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Agency Name: Fort Bend County

Grant/App: 3975701 **Start Date:** 10/1/2020 **End Date:** 10/1/2021

Project Title: EMS Mental Health and Wellness Initiative

Status: Application Pending Submission

Eligibility Information

Your organization's Texas Payee/Taxpayer ID Number:

746001969

Application Eligibility Certify:

Created on:1/14/2020 1:40:43 PM By:Graig Temple

Profile Information

Applicant Agency Name: Fort Bend County

Project Title: EMS Mental Health and Wellness Initiative

Division or Unit to Administer the Project: Fort Bend County Emergency Medical Service

Address Line 1: 301 Jackson Street

Address Line 2:

City/State/Zip: Richmond Texas 77469

Start Date: 10/1/2020

End Date: 10/1/2021

Regional Council of Governments(COG) within the Project's Impact Area: Houston-Galveston Area Council

Headquarter County: Fort Bend

Counties within Project's Impact Area:

Grant Officials:

Authorized Official

Name: KP George

Email: county.judge@fortbendcountytexas.gov

Address 1: 301 Jackson Street

Address 1: Office of the County Judge

City: Richmond, Texas 77469

Phone: 281-341-8608 Other Phone: 281-633-7769

Fax: 832-471-1858

Title: The Honorable

Salutation: Judge

Position: County Judge

Financial Official

Name: Robert Sturdivant

Email: Accounting@fortbendcountytexas.gov

Address 1: 309 S. 4th Street, Suite 533

Address 1:

City: Richmond, Texas 77469

Phone: 281-341-3760 Other Phone: 281-341-3769

Fax: 281-341-3774

Title: Mr.

Salutation: Mr.

Position: County Auditor

Project Director

Name: Graig Temple

Email: graig.temple@fortbendcountytexas.gov

Address 1: 4332 Hwy 36S

Address 1: Fort Bend County EMS

City: Rosenberg, Texas 77471

Phone: 281-633-7077 Other Phone:

Fax:

Title: Mr.

Salutation: Chief

Position: Chief of EMS

Grant Writer

Name: Graig Temple

Email: graig.temple@fortbendcountytexas.gov

Address 1: 4332 Hwy 36S

Address 1: Fort Bend County EMS

City: Rosenberg, Texas 77471

Phone: 281-633-7077 Other Phone:

Fax:

Title: Mr.

Salutation: Chief

Position: Chief of EMS

Grant Vendor Information

Organization Type: County

Organization Option: applying to provide services to all others

Applicant Agency's State Payee Identification Number (e.g., Federal Employer's Identification (FEI) Number or Vendor ID): 746001969

Data Universal Numbering System (DUNS):

Narrative Information

Introduction

The purpose of this program is to provide services and assistance directly to victims of crime to speed recovery and aid them through the criminal justice process. Services may include the following:

- responding to the emotional and physical needs of crime victims;
- assisting victims in stabilizing their lives after a victimization;
- assisting victims to understand and participate in the criminal justice system; and
- providing victims with safety and security.

Please read the funding announcement for program rules and application guides, available on the [eCalendar](#) page. Additionally, you should review the *Guide to Grants* available on the [PSO Resource for Applicants and Grantees webpage](#) for information and guidance related to the management and use of funds.

Use the space provided below to describe your project. For help with your narrative, see PSO's Development Good Project Narrative [Guide](#).

Note: Do not upload attachments with further information unless specifically instructed to do so.

Program-Specific Questions

Culturally Competent Victim Restoration

Victim service providers must have the ability to blend cultural knowledge and sensitivity with victim restoration skills for a more effective and culturally appropriate recovery process. Cultural competency when: (1) cultural knowledge, awareness and sensitivity are integrated into action and policy; (2) it is relevant to the needs of the community and provided by trained staff, board members, and managers; and (3) an advocate or organization recognizes each client is different with different needs, feelings, and barriers.

Provide information in this section regarding how your organization is culturally competent when providing services to victims.

N/A

Culturally Specific and Underserved Populations

Following are relevant definitions needed to answer this question.

- Underserved populations means populations who face barriers in accessing and using victim services. Underserved includes populations underserved because of geographic location, religion, sexual orientation, gender, underserved racial and ethnic populations, populations underserved because of special needs (such as language barriers, disabilities, alienage status, or age), and any other population determined to be underserved by the Attorney General or by the Secretary of Health and Human Services, as appropriate.
- Culturally specific means the program is primarily directed toward racial and ethnic minority groups defined in section 1707(g) of the Public Health Service Act (42 U.S.C. 300u-6(g)).
- Racial and ethnic minority group means American Indians (including Alaska Natives, Eskimos, and Asian Americans; Native Hawaiians and other Pacific Islanders; Blacks; and Hispanics.
- Hispanic means individuals whose origin is Mexican, Puerto Rican, Cuban, Central or South American or other Spanish-speaking country.

Does your program have a primary focus on serving a culturally specific population? (The organization must more than merely provide services to an underserved population or culturally specific group; rather, the organization's primary focus must be on providing culturally competent services designed to meet the needs of the target population in order to justify a YES response in the section below.)

Yes

No

If you answered 'YES' above, you must explain in the box below how your organization's program is specifically designed to focus on and meet the needs of culturally specific populations. If this item does not apply enter 'N/A'.

N/A

Certifications

In addition to the requirements found in existing statute, regulation, and the funding announcement program requires applicant organizations to certify compliance with the following:

Forensic Medical Examination Payments

Health care facilities shall conduct a forensic medical examination of a victim of an alleged sexual assault if a victim arrived at the facility within 96 hours after the assault occurred and the victim consents to the examination. The victim is not required to participate in the investigation or prosecution of an offense as a condition of receiving a forensic medical examination, nor pay for the forensic examination or the evidence collection kit. The evidence collection portion of the exam is to be paid by law enforcement per state law. Crime Victim Compensation funds may be used to pay for the medical portion of the exam unless the victim of a sexual assault is required to seek reimbursement for the examination from their insurance carrier. If a health care facility does not provide diagnosis or treatment services for sexual assault victims, the facility must refer the victim to a facility that provides those services.

Confidentiality and Privacy

Applicant agrees to maintain the confidentiality of client-counselor information and research data, as required by state and federal law. Personally identifying information or individual information collected in connection with services requested, utilized, or denied may not be disclosed; or, reveal individual client information.

without informed, written, reasonably time-limited consent of the person about whom information is release of information is compelled by statutory or court mandate, reasonable attempts to provide r victims affected by the disclosure of information will be made and steps necessary to protect the pri safety of the persons affected by the release of information will be taken.

Activities that Compromise Victim Safety and Recovery

Applicant agrees to not engage in activities that jeopardize victim safety, deter or prevent physical or emotional healing for victims, or allow offenders to escape responsibility for their actions.

Polygraph Testing Prohibition

A peace officer or attorney representing the state may not require an adult or child victim of an alleged offense to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an offense. In addition, the refusal of a victim to submit to a polygraph or truth telling examination will not prevent the investigation, charging, or prosecution of an alleged sex offense on the basis of the results of a polygraph examination.

Protection Orders

Victims applying for a protective order or their attorney may not bear the costs associated with the order of protections.

Offender Firearm Prohibition

The applicant certifies that its judicial administrative policies and practices include notification to domestic violence offenders of the requirements delineated in section 18 USC § 992(g)(8) and (g)(9).

Criminal Charges

In connection with the prosecution of any misdemeanor or felony domestic violence offense, the victim shall not bear the costs associated with the filing of criminal charges against a domestic violence offender, the service of a warrant, or witness subpoena.

Criminal History Reporting

Entities receiving funds from PSO must be located in a county that has an average of 90% or above adult and juvenile dispositions entered into the computerized criminal history database maintained by the Texas Department of Public Safety (DPS) as directed in the *Texas Code of Criminal Procedure, Chapter 46A*. Disposition completeness percentage is defined as the percentage of arrest charges a county reports which a disposition has been subsequently reported and entered into the computerized criminal history system.

Beginning January 1, 2020, counties applying for grant awards from the Office of the Governor must ensure that the county will report at least 90 percent of convictions within seven business days to the Criminal Information System at the Department of Public Safety. By January 1, 2021, such reporting must take place within five business days. Click [here](#) for additional information from DPS on this new reporting requirement.

Uniform Crime Reporting (UCR)

Eligible applicants operating a law enforcement agency must be current on reporting Part I violent crimes to the Texas Department of Public Safety (DPS) for inclusion in the annual Uniform Crime Report (UCR). Applicants considered eligible for funding, applicants must have submitted a full twelve months of accurate data for the most recent calendar year.

Conversion to National Incident-Based Reporting System (NIBRS)

The Texas Department of Public Safety (DPS) has established a goal set by the Texas Legislature for law enforcement agencies to implement and report crime statistics data by using the requirements of the National Incident-Based Reporting System (NIBRS). Additionally, the Federal Bureau of Investigation will collect required crime statistics solely through the NIBRS starting January 1, 2021. Due to this firm deadline, grantees are advised that eligibility for future grant funding may be tied to compliance with NIBRS. Financial grant assistance for transitioning to NIBRS may be available for your jurisdiction from the Safety Office.

Immigration Legal Services

CJD prioritizes funding of projects that provide a full spectrum of counseling, crisis services, and other victim services. CJD will not fund projects that focus primarily on immigration legal services and do a significant level of other types of victim services.

Discrimination

Applicant agrees not to discriminate against victims because they disagree with the State's prosecuted criminal case.

Records

Applicant agrees to maintain daily time and attendance records specifying the time devoted to allow services.

Volunteers

If awarded VOCA funds, applicant agrees to use volunteers to support either the project or other agency services/activities, unless CJD determines that a compelling reason exists to waive this requirement.

Crime Victims' Compensation

Applicant agrees to assist crime victims in applying for crime victims' compensation benefits.

Community Efforts

Applicant agrees to promote community efforts to aid crime victims. Applicants should promote, with the community, coordinated public and private efforts to aid crime victims. Coordination efforts qualify an organization to receive these funds, but are not activities that can be supported with these funds.

Civil Rights Information

Applicant agrees to maintain statutorily required civil rights statistics on victims served by race, national origin, sex, age, and disability of victims served, within the timeframe established by CJD. This requirement applies when providing services, such as telephone counseling, where soliciting the information may be inappropriate or offensive to the crime victim.

Victims of Federal Crime

Applicant agrees to provide equal services to victims of federal crime. (Note: Victim of federal crime means a victim of an offense that violates a federal criminal statute or regulation; federal crimes also include crimes committed in an area where the federal government has jurisdiction, such as Indian reservations, some national parks, some federal buildings, and military installations.)

No Charge

Applicant agrees to provide grant-funded services at no charge to victims of crime. Applicants are prohibited from billing Crime Victims Compensation, private insurance, Medicaid, or Medicare for services provided using VOCA funds.

Effective Services

Applicants applying for funds to provide victim services must demonstrate a record of providing effective services to crime victims. (See "Eligible Organizations" in the Funding Announcement.)

Compliance with State and Federal Laws, Programs and Procedures

Local units of government, including cities, counties and other general purpose political subdivisions appropriate, and institutions of higher education that operate a law enforcement agency, must comply with the aspects of the programs and procedures utilized by the U.S. Department of Homeland Security ("DHS") to: (1) notify DHS of all information requested by DHS related to illegal aliens in Agency's custody; and (2) release such illegal aliens in accordance with requests by DHS. Additionally, counties and municipalities may not, in effect, purport to have in effect, or make themselves subject to or bound by, any law, rule, policy or practice (written or unwritten) that would: (1) require or authorize the public disclosure of federal law enforcement information in order to conceal, harbor, or shield from detection fugitives from justice who are illegally in the United States; or (2) impede federal officers from exercising authority under 8 U.S.C. (a), § 1226(c), § 1231(a), § 1357(a), § 1366(1), or § 1366(3). Lastly, eligible applicants must comply with the provisions, policies, and penalties found in Chapter 752, Subchapter C of the Texas Government Code.

Each local unit of government, and institution of higher education that operates a law enforcement agency must download, complete and then upload into eGrants the CEO/Law Enforcement Certifications and Assurances Form certifying compliance with federal and state immigration enforcement requirements. This Form is required for each application submitted to OOG and is active until August 31, 2021 or the end of the grant period, whichever is later.

Civil Rights Liaison

A civil rights liaison who will serve as the grantee's civil rights point of contact and who will be responsible for ensuring that the grantee meets all applicable civil rights requirements must be designated. The designee must act as the grantee's liaison in civil rights matters with CJD and with the federal Office of Justice Programs. Enter the Name of the Civil Rights Liaison:

Ms. Frances Desmond

Enter the Address for the Civil Rights Liaison:

301 Jackson Street Richmond, TX 77469

Enter the Phone Number for the Civil Rights Liaison [(999) 999-9999 x9999]:

281-633-7769

Each applicant agency must certify to the specific requirements detailed above as well as to comply with the requirements within the PSO Funding Announcement, the *Guide to Grants*, the *Grantee Conditions and Responsibilities*, any authorizing or applicable state and federal statutes and regulations to be eligible for this program.

X I certify to all of the application content & requirements.

Project Abstract :

First Responder Mental Health and Wellness have been overlooked by laypersons and physicians, but it has also been overlooked by the first responders themselves. Although Post Traumatic Stress Disorder (PTSD) was identified as far back as WWI and WWII, it was not fully understood in the public safety setting until recently. A rise in depression, suicide, and substance abuse among First Responders has shed light on a growing issue that does not yet have a defined treatment plan that is systematic and widely adopted. This grant will provide Fort Bend County EMS the ability to expand the current Mental Health and Wellness Initiatives that we began in 2019, along with creating additional training opportunities, treatment plans and resources that were not available previously.

Problem Statement :

First Responder Mental Health and Wellness is a nationwide concern due to the number of First Responders suffering from post-traumatic stress disorders, cumulative stress, depression, and substance abuse. Suicides among First Responders have risen sharply during recent years, with the alarming fact that "firefighters and law enforcement officers are more likely to die by suicide than from a line-of-duty death" (Heyman, Dill & Douglas, April 2018). Fort Bend County provides an

Employee Assistance Program (EAP) for County employees. First Responder staff who have utilized the EAP program have struggled with establishing a rapport with the assigned counselors. The recurring theme of the struggle is that the counselors "don't get it", referring to the nature of work First Responders often experience. In response to the concerns of the First Responders, Fort Bend County EMS entered into a contract with the Emergency Chaplains Group. The Emergency Chaplains Group provides direct in-person counseling services by specially trained chaplains or First Responder/Counselors that have worn a badge (Fire/EMS/LEO). This step proved effective, as the bond of trust between the counselor and the First Responder grew immediately through common experiences and shared values. EMS field staff utilized the Emergency Chaplain Service 175 times in 2019. In September of 2019, the Department faced a sudden and tragic loss when a Deputy Chief committed suicide. The Deputy Chief was a veteran of Emergency Services, with over 25 years as a firefighter/paramedic, educator, and Fire/EMS officer. A review of the circumstances surrounding this incident identified that more work needed to be done for our First Responders. Specialized counseling services and an increase of in-network providers are among the top priorities. In addition, procedures such as Eye Movement Desensitization and Reprocessing (EMDR) have shown promise in assisting First Responders with dealing with the career long stressors faced on a shift-to-shift basis. Taking a holistic approach at the First Responder's Mental Health and Wellness, the Department will take a proactive and forward leaning position on the issue. Areas that will be addressed include: nutrition, exercise and family counseling services; advocate for additional in and outpatient mental health resources; establish group peer meetings; provide increased mental health and suicide prevention education as well as to establish a full-time Department Counselor position to address day-to-day crises immediately. Heyman, M. PhD; Dill, J. MA, NBCC & Douglas, R. DDC (April, 2018). Police Officers and Firefighters Are More Likely to Die by Suicide than in Line of Duty. Retrieved from: https://rudermanfoundation.org/white_papers/police-officers-and-firefighters-are-more-likely-to-die-by-suicide-than-in-line-of-duty/

Supporting Data :

Since 2016, Fort Bend County EMS has worked collaboratively with Fort Bend County Human Resources and the Employee Assistance Provider to issue eight (8) mandatory EAP referrals to EMS employees. The mandatory referrals ranged in root causes; however, these situations and stressors affected work performance. Mandatory EAP referrals do not happen often, and the intent behind them is to support the staff member and prevent long-term negative employment outcomes. As previously mentioned, the Department Chaplain has made 175 interactions with staff members that were related to chronic stress, PTSD, marriage or relationship issues, death and even suicidal ideations. First Responder Suicides are real and the statistics are staggering. ABC News Journalist Luke Barr reported in September 2019 that in Virginia 8% of first responders (5,000) had contemplated suicide, compared to the national average of 3% of the general population with the same suicidal ideations. Prior to the ABC News Story referenced, the Substance Abuse and Mental Health Service Administration (SAMHSA) reported in May 2018 that first responders, specifically EMS workers, had a sharp increase over the general population in depression, substance abuse, post-traumatic stress and suicidal ideations (SAMHSA, 2018). Barr, L (September 12, 2019). Survey finds 8% of first responders had recent thoughts of suicide. Retrieved from: <https://abcnews.go.com/Politics/survey-finds-percent-responders-recent-thoughts-suicide/story?id=65565419> SAMHSA (2018). Disaster Technical Assistance Center Supplemental Research Bulletin First Responders: Behavioral Health Concerns, Emergency Response, and Trauma. Retrieved from: <https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf>

Project Approach & Activities:

Funding from the Grant will allow for the following: 1) Provide funding to expand the hours of the contracted Department Chaplain/Counselor 2) Initiate monthly counselor led Peer Support Group Sessions 3) Host specialized training by subject matter experts focusing on stress reduction, overall

mental health and wellness, nutrition, healthy sleep habits, exercise, and treatments for chronic stress and PTSD 4) Distribute resource materials that include internal and external information regarding insurance coverage, and in-network and out-of-network treatment centers 5) Provide specialized Peer Counselor training to assist in daily interventions

Capacity & Capabilities:

Fort Bend County EMS (FBC EMS) was created in 1972 as a County owned Government Third Service, Emergency Medical Services Agency. With an all Paramedic Staff of 120 field providers, who operate fifteen Mobile Intensive Care Units and three single paramedic squads, FBC EMS handles more than 30,000 911 emergency responses annually. The Command Staff is composed of six Chief Officers and nine mid-level managers called Battalion Chiefs. FBC EMS also includes a Logistics Division, a Training Division, and an Administrative Division that includes the Patient Account Services (EMS Billing). In total, 162 employees make up the department. FBC EMS initiated a contract with the Emergency Chaplains Group in 2018 for 24/7/365 Chaplain Services. The Department Chaplain is specially trained to handle traumatic events, along with a myriad of other common issues. Acting as a friend and counselor the Department Chaplain has built powerful relationships with the staff. As a previous first responder, the Chaplain has worn a badge, knows the job, and understands the stressors that First Responders face. This has been the most impactful and beneficial aspect of the department's Chaplain Program. The Chaplain works as the intermediary before the employee enters the County's Employee Assistance Program. By providing the initial assessment, the Chaplain can often identify other underlying issues or concerns so that when an employee does return to work, all issues have been addressed. For large scale incidents, or for incidents that involve other partner agencies i.e. Fire Department, Law Enforcement or Hospital staff, the Chaplain works to coordinate the involvement of the Critical Incident Stress Management Team. This approach allows for both one-on-one discussions and interventions but also provides the venue for large scale debriefings.

Performance Management :

The Department will begin the project with a Mental Health and Wellness Questionnaire which a third-party vendor will create and disseminate. Any data collected will be scrubbed of identifying information to ensure privacy. The compiled data will be presented to the Command Staff and Mental Health and Wellness Work Group. Data will help drive the project roll-out priorities and timelines. The initial projected involvement of staff at the Peer Support Group sessions is 40% with a goal of at least 70% involvement by the 9-month window, followed by a high-end of 85% involvement by the one-year anniversary of the project's initiation. Data and staff involvement with the EAP Vendor will be tracked by the vendor and de-identified information and statistics passed on to the department. Usage is expected to increase by a minimum of 10% at the mid-point and 18% overall. The department will monitor incident call types, Chaplain call-outs and sick leave usage by field staff. A decrease in sick usage is anticipated by the end of the first year. Direct Chaplain Services should decrease slightly, as other resources would be available to staff. All employees (100%) will attend the mandatory Mental Health and Wellness Training Classes.

Target Group :

The Target Group will primarily consist of the staff of Fort Bend County Emergency Medical Services. Following the successful roll out of the program to EMS Providers, the program will be extended to Fire Service partner agencies including the Fire Marshal's Office and lastly to any Law Enforcement entity or Constable's Office that is in need of a similar program.

Evidence-Based Practices:

FBC EMS will use the standards and recommendations from several national groups including the Code Green Campaign, International Association of Firefighters (IAFF) Center of Excellence for Behavioral Health Treatment and Recovery, and the U.S. Department of Health and Human

Services – Substance Abuse and Mental Health Services Administration for the development of this program. The Fort Bend County model of prevention, response/intervention and ongoing care is reflective of the goals established by these national organizations. By establishing additional work hours for the Department Counselor to be on site and readily available to interact with field staff that are at or near crisis will decrease response time significantly to the event. This will also increase the speed of EAP evaluation and in turn lessen the time it takes to have a professional counselor assigned to the case. Training Peer Counselors will allow FBCEMS to expand the oversight on the field staff and provide staff with an immediate peer to confide in. Proper training will equip the Peer Counselor with the general knowledge and education to create a safety plan, guide the victim to other resources, and participate in the Peer Support Group sessions. Specialized Educators are needed to educate the staff on overall mental health and wellness, nutrition and exercise. Additional specialized treatments such as Cognitive Behavioral Therapy or Eye Movement Desensitization and Reprocessing need to be available to staff at limited or no cost. The grant will allow these resources to be included in the rollout of the Mental Health and Wellness Initiative in 2020. <https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf> <https://www.iaffrecoverycenter.com/treatment/mental-health/> <https://codegreencampaign.org/services/>

Project Activities Information

Introduction

This section contains questions about your project. It is very important for applicants to review their announcement for guidance on how to fill out this section. Unless otherwise specified, answers should be the EXPECTED activities to occur during the project period.

Program Evaluation and Assessment Activity

Special Instructions for Projects Selecting the Program Evaluation and Assessment Activity
 Programs selecting "Program Evaluation and Assessment" as a project activity must indicate within Detailed Project Activity Section whether the proposed evaluation is a **Tier-One** or **Tier-Two** evaluation. Tier-One evaluations, describe the best practice/model to be used in a fidelity and performance evaluation, the goal(s) of the evaluation, and why it is needed. For Tier-Two evaluations, describe why this new program model is needed and the goal(s) of the evaluation. See definitions below:

Tier-One Evaluations

Evaluations of programs that have been implemented and the evaluations will test the fidelity of the program based on proven models or best-practices. The evaluation will also review available program output and outcome information.

Tier-Two Evaluations

Evaluations directed at measuring the effectiveness of proposed new program models or significant present program models. The goal of tier-two evaluations is both to measure the program's effectiveness to produce data and evidence necessary for others to replicate the program model and to develop best practices that can be used in supporting similar efforts.

First Responder Mental Health Programs

Program Organization and Characteristics

Is this a new program or building capacity for an existing program?

New Program

Building Capacity for an Existing Program

In the space below NEW programs should describe any completed needs assessments and/or steps taken to date. Additionally, all programs must describe how services will be provided – internally, externally, or both – and who will provide them. Finally, describe the guidelines used to manage case load under the program.

N/A

Describe where in the organizational chart will the program reside and under whose authority. Where program activities physically take place? If the program is housed in the same building as operation how the program will mitigate any stigma associated with utilizing the program.

The Mental Health and Wellness Program will operate under the Administrative Division of EMS. The Peer Support Group Sessions will generally be held at the Fort Bend County Sienna Annex building.

Target Group

For each of the target populations below, identify whether all services will be available to each, a subset of services will be provided, or only referrals will be offered (Note: if only referrals will be offered, you are asked to submit a copy of your referral policy):

Line Officers, Command Staff, and Administrators:

- All services
- Subset of services
- Referrals only
- Not served

Dispatchers:

- All services
- Subset of services
- Referrals only
- Not served

Non-Sworn Personnel (e.g., crime scene technicians):

- All services
- Subset of services
- Referrals only
- Not served

Family Members of First Responders:

- All services
- Subset of services
- Referrals only
- Not served

Other Nearby Law Enforcement Personnel (e.g., officers from other departments, federal agents or contractors/officers):

- All services
- Subset of services
- Referrals only
- Not served

First Responders Exposed to Traumatic/Critical Incidents (e.g., exposure to violent crime, line-of-duty serious injury, officer-involved shootings, or mass trauma):

- All services
- Subset of services
- Referrals only
- Not served

In the space below, list the **types of incidents** that are targeted for services:

Pediatric Cardiac Arrest Traumatic Deaths Pediatric Drownings Multiple Fatality Incidents Domestic Violence Related Situations Self reported or identified Depression Substance Abuse Anxiety Issues At the discretion of a Chief Officer

Referral Network Description

Describe the types and method of referrals provided for each of the six target populations described above. Distinguish between voluntary and mandatory referrals. Describe the plan for an escalation referral (when in-house services are not capable of handling a particular situation).

All reported issues will be evaluated by the Department Counselor/Chaplain first followed by a Safety Evaluation. Following the Safety Evaluation it will be determined if this is a (1) Crisis Situation Voluntary Assistance Requested, (2) Crisis Situation Non-Voluntary Situation or (3) Non-Crisis Situation. Crisis Situations with employees agreeing to Voluntary Assistance will be directed to EAP for an intake assessment, a designated treatment plan and either in patient or out patient treatment. Non-Voluntary Crisis Situations will follow a structured legal intervention plan including involving law enforcement, Crisis Intervention Teams, issuing a Mental Health Warrant or an Emergency Detention Order and when needed an Emergency Room assessment. Non-Crisis Situations will be assisted with Peer Support Groups, Counselor/Chaplain intervention and sessions, EAP Assessment and Treatment plan with Chaplain acting as the employee's advocate. The goal is to have the employees return healthy and fit for duty.

Notification of Services

Describe the types of informational materials produced and how they are distributed or made available to employees.

Services will be advertised on the Department Intranet System as well as through e-mail and flyers distributed to the stations. Additionally an ID Badge size laminated card will be provided to each staff member with important numbers listed.

Required Peer Support Program

Describe how this program employs the Peer Support Network model to facilitate communication and continuity of care. For additional information, consult the International Association of Chiefs of Police Support Guidelines.

The Fort Bend County EMS Mental Health and Wellness Initiative follows the IACP's Peer Support Guidelines. The Initiative will expand on current Counselor Services, provide for the training and expansion of peer support staff, provides for the confidentiality, privilege and privacy that are essential in order to build trust and also expands the guidelines to include "inclusion" for all staff to feel welcome.

Intentionally left blank as place holder for additional funding purposes.

Intentionally left blank as place holder for additional funding purposes.

Selected Project Activities:

ACTIVITY	PERCENTAGE:	DESCRIPTION
Crisis Services	10.00	Crisis v. Non Crisis Assessment
Peer Support Groups	60.00	Monthly Peer Support Group Meetings led by Professional Counselor, Department Chaplain or outside guest speaker.
Professional Therapy and Counseling	20.00	Crisis situations, EAP candidates, and extreme cases are referred to professional therapy and counseling.
Program Evaluation and Assessment	10.00	Compiling data from each of the activities along with interviews of staff and follow-up with physicians.

CJD Purpose Areas

PERCENT DEDICATED	PURPOSE AREA	PURPOSE AREA DESCRIPTION
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Measures Information

Objective Output Measures

OUTPUT MEASURE	TARGET LEVEL
Number of counseling hours provided to survivors.	24
Number of programs assessed.	
Number of support group sessions held.	30
Number of survivors participating in support groups.	60
Number of survivors receiving counseling / therapy.	10
Number of survivors receiving crisis counseling.	10
Number of victims / survivors seeking services who were served.	100
Number of victims seeking services who were not served.	0

Objective Outcome Measures

OUTCOME MEASURE	TARGET LEVEL
------------------------	---------------------

Custom Output Measures

CUSTOM OUTPUT MEASURE	TARGET LEVEL
------------------------------	---------------------

Custom Outcome Measures

CUSTOM OUTCOME MEASURE	TARGET LEVEL
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Resolution from Governing Body

Applications from nonprofit corporations, local units of governments, and other political subdivisions include a resolution that contains the following:

1. Authorization by your governing body for the submission of the application to the Public Safety (PSO) that clearly identifies the name of the project for which funding is requested;
2. A commitment to provide all applicable matching funds;
3. A designation of the name and/or title of an authorized official who is given the authority to accept, reject, alter, or terminate a grant (Note: If a name is provided, you must update the official change during the grant period.); and
4. A written assurance that, in the event of loss or misuse of grant funds, the governing body will provide funds to PSO.

Upon approval from your agency's governing body, upload the approved resolution to eGrants by clicking the **Upload Files** sub-tab located in the **Summary** tab.

Contract Compliance

Will PSO grant funds be used to support any contracts for professional services?

Select the appropriate response:

- Yes
 No

For applicant agencies that selected **Yes** above, describe how you will monitor the activities of the contractor(s) for compliance with the contract provisions (including equipment purchases), deliver applicable statutes, rules, regulations, and guidelines governing this project.

Enter a description for monitoring contract compliance:

Counselor/Chaplain will be required to lead thirty (30) Peer Support Group sessions. This will be monitored through a sign-up system that will be managed by an Administrative Coordinator.

Lobbying

For applicant agencies requesting grant funds in excess of \$100,000, have any federally appropriate been paid or will be paid to any person for influencing or attempting to influence an officer or employee of a federal agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant loan, or cooperative agreement?

Select the appropriate response:

- Yes
 No
 N/A

For applicant agencies that selected either **No** or **N/A** above, have any non-federal funds been paid paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress in connection with this federal contract, loan, or cooperative agreement?

Select the appropriate response:

Yes

No

N/A

Fiscal Year

Provide the begin and end date for the applicant agency's fiscal year (e.g., 09/01/20xx to 08/31/20xx)

Enter the Begin Date [mm/dd/yyyy]:

10/1/2020

Enter the End Date [mm/dd/yyyy]:

9/30/2021

Sources of Financial Support

Each applicant must provide the amount of grant funds expended during the most recently completed year for the following sources:

Enter the amount (in Whole Dollars \$) of Federal Grant Funds expended:

27914603

Enter the amount (in Whole Dollars \$) of State Grant Funds expended:

6715061

Single Audit

Applicants who expend less than \$750,000 in federal grant funding or less than \$750,000 in state grant funding are exempt from the Single Audit Act and cannot charge audit costs to a PSO grant. However, the State of Texas may require a limited scope audit as defined in 2 CFR Part 200, Subpart F - Audit Requirements.

Has the applicant agency expended federal grant funding of \$750,000 or more, or state grant funding of \$750,000 or more during the most recently completed fiscal year?

Select the appropriate response:

Yes

No

Applicant agencies that selected **Yes** above, provide the date of your organization's last annual single audit performed by an independent auditor in accordance with the State of Texas Single Audit Circular; or 200, Subpart F - Audit Requirements.

Enter the date of your last annual single audit:

9/30/2018

Equal Employment Opportunity Plan

Compliance

Review the information below to determine which section of the federal EEOP Certification Form applies to your organization. The EEOP certification information must be submitted to the Office of Civil Rights, Office of Justice Programs through their on-line EEOP Reporting Tool. For more information and guidance on how to complete and submit the federal EEOP certification information, please visit the US Department of Justice Office of Justice Programs website at <https://ojp.gov/about/ocr/eeop.htm>.

Type I Entity

Defined as an applicant that meets one or more of the following criteria:

- the applicant has less than 50 employees;
- the applicant is a non-profit organization;
- the applicant is a medical institution;
- the applicant is an Indian tribe;
- the applicant is an educational institution, or
- the applicant is receiving a single award of less than \$25,000.

Requirements

- The applicant is exempt from the EEOP requirements required to prepare an EEOP because it is a Type I Entity as defined above, pursuant to 28 CFR 42, subpart E;
- the applicant will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of services; and
- the applicant must complete **Section A** of the EEOP Certification Form and send it to the Office of Justice Programs (OCR) to claim the exemption from developing an EEOP.

Type II Entity

Defined as an applicant that meets the following criteria:

- the applicant has 50 or more employees, and
- the applicant is receiving a single award of \$25,000 or more, but less than \$500,000.

Requirements

- The applicant agency is required to formulate an EEOP in accordance with 28 CFR 42.301, subpart E;
- the EEOP is required to be formulated and signed into effect within the past two years by the appropriate authority;
- the EEOP is available for review by the public and employees or for review or audit by officials of the agency, designee, or the Office of Civil Rights, Office of Justice Programs, U.S. Department of Justice, as required by relevant laws and regulations;
- the applicant will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of services;
- the applicant must complete **Section B** of the EEOP Certification Form and send it to the Office of Justice Programs (OCR) to claim the exemption from submitting an EEOP to OCR; and
- the EEOP is required to be on file with the applicant agency.

Enter the name of the person responsible for the EEOP and the address of the office where the EEOP was developed:
Kathy Novosad Fort Bend County Human Resources 301 Jackson Street Richmond, TX 77469

Type III Entity

Defined as an applicant that is NOT a Type I or Type II Entity.

Requirements

- The EEOP is required to be formulated and signed into effect within the past two years by the project authority;
- the EEOP has been submitted to the Office of Civil Rights (OCR), Office of Justice Programs, U.S. Department of Justice and has been approved by the OCR, or it will be submitted to the OCR for approval upon award of the grant, as required by relevant laws and regulations; and
- the applicant will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of services; and
- the applicant must complete **Section C** of the EEOP Certification Form and send it to the Office for Civil Rights (OCR).

Certification

Based on the definitions and requirements above, the applicant agency certifies to the following entity type:

- Type I Entity
 Type II Entity
 Type III Entity

Debarment

Each applicant agency will certify that it and its principals (as defined in 2 CFR Part 180.995):

- Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to forfeiture of Federal benefits by a State or Federal Court, or voluntarily excluded from participation in this transaction by any federal department or agency;
- Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, or a violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or
- Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in the above bullet; and have not within a three-year period preceding this application had one or more public transactions (federal, state, or local) terminated for cause or default.

Select the appropriate response:

- I Certify
 Unable to Certify

If you selected **Unable to Certify** above, please provide an explanation as to why the applicant agency cannot certify the statements.

FFATA Certification**Certification of Recipient Highly Compensated Officers**

The Federal Funding Accountability and Transparency Act (FFATA) requires Prime Recipients (CJD) to disclose the names and total compensation of each of the five most highly compensated officers (a.k.a. position) at each sub recipient organization for the most recently completed fiscal year preceding the year in which the grant is awarded if the subrecipient answers **YES** to the **FIRST** statement but **NO** to the **SECOND** statement listed below.

In the sub recipient's preceding completed fiscal year, did the sub recipient receive: (1) 80 percent or more of its annual gross revenue from Federal contracts (and subcontracts), loans, grants (and subgrants) and cooperative agreements; AND (2) \$25,000,000 or more in annual gross revenue from Federal contracts (and subcontracts), loans, grants (and subgrants) and cooperative agreements?

Yes
 No

Does the public have access to information about the compensation of the senior executives through reports filed under Section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a) or Section 6104 of the Internal Revenue Code of 1986?

Yes
 No

If you answered **YES** to the **FIRST** statement and **NO** to the **SECOND** statement, please provide the name and total compensation amount of each of the five most highly compensated officers (a.k.a. position) at your agency for the current calendar year. If you answered NO to the first statement you are NOT required to provide the name and compensation amounts. NOTE: "Total compensation" means the complete package of each of the sub recipient's compensated officers, including all forms of money, benefits, services, and kind payments (see SEC Regulations: 17 CCR 229.402).

Position 1 - Name:

Position 1 - Total Compensation (\$):

0

Position 2 - Name:

Position 2 - Total Compensation (\$):

0

Position 3 - Name:

Position 3 - Total Compensation (\$):

0

Position 4 - Name:

Position 4 - Total Compensation (\$):

0

Position 5 - Name:

Position 5 - Total Compensation (\$):

0

Victim Services Information

Agency Type

Implementing Agency Type - Government

Which designation best describes your agency

- Other – Describe Below

If Other is selected describe below:

Emergency Medical Services

Purpose of Award

- Expand or enhance an existing project not funded by OOG in the previous year

Type of Crime Funding Distribution

Identify the percent of funding dedicated to each type of victimization. The percentages provided below should not include matching funds. Cumulative total for all types of victimization must equal 100%.

Type of Crime	Percent of Funds Dedicated to Crime Enter whole percentages only	Funds Dedicated to Crime Current Award x Percent Entered
Child Physical Abuse	0	\$0.00
Child Sexual Abuse	0	\$0.00
Domestic and Family Violence	0	\$0.00
Child Sexual Assault	0	\$0.00
Adult Sexual Assault	0	\$0.00
DUI/DWI Crashes	0	\$0.00
DUI/DWI Crashes	0	\$0.00
Assault	0	\$0.00
Adults Molested As Children	0	\$0.00
Elder Abuse	0	\$0.00
Robbery	0	\$0.00
Survivors of Homicide	0	\$0.00
Adult Human Trafficking	0	\$0.00
Child Human Trafficking	0	\$0.00
Other Violent Crimes	0	\$0.00
Description:		
Other Non-Violent Crimes	100	\$33,420.00
Description:	Trauma of experiences while performing first responder duties, such as witnessing pediatric cardiac arrest, pediatric drowning, drug overdose, etc.	
SUM of %'s Sum of % MUST = 100%	100	SUM of Funds Sum of Funds MUST = OOG Current Budget
		\$33,420.00

Use of Funds

Does this project provide DIRECT SERVICES to victims:

- Yes
- No

Information and Referral

- Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address-confidentiality programs, etc.

Personal Advocacy/Accompaniment

Emotional Support or Safety Services

- Crisis Intervention (in-person, includes safety planning, etc.)
- Hotline/crisis line counseling
- On-scene crisis response (e.g., community crisis response)
- Individual counseling
- Support groups (facilitated or peer)
- Other therapy (traditional, cultural, or alternative healing
- art, writing, or play therapy
- etc.)

Shelter/Housing Services

Criminal/Civil Justice System Assistance

Assistance in Filing Compensation Claims

All VOCA-funded direct service projects MUST assist victims with seeking crime victim compensation benefits. Please explain why your agency is not assisting victims with crime victim compensation benefits:

The Fort Bend County District Attorney's Office - Victim Witness Division assists victims of crime with seeking crime victim compensation benefits. If any First Responder were the victim of a crime during the course of their duties, they would follow this venue.

Types of Victimizations

Check the types of victimization that best describe the victims the grant-funded project will serve. "Other" refers to a type that is not associated with any of the types provided in the list. Check all that apply:

Types of Victimizations

- Other

If Other is TRUE provide explanation:

Mental Health and Wellness Initiative for Emergency Medical Service Provider

Budget and Staffing

Answer the questions below based on your current fiscal year. Report the total budget available to the victim services program by source of funding. Do not report the entire agency budget, unless the entire budget is devoted to victim services program.

Annual funding amounts allocated to all victimization programs and/or services for the current fiscal year:

Identify by source the amount of funds allocated to the victimization program/services budget for your agency. DO NOT COUNT FUNDS IN MORE THAN ONE CATEGORY. OTHER FEDERAL includes all federal funding except the award amount for this grant.

OOG Current Budget:
\$33,420.00

Other State Funds:
\$0.00

Other Local Funds:
\$0.00

Other Federal Funds:
\$0.00

Other Non-Federal Funds:

\$0.00

Total Victimization Program Budget:
\$33,420.00

Total number of paid staff for all grantee victimization program and/or services:
COUNT each staff member once. Both full and part time staff should be counted as one staff member. DO NOT prorate based on FTE.

Total number of staff:
0

Number of staff hours funded through THIS grant award (plus match) for grantee's victimization programs and/or services:
Total COUNT of hours to work by all staff supporting the work of this award, including match.

Total number of hours:
0

Number of volunteer staff supporting the work of this award (plus match) for grantee's victimization programs and/or services:
COUNT each volunteer staff once. DO NOT prorate based on FTE.

Total number of volunteer staff:
0

Number of volunteer hours supporting the work of this award (plus match) for grantee's victimization programs:
Total COUNT of hours to work by all volunteers supporting the work of the award, including match

Total hours to work by all volunteers:
0

Explain how your organization uses volunteers to support its victimization programs or if your organization does not use volunteers explain any circumstances that prohibit the use of volunteers.

Fiscal Capability Information

Section 1: Organizational Information

*** FOR PROFIT CORPORATIONS ONLY ***

Enter the following values in order to submit the application

Enter the Year in which the Corporation was Founded: 0

Enter the Date that the IRS Letter Granted 501(c)(3) Tax Exemption Status: 01/01/1900

Enter the Employer Identification Number Assigned by the IRS: 0

Enter the Charter Number assigned by the Texas Secretary of State: 0

Enter the Year in which the Corporation was Founded:

Enter the Date that the IRS Letter Granted 501(c)(3) Tax Exemption Status:

Enter the Employer Identification Number Assigned by the IRS:

Enter the Charter Number assigned by the Texas Secretary of State:

Section 2: Accounting System

The grantee organization must incorporate an accounting system that will track direct and indirect costs by project (project ledger) as well as direct and indirect costs by project (project ledger). The grantee must establish a time and effort system to track personnel costs by project. This should be reported on an annual basis, or in increments of an hour.

Is there a list of your organization's accounts identified by a specific number (i.e., a general ledger or accounts)?

Select the appropriate response:

Yes

No

Does the accounting system include a project ledger to record expenditures for each Program by record budget cost categories?

Select the appropriate response:

Yes

No

Is there a timekeeping system that allows for grant personnel to identify activity and requires signature of the employee and his or her supervisor?

Select the appropriate response:

Yes

No

If you answered 'No' to any question above in the Accounting System section, in the space provided explain what action will be taken to ensure accountability.

Enter your explanation:

Section 3: Financial Capability

Grant agencies should prepare annual financial statements. At a minimum, current internal balance sheet and income statements are required. A balance sheet is a statement of financial position for a grant agency disclosing assets, liabilities, and retained earnings at a given point in time. An income statement is a statement of revenue and expenses for a grant agency during a fiscal year.

Has the grant agency undergone an independent audit?

Select the appropriate response:

Yes

No

Does the organization prepare financial statements at least annually?

Select the appropriate response:

- Yes
 No

According to the organization's most recent Audit or Balance Sheet, are the current total assets greater than the liabilities?

Select the appropriate response:

- Yes
 No

If you selected 'No' to any question above under the Financial Capability section, in the space provided explain what action will be taken to ensure accountability.

Enter your explanation:

Section 4: Budgetary Controls

Grant agencies should establish a system to track expenditures against budget and / or funded amount. Are there budgetary controls in effect (e.g., comparison of budget with actual expenditures on a monthly basis) to include drawing down grant funds in excess of:

a) Total funds authorized on the Statement of Grant Award?

- Yes
 No

b) Total funds available for any budget category as stipulated on the Statement of Grant Award?

- Yes
 No

If you selected 'No' to any question above under the Budgetary Controls section, in the space provided please explain what action will be taken to ensure accountability.

Enter your explanation:

Section 5: Internal Controls

Grant agencies must safeguard cash receipts, disbursements, and ensure a segregation of duties. For example, one person should not have authorization to sign checks and make deposits.

Are accounting entries supported by appropriate documentation (e.g., purchase orders, vouchers, receipts, and invoices)?

Select the appropriate response:

- Yes
 No

Is there separation of responsibility in the receipt, payment, and recording of costs?

Select the appropriate response:

- Yes
 No

If you selected 'No' to any question above under the Internal Controls section, in the space provided please explain what action will be taken to ensure accountability.

Enter your explanation:

Budget Details Information

Budget Information by Budget Line Item:

CATEGORY	SUB CATEGORY	DESCRIPTION	OOG	CASH MATCH	IN-KIND MATCH	GPI	TOTAL
Contractual and Professional Services	Mental Health Assessment Services	Counselor Fee for Peer Support Group	\$13,500.00	\$1,350.00	\$0.00	\$0.00	\$14,850.0
Travel and Training	In-State Registration Fees, Training, and/or Travel	Mental Health First Aid - Instructor Course	\$19,920.00	\$6,720.00	\$0.00	\$0.00	\$26,640.0

Source of Match Information

Detail Source of Match/GPI:

DESCRIPTION	MATCH TYPE	AMOUNT
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Summary Source of Match/GPI:

Total Report	Cash Match	In Kind	GPI Federal Share	GPI State Share
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Budget Summary Information

Budget Summary Information by Budget Category:

CATEGORY	OOG	CASH MATCH	IN-KIND MATCH	GPI	TOTAL
Contractual and Professional Services	\$13,500.00	\$1,350.00	\$0.00	\$0.00	\$14,850.00
Travel and Training	\$19,920.00	\$6,720.00	\$0.00	\$0.00	\$26,640.00

Budget Grand Total Information:

OOG	CASH MATCH	IN-KIND MATCH	GPI	TOTAL
\$33,420.00	\$8,070.00	\$0.00	\$0.00	\$41,490.00

Condition Of Fundings Information

Condition of Funding / Project Requirement	Date Created	Date Met	Hold Funds	Hold Line Item Funds
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