without explicit consent from COUNTY.

I, _____ ("STUDENT"), further agree that all documents, data, reports, research, graphic presentation materials, etc., developed by Student as a part of its work under this Agreement, shall become the property of COUNTY upon completion of this Agreement, or in the event of termination or cancellation thereof.

STUDENT acknowledges that any violation of this Confidentiality Agreement is cause for disciplinary action, including administrative removal from the PROGRAM, and may also result in legal action by the COUNTY, patients, other governmental entities, or other individuals.

Dated this _____ day of _____, 20____

STUDENT Signature: _____

Witness Signature: _____

Please read carefully! This is a legal document that affects your legal rights!

**FORT BEND COUNTY
INTERN ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY**

I, _____, the "STUDENT", will be participating in an internship experience (hereinafter "PROGRAM") at Fort Bend County, Texas and do hereby sign this **ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY**.

I, _____, the "STUDENT", **RELEASE FROM LIABILITY AND WAIVE THE RIGHT TO SUE** Fort Bend County, Texas, its employees, officers, volunteers, and agents (collectively "County") from any and all claims of any kind, including those resulting from any physical injury, illness, death, pain or suffering, or economic loss that I may suffer due to participation in PROGRAM.

I, _____, the "STUDENT", intend this **ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY FORM** to cover all situations that may occur while I participate in the PROGRAM.

I, _____, the "STUDENT", choose to voluntarily participate in this PROGRAM and understand that there are risks, such as physical injury, pain, suffering, temporary or permanent disability, which may occur from my participation in PROGRAM. These injuries or outcomes may arise from my or other's actions, negligence, inactions, or from the condition of the PROGRAM location. **NONETHELESS, I AGREE THAT I ASSUME ALL RISKS, WHETHER KNOWN OR UNKNOWN TO ME.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of Texas. I understand the legal consequences of signing this document including **(A) RELEASING COUNTY FROM ALL LIABILITY, (B) WAIVER OF MY RIGHT TO SUE COUNTY, AND (C) ASSUMPTION OF ALL RISKS OF PARTICIPATING IN PROGRAM.**

I agree that if any portion of this ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY is held invalid or unenforceable, I will continue to be bound by the remaining terms.

By my signature, I warrant that I am at least 18 years old; that I have the legal authority to sign this **ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY** and that I sign it of my own free will. In the event that the named participant is a minor, I certify that I am the parent or legal guardian of the participant and have agreed to the terms described herein on behalf of my minor child.

Signature of Volunteer: _____ Date: _____

Printed Name of Volunteer: _____ DOB: _____

Printed Name of Parent or Guardian (if applicable): _____

STUDENT PARTICIPATION FORM

STUDENT CONTACT INFORMATION:

Name: _____

Phone Number (H) _____ Work (W) _____ Cell (C) _____

DL: State: _____ Number: _____

Date of Birth: _____

In the event of an emergency, please contact: _____

Phone Number: _____

Allergies to medication or other special needs:

If I require medical treatment, the COUNTY is authorized to obtain medical treatment for me. I agree not to hold the COUNTY responsible for any claims resulting from any medical treatment.

By my signature, I warrant that I am at least 18 years old; that I have the legal authority to sign this STUDENT PARTICIPATION FORM and that I sign it of my own free will. In the event that the named STUDENT is a minor, I certify that I am the parent or legal guardian of the participant and have agreed to the terms described herein on behalf of my minor child.

Signature of Volunteer: _____ Date: _____

Printed Name of Parent or Guardian (if applicable): _____

Please read carefully! This is a legal document that affects your legal rights!

**FORT BEND COUNTY VOLUNTER
ASSUMPTION OF RISK RELEASE AND WAIVER OF LIABILITY**

THIS **ASSUMPTION OF RISK RELEASE AND WAIVER OF LIABILITY FORM** sets forth the terms and conditions applicable for faculty observation at Fort Bend County Facilities.

I, (please print clearly) _____, the "Volunteer", **RELEASE FROM LIABILITY** and **WAIVE THE RIGHT TO SUE** Fort Bend County, Texas, its employees, officers, volunteers, and agents (collectively "County") from any and all claims, including those resulting from any physical injury, illness, death, pain or suffering, or economic loss that I may suffer due to participation in this Activity.

I choose to voluntarily participate in this Activity and understand that there are risks, such as physical injury, pain, suffering, temporary or permanent disability, which may occur from participation in this Activity. These injuries or outcomes may arise from my or other's actions, negligence, inactions, or from the condition of the Activity location. **NONETHELESS, I AGREE THAT I ASSUME ALL RISKS, WHETHER KNOWN OR UNKNOWN TO ME.**

If I require medical treatment, the County is authorized to obtain medical treatment for me. I agree not to hold the County responsible for any claims resulting from any medical treatment.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of Texas. I understand the legal consequences of signing this document including **(A) RELEASING COUNTY FROM ALL LIABILITY, (B) WAIVER OF MY RIGHT TO SUE COUNTY, AND (C) ASSUMPTION OF ALL RISKS OF PARTICIPATING IN THIS ACTIVITY.**

I agree that if any portion of this Release is held invalid or unenforceable, I will continue to be bound by the remaining terms.

By my signature, I warrant that I am at least 18 years old; that I have the legal authority to sign this **WAIVER AND RELEASE OF LIABILITY** and that I sign it of my own free will. In the event that the named participant is a minor, I certify that I am the parent or legal guardian of the participant and have agreed to the terms described herein on behalf of my minor child.

Signature of Faculty/Volunteer: _____ Date: _____

Printed Name of Faculty/Volunteer: _____

EXHIBIT B

COURSE AND PRACTICUM DESCRIPTION

Practicum / Internship Course and Practicum Description

This Description of Course Work shall serve as an Exhibit to the Affiliation Agreement between Fort Bend County and Prairie View A&M University

Course and Practicum Description

The graduate student is currently enrolled in the Juvenile Forensic Psychology Master's Program at Prairie View A & M University, College of Juvenile Justice and Psychology; Department of Psychology will have registered for JPSY 5973. Field Work in Psychology for the Spring Semester 2017 and the Summer Session Academic Term of 2017

JPSY 5973. Field Work in Psychology. (3-0) Credit 3 semester hours. Provides supervised experience assisting psychologists in the assessment, management, and treatment of patients. The graduate student works in an applied institutional setting, such as a juvenile facility, special treatment clinic, hospital, or rehabilitation setting. Training includes interviewing, taking case histories, observations, and staff and case conferences. This field work course provides supervision and experience with emotionally disturbed pre-delinquent and delinquent children in institutional, school, and community settings. Develops skills in evaluation and treatment of such youths. Field work training is supplemented by conferences with a faculty advisor. Prerequisites: completion of a minimum of 24 graduate credits in the degree including JPSY 5843, 5853. Required of externship option. Prerequisite: Admission to Master Program in Juvenile Forensic Psychology.

The Behavioral Health Services Department will offer the graduate student the following practicum experience during the Spring Semester 2017 and Summer Session Academic Term of 2017 for the purpose of providing the student experiential learning consistent with the objectives of the JPSY 5973:

Training for the graduate student should include interviewing, taking case histories, observations, and staff and case conferences. This field work practicum is to provide supervision and experience with emotionally disturbed pre-delinquent and delinquent children in institutional, school, and community settings. The graduate student is expected to develop skills in testing, assessment, evaluation and treatment of youth.

The Field Work Course requires that the graduate student is to meet with their field supervisor for regularly scheduled supervision sessions. Field work training also requires that practicum graduate student to meet with the course instructor for clinical supervision at regularly scheduled supervision sessions. The graduate student is to maintain a

records of all practicum and supervision experiences as well as the number of hours spent participating in all practicum activities.

Each graduate student should formulate best practices based upon theory, research, and professional experience

Core Concepts for Practicum

Internship Cohort and Peer Groups

Ethical and Legal Issues

Professional Behaviors and Professionalism

Supervisors and Supervision

Interview and Clinical Interview

Assessment and Evaluations

Diagnostics and Diagnostic Impressions

Treatment Planning and Ending Treatment

Case Notes and Report Writing

Working with Diversity and Inclusion

Clinical Research and New Developments

Case Conferences and Professional Consultation

Working with other Professionals and Outside Resources

1. Student Responsibilities

- The graduate student is expected to adhere to all the duties, responsibilities, and activities presented in the “practicum description” and “core concepts” throughout the time spent at The Behavioral Health Services Department.
- The graduate student is expected to adhere to the American Psychological Association’s code of ethics to the fullest extent.
- The graduate student is expected to comport themselves in a professional manner representative of Prairie View A & M University at all times; this includes appropriate dress, punctuality, accountability, use and tone of language, personal appearance and hygiene, and interactions with others in the work place.
- The graduate student must pass a legal background check.
- The graduate student must have malpractice insurance

- The graduate student must adhere to HIPPA regulations regarding client records
- The graduate student is expected to report to The Behavioral Health Services Department as scheduled and adhere to responsibilities outline in their practicum duties or given by their site supervisor.
- The graduate student must follow the administrative policies of The Behavioral Health Services Department, including confidentiality policies, personnel practices, and business protocols. If in question the graduate student should consult with site supervisor or program director
- The graduate student is responsible for his/her own personal transportation.
- The graduate student acknowledges that successful completion of the JPSY 5973 will be determined between the site supervisor, course instructor and/or department chair.
- The graduate student must successfully complete the practicum and all academic components of the JPSY 5973. Course instructor will assign the final grade based upon student's level of performance.

2. Fort Bend County Behavioral Health Services Department Course Scope

- The Behavioral Health Services Department will serve as the venue for the graduate student and provide a planned, supervised program of practicum experience.
- The Behavioral Health Services Department will maintain a safe, positive, and respectful learning environment for the graduate student.
- The Behavioral Health Services Department will be solely responsible for the manner and means by which the work is performed and for maintaining a safe workplace environment for the graduate student.
- The Behavioral Health Services Department will provide the graduate student with ongoing guidance and feedback during the course of the practicum.
- The Behavioral Health Services Department will maintain confidential records and reports on the graduate student's performance and provide written evaluations of Student's performance to course instructor at the end of each semester.
- The Behavioral Health Services Department will consult with course instructor and /or department chair regarding any concerns that the graduate student experiences or exhibits
- designates the following staff member responsible for serving as a point of contact:

The Behavioral Health Services Department Supervisor's

Name: _____

Job Title: _____

Telephone Number: _____

Email Address: _____

3. Prairie View A & M University Responsibilities

- Prairie View A & M University's Psychology Department will be solely responsible for the educational and curricular components of the graduate student's academic program and of the JPSY 5973.
- Prairie View A & M University's Psychology Department will be responsible for (in corporation with the site supervisor) for assessing performance and grading the graduate student abilities in JPSY 5973
- Prairie View A & M University's Psychology Department will make periodic visits to The Behavioral Health Services Department throughout the period the graduate student is completing their practicum hours.
- Prairie View A & M University's Psychology Department designates that the following course instructor responsible as a point of contact:

Prairie View A & M University's Psychology Department Instructor

Name: Dr. Dashiel J. Geyen

Job Title: Field Work Instructor

Telephone Number: 936 261 3564

Email Address: djgeyen@pvamu.edu

- All Parties agree to comply with Prairie View A & M University on Sexual Misconduct and the Organization's Protection of Minors Policy. Should any allegation of misconduct arise during the course of the practicum regarding a violation of these policies, or any other applicable Prairie View A& M University Policy, County shall immediately notify the University's contact person in writing.



Fort Bend County Behavioral Health Services

Psychology Practicum

Requirements

Please include or attach the following information:

1. Current Resume / Curriculum Vitae
2. Your Practicum / Program Requirements:
 - Specify how many hours are needed (include direct versus indirect requirements)
 - Specify the date which you can start, and the date which you need to have finished the required hours
 - Specify your availability for work schedule (Example; M-F, 8am-5pm)
 - Specify what type of hours are required for your program:
- ☐ Research
- ☐ Counseling
- ☐ Assessment
- ☐ Other (*please describe*):
3. Please attach a copy of your current unofficial transcript.
4. Please attach a copy of a writing sample (such as a recent essay or report).
5. Please identify your school practicum or training director.

Once you have collected all the listed material, please submit it to Veronica Gaytan via email at veronica.gaytan@fortbendcountytexas.gov.



Fort Bend County Behavioral Health Services

Psychology Practicum

The mission of Behavioral Health Services is to work alongside the courts, criminal justice departments (adult and juvenile), and health and human services to improve the coordination of services for persons with behavioral health disorders that come into contact with Fort Bend County courts or are at risk. The department monitors and works closely with the mental health courts (both misdemeanor and felony) to ensure that persons who come in contact with the judicial system are being given information and resources to improve outcomes of the case.

Additionally, Behavioral Health Services works closely with Health and Human Services to provide clinical and administrative oversight to the 1115 waiver behavioral health projects which include Recovery and Reintegration (adult) and S.O.U.R.C.E. (juvenile), two jail diversion programs designed for individuals with behavioral health needs such as mental illness, IDD and substance abuse involved or are at-risk for involvement in the criminal justice system. These programs provide services which may include residential supports, community based supports, specialized therapies, skill development and intensive case management/wraparound services.

Training Opportunities:

In order to meet necessary requirements for both direct and indirect clinical hours as established by their respective academic programs, the practicum offers master's students the opportunity to participate in a variety of clinical services for clients who are involved in the Fort Bend County Courts. Each student's interests and focus of practicum (assessment and/or counseling) will be taken into consideration when assigning clinical tasks, although this is based on need at the time of the practicum. Present training opportunities which may be available to students include:

Infant-Toddler Court (ITC): The ITC works with children, families and various other support agencies, to keep infants and toddlers safe, heal trauma, preserve and support families and divert children away from child welfare and the criminal justice system. Students may be able to observe and assist in the facilitation of supervised visits for parents and children involved with Child Protective services and ITC. Additionally, interns will also have the opportunity to attend weekly ITC hearings to observe family court proceedings.

Mental Health Court (Felony & Misdemeanor): Interns are offered the opportunity to observe legal proceedings in the 268th District Court (Felony Mental Health Court) as well as in County Court at Law 1 (Misdemeanor Mental Health Court). Students will be able to learn about the process of these specialty courts and the services they provides to individuals with mental illness who are involved in the criminal justice system.

Forensic Evaluations: Under close supervision, practicum students are able to assist licensed doctoral-level psychologists in the preparation of court-ordered evaluations (for adults and juveniles) which include competency to stand trial/fitness to proceed, intellectual disability and psychological assessments. Additionally, there may be an opportunity to observe criminal proceedings and expert witness testimony in the courtroom setting.

1115 Waiver Projects: Recovery and Reintegration (R&R) and S.O.U.R.C.E. are jail diversion programs funded by the Texas 1115 waiver. Interns may be able to assist with various clinical services for R&R such as clinical mental health assessments, substance abuse assessments and clinical therapeutic services that include individual and group counseling, case management, and skill building. With S.O.U.R.C.E., interns are offered the opportunity to conduct psychological assessment and testing, complete follow-up screenings of former clients, and observe/assist with individual and family clinical sessions.

Fort Bend County Jail: Based on need, students may also have the chance to provide some direct clinical services on an individual and/or group basis to jail inmates.

Direct Training Hour Activities Available:

- Observe/conduct individual counseling and/or group counseling with R&R clients (adults)
- Observe/conduct individual counseling with S.O.U.R.C.E clients (juveniles)
- Assist with observation/parent coaching for ITC court cases
- Conducting psychological testing and mental health assessments
- Assist with and observe Competency to Stand Trial/Fitness to Proceed Evaluations
- Conduct general psychological testing, IQ testing and clinical interviews for court-ordered evaluations
- Facilitate clinical follow-ups on former 1115 Waiver program clients
- Co-facilitate groups within the jail

Indirect Training Hour Activities Available:

- Attend specialty courts (ITC, Mental Health)
- Development of a databases and collection of data for various clinical programs
- Review of collateral records for court-ordered evaluations
- Scoring of psychological assessments
- Preparing summaries of services provided to clients/writing up data and observations for assessments and evaluations
- Attend weekly jail, 1115 waiver project and mental health court staffings
- Observe expert witness testimony in family court and criminal proceedings

Supervision:

Regular supervision is provided to all practicum students. Supervisors have an open-door policy and ongoing consultation with other professionals within the department is encouraged. Presently, clinical supervision is provided by three licensed doctoral-level psychologists and one LPC-Supervisor. Additionally, there is one Licensed Psychological Associate within the department that is also available to provide consultation and assistance with administration and scoring of psychological assessments.

Site supervision provided by:

M. Connie Almeida, Ph.D., LSSP

Licensed Psychologist

Licensed Specialist in School Psychology

Director, Behavioral Health Services

Danielle Todaro, Psy.D.

Licensed Psychologist

Tonya Martin, Psy.D.

Licensed Psychologist

Susan Savelli, M.S.,

L.P.C.-S., L.C.D.C.

Licensed Professional

Counselor-Supervisor