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Agency Name: Fort Bend County
Grant/App: 3334303 **Start Date:** 10/1/2020 **End Date:** 9/30/2021

Project Title: Infant Toddler Court: Healing the Youngest Victims
Status: Application Pending Submission

Profile Information

Applicant Agency Name: Fort Bend County
Project Title: Infant Toddler Court: Healing the Youngest Victims
Division or Unit to Administer the Project: Behavioral Health Services
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City/State/Zip: Richmond Texas 77469-3108
Start Date: 10/1/2020
End Date: 9/30/2021

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: Fort Bend

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Salutation: Judge
Position: County Judge

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Position: Director of Behavioral Health Services

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Narrative Information

Introduction

The purpose of this program is to provide services and assistance directly to victims of crime to speed their 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 [eGrants Calendar](#) 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 grant funds.

Use the space provided below to describe your project. For help with your narrative, see PSO's Developing a 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 occurs when: (1) cultural knowledge, awareness and sensitivity are integrated into action and policy; (2) the service is relevant to the needs of the community and provided by trained staff, board members, and management; and (3) an advocate or organization recognizes each client is different with different needs, feelings, ideas and barriers.

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

Fort Bend County is considered one of the most diverse communities in the nation. Fort Bend County Behavioral Health Services department, is not only aware of the diversity of the community, but is respectful and responsive to the health belief and practices as well as the cultural and linguistic needs of the diverse groups we serve. We recognize the disproportionate number of minorities in our court systems and in our child welfare system. Child abuse impacts all children of all races, socio economic status and languages; yet, minorities groups often have increased vulnerabilities and risk factors. Developing cultural competence is a dynamic and evolving process that continually assesses the needs of the population we serve as well as our organizational capacity. We are committed to providing understandable, equitable and respectful quality care and services that recognize diverse health beliefs and practices, language and other communication needs. All BHS staff will receive at least 2 hours of annual training in cultural competency, following the National Standards for Culturally and Linguistically Appropriate Services (CLAS) developed by the U.S Department of Health and Humans Services. Training will be provided by Dr. Tonya Martin. In addition, Dr. Sue Profilet, the main treatment provider for the current project, will receive additional training provided by Child Advocates of Fort Bend County. Dr. Profilet will also be responsible for documenting training, evaluating training needs and developing additional training as needed.

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, and includes populations underserved because of geographic location, religion, sexual orientation, gender identity, 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 (as 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 Aleuts); 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 any other Spanish-speaking country.

Does your program have a primary focus on serving a culturally specific population? (The organization must do 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 specific 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, this 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 the 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 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 is required to 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 sought. If release of information is compelled by statutory or court mandate, reasonable attempts to provide notice to victims affected by the disclosure of information will be made and steps necessary to protect the privacy and 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 sex 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 other truth telling examination will not prevent the investigation, charging, or prosecution of an alleged sex offense or 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 filing of an

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 may not bear the costs associated with the filing of criminal charges against a domestic violence offender, issuance or 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 on both 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 66*. The disposition completeness percentage is defined as the percentage of arrest charges a county reports to DPS for 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 commit that the county will report at least 90 percent of convictions within seven business days to the Criminal Justice 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 crime data to the Texas Department of Public Safety (DPS) for inclusion in the annual Uniform Crime Report (UCR). To be considered eligible for funding, applicants must have submitted a full twelve months of accurate data to DPS 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 all local 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 Investigations (FBI) will collect required crime statistics solely through the NIBRS starting January 1, 2021. Due to this federal 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 Public Safety Office.

Immigration Legal Services

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

Discrimination

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

Records

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

Volunteers

If awarded VOCA funds, applicant agrees to use volunteers to support either the project or other agency-wide 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, within 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 is waived 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 is a victim of an offense that violates a federal criminal statute or regulation; federal crimes also include crimes that occur 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 also 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, as appropriate, and institutions of higher education that operate a law enforcement agency, must comply with all 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) detain such illegal aliens in accordance with requests by DHS. Additionally, counties and municipalities may NOT have 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 or aliens illegally in the United States; or (2) impede federal officers from exercising authority under 8 U.S.C. § 1226 (a), § 1226(c), § 1231(a), § 1357(a), § 1366(1), or § 1366(3). Lastly, eligible applicants must comply with all 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.

Legal Assistance for Victims (LAV) Certification

The applicant certifies that it meets the following federal statutory requirements in regards to the provision of legal advocacy:

- (1) Any person providing legal assistance through a program funded under this VAWA Program
 - (a) has demonstrated expertise in providing legal assistance to victims of domestic violence, dating violence, sexual assault or stalking in the targeted population; or
 - (b) is partnered with an entity or person that has demonstrated expertise described in subparagraph (A) and has completed or will complete training in connection with domestic violence, dating violence, sexual assault or stalking and related legal issues, including training on evidence-based risk factors for domestic and dating violence homicide.
- (2) Any training program conducted in satisfaction of the requirement of paragraph (1) has been or will be developed with input from and in collaboration with a state, local, territorial, or tribal domestic violence, dating violence, sexual assault, or stalking victim service provider or coalition, as well as appropriate tribal, State, territorial, and local law enforcement officials.
- (3) Any person or organization providing legal assistance through a program funded under this Program has informed and will continue to inform state, local, or tribal domestic violence, dating violence or sexual assault programs and coalitions, as well as appropriate State and local law enforcement officials of their work.
- (4) The grantee's organizational policies do not require mediation or counseling involving offenders and victims physically together, in cases where sexual assault, domestic violence, dating violence, or child sexual abuse is an issue.

Does the applicant meet the criteria outlined above?

Yes

No

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 will 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:

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 all 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 :

The brain of an infant is known to have the ability to compensate and recover from trauma of abuse and neglect. Early intervention is essential to improve the odds for the infants to recover. Relationships with caregivers are the building blocks for healthy development. Early and appropriate interventions have proven to be effective at healing young children who have been victims of abuse. The types of engagement that the Masters Level Clinician (Dr. Sue Profilet) will have with victims will consist of parent-child relationship assessments, Visit Coaching, and case management. Parent-child relationship assessments consist of observing family interactions and completing measures to determine the quality of the parent-child relationship. During Visit Coaching, the coach is actively involved in supporting the parents to demonstrate their best parenting skills and make each visit enjoyable for the children. Visit coaching includes helping parents articulate their children's needs to be met in visits and helping parents plan to give their children their full attention at each visit. Case management consists of helping families with issues such as transportation, housing, food or other needs related to their current situation. We know that children who are victims of abuse and neglect have higher rates of developmental disorders, emotional and behavioral regulation difficulties, disorganized attachments, all of which increases their risk for school problems, mental health disorders and sadly involvement with juvenile and adult criminal justice systems. We also know many of these families have social and environmental risk factors and that there is intergenerational transfer of these risks. In recent years, there has been increased attention to complex trauma, relationship based interventions, adverse childhood experiences (ACEs) and social determinants of health (SDOH). Fort Bend ITC considers child abuse as victimization and sees the multiple risk factors in these cases. We will continue to expand our project to work collaboratively to provide the necessary healing to reunite families where it is warranted or help children connect with alternate caregivers, such as grandparents. There are key gaps in the existing service array, such as the use of trauma-informed assessments and interventions; the delivery of early, age and developmentally appropriate services that are evidence-based or best practices; and the availability of these services through a coordinated care management approach. This project continues to expand the work of the Fort Bend County ITC by addressing these gaps and enhancing the delivery of trauma and relationship-focused services to the children and families in the ITC. In summary, the proposed project is a "service enhancement" to the existing ITC, focusing on implementing a continuum of "relationship-based" services to facilitate reunification, attachment, emotional and behavioral regulation, parenting capacity, permanency and overall healing of young victims of abuse. The continued funding will allow us to expand our work and provide needed services and supports for the developmental healing of our young victims of abuse.

Problem Statement :

The main focus of the ITC is the protection of infants and toddlers from victimization. The courts are often the intervener in the protection to ensure the health and welfare of the infant. Fort Bend ITC considers child abuse as victimization and sees the presence of the many dimensions of dependency. An infant / toddler that has been removed from parental custody due to abuse and/or neglect experiences trauma on several levels: due to the abuse, the additional stress due to the separation, and often multiple placements. On the other side, the child's parents are often experiencing trauma as a result of their own victimization (including domestic violence), parental substance abuse, social and economic risks, and separation from their children. Therapeutic

Courts such as the Infant Toddler Court work to provide the necessary healing to reunite families where it is warranted (Recommendations come from CPS, Court Attorney, the Judge, and others) or help children connect with alternate caregivers, such as grandparents. There are key gaps in the existing service array, however, namely in the use of trauma-informed assessments and interventions ; the delivery of early, age and developmentally appropriate services that are evidence-based or best practices; and the availability of these services through a coordinated care management approach. We know that these services have been linked to better outcomes for children including permanency, reunification and overall well-being. The gaps, therefore, need to be addressed in order to improve the "odds" for our children. Young children (birth to age three) continue to be the largest cohort of children coming into the CPS system and there is an urgent need to develop additional "relationship-based" interventions for these children that focus on healing the relationship, developing emotional and behavioral regulation skills and development of safety.

Supporting Data :

Substance abuse is a key reason for removal in many of these cases. In fact, research reveals that more than half, and in some studies as much as 80%, of children in foster care have been exposed in some way to maternal substance abuse. Nationally in 2014, parental Alcohol and other Drug abuse (AOD) was cited as a reason for removal in 31.8% of the cases (data from Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2013; presented by Children and Family Futures, May 2016). In Texas, however, parental AOD was cited as reason for removal was 62.1%, almost twice the national rate. When looking at children under the age of one, the percentage is even higher at 68.1% (2013) (data from Adoption and Foster Care Analysis and Reporting System (AFCARS) FY 2013; presented by Children and Family Futures, May 2016). In Fort Bend County, the situation is the same. Between October 2015 and July 2016, the Fort Bend County Infant-Toddler Court has worked with a total of 50 cases, serving 87 children. Of those 50 cases, parental AOD was the most occurring risk factor with 40 cases having parental substance abuse as at least one of the risk factors (80%). Additionally, 69 children or 79% of children were exposed to parental substance abuse. The 2017 data for ITC includes an additional 43 cases, serving 75 more children of which parental substance abuse and mental health continue to be a prevalent factor. Parental substance abuse not only hinders family reunification, but also has a direct impact on children's early experiences and poses a threat to child outcomes in the future. Parental substance abuse disorders can impact a parent's ability to parent effectively as well as interfere with a parent's judgment, inhibitions, protective capacity and overall mental functioning. Consequently, addressing parental substance abuse should be a lead priority throughout these cases. Another area of need for the Fort Bend County ITC is a shift in focus toward family centered services. Research has demonstrated that services focusing on the family and parent-child relationships lead to improved outcomes for the child. Family-centered services and parent-child relationships are now included as one of the important practices of Family drug Courts, which in the past have provided minimal attention to children's needs. Recently, Children and Family Futures has published research stating that family-centered services result in the best outcomes because they engage the entire family, not just the parent, and tailor services to the family's needs, leaving to better permanency outcomes and decreased time in out of home care (Guidance to States: Recommendations for Developing Family Drug Court Guidelines: Children and Family Futures, updated 2015). Because of this, it's critical that the ITC make family-centered services a focal point of its approach to family reunification. The Fort Bend ITC is in a unique and advantageous position to implement these family centered services. The ITC has already recognized the importance of the parent-child bond and fostering that bond through enhanced visitation practice and increased interactions between children and parents in a therapeutic setting. Consequently, the ITC has partnered with cross-systems service providers to deliver targeted and integrated services for each family's needs. These services lead to increased treatment completion rates, fewer days in foster care placements and increased family reunification as well as decreased reentry into the child welfare system (as compared to standard services offered by the child welfare system).

Project Approach & Activities:

The proposed project is a "service enhancement" to the existing ITC, focusing on implementing a continuum of "relationship based" services to facilitate reunification, attachment, emotional and behavioral regulation, parenting capacity, permanency and overall healing of young victims of abuse. Young children (birth to age three years) continue to be the largest cohort of children coming into the CPS system and there is an urgent need to develop additional "relationship based" interventions for these children that focus on healing the relationship, developing emotional and behavioral regulation skills and development of safety. The proposed project will build on the existing infrastructure and clinical expertise of the Fort Bend ITC and will enhance relationship based and family centered services for infants and toddlers. Referral to the program will be through the existing FB ITC, 328th district court or any other Family Court Judge. All referrals will include children ages birth to five years (and their siblings) with a CPS case in Fort Bend County. The "enhanced" services and this project will be managed by Behavioral Health Services. BHS staff will be assigned to the project; additional staff will be hired to support delivery of the "relationship-based services". These services will include: Parent-child

relationship assessments, visit coaching, and Trust Based relationship Intervention (TBRI) which is an evidence-based practice that provides tools and skills for caregivers of children who have been abused or neglected. Many of the parents and all of the children who take part in these services have experienced complex trauma. Due to this, trauma assessments for both parents and children will be included with the parent-child assessments. Measures will be chosen from the National Child Traumatic Stress Network. For children, the Devereux Center for Resilient Children (DCRC) Assessment Tools will be utilized. This will include The Devereux Early Childhood Assessment (DECA) for Infants and Toddlers (for ages 1 to 36 months) and The Devereux Early Childhood Assessment Clinical Form (DECA-C) for children ages 2-5 years). These assessments include the domains of attachment, behavioral control, affect dysregulation, cognition, initiative, depression, and aggression. The DECA for Infants and Toddlers provides an assessment of within-child protective factors central to social and emotional health and resilience. There is an important connection between children's resilience and the health and wellness of the adults in their lives. The Devereux assessment also includes a program to build resilience in adults. They focus on promoting the health and well-being of parents. The Young Child PTSD Checklist (YCPC) will also be utilized with children. It assesses caregiver-reported symptoms of PTSD among young children, ages 1-6 years old. Domains assessed include DSM PTSD symptom categories B-D for children 6 years old and younger. Parents will be screened for PTSD with the PCL-5, which is a self-report measure that assesses 20 DSM-5 symptoms of PTSD. In addition, the parents will be assessed with the Adverse Childhood Experiences Questionnaire (ACEs). This is a 10-item self-report measure which was developed to identify childhood experiences of abuse and neglect. Studies have found that trauma and stress early in life are related to later problems with social, emotional, and cognitive development as well as having a higher risk of developing health problems in adulthood. Wraparound supports will also be provided to address social environmental factors that hinder progress towards permanency. Coordination with other local agencies and service providers will be provided. Many of the families will benefit from referrals for housing and inpatient rehabilitation for drugs or alcohol abuse. Coordinated case management and communication among team members is critical. Communication among team members is essential; the ITC has a solid foundation with the courts and the various partners. This project will develop processes to facilitate the communication and integration of services to improve access to needed care and improve outcomes. Our goal is to develop processes and services that can be expanded to other courts and jurisdictions. Cases will be reviewed weekly and have a monthly court hearing. A Client Satisfaction Survey will be given to each parent upon completion of their services. This will be accomplished with a Survey Monkey within 30 days of the final visit.

Capacity & Capabilities:

Fort Bend County Behavioral Health Services, is a department under the "justice administration" division of the County and has been the lead entity in the ITC activities, under the direction of Dr. Connie Almeida, a licensed psychologist. This department has both the infrastructure and the clinical capacity to implement this enhancement project due to the addition of Dr. Sue Profilet, a Developmental Psychologist that was added in Nov. 2017 and will work specifically on this project. Our department has 2 additional licensed psychologists and one Master's level psychological associate that can provide clinical support to the project. The Developmental Psychologist will assist in coordinating services and communication with courts and ITC members. All of the clinical and case management staff in BHS understand the importance for the infant to be in a nurturing environment where they can have the physical, emotional, and social needs for healthy development. Dr. Almeida and several of the BHS staff have been involved in training and outreach activities to support ITC. All of the services currently provided to ITC children are directly provided or under the supervision of Dr. Almeida. BHS also has access to a variety of other services to address social environmental risk factors and mental illness. The approach to service is always individualized and focused on the best interests of the child. Most services will be provided in the BHS office but home based services will also be provided as needed.

Performance Management :

Defining what needs to be collected, developing processes to ensure data collection and use that data to inform decisions is a key component of our project. The ITC has a long history of data collection and BHS has the capacity to support the data collection and performance management for this project. BHS has experience with data management and continuous quality improvement processes. Data collection, performance management, continuous quality improvement, outcomes management and program evaluation are in many ways "a continuous cycle" that guides a program. Data will be shared with ITC members. The following data sets will be collected: Child demographics and risk factors at entry; Family demographics and risk factors at entry; Number of placements and types of placements; Number of visit coaching sessions; Pre and Post parent-child relationship assessments, and developmental measures based on the individual child's needs. All services provided through this grant will be documented in a "secure data base", supported by Fort Bend County. All services will be evaluated. A logic model will be developed to guide the project implementation. A Plan Do Study Act (PDSA) will guide the continuous quality improvement process. Our goals are: Children are, first and foremost, protected from abuse and neglect; Children are safely maintained in their homes whenever possible and appropriate; Children have permanency and stability in their living situation; The continuity of family

relationships and connections is preserved for families; Children receive adequate services to meet their physical and mental health needs; and Families have enhanced capacity to provide for their children's needs.

Target Group :

The Infant Toddler Court Team of Fort Bend County is intended for young children in the child welfare system and their parents. Initially, the target group for ITC was children birth to three but later expanded to include children through the age of 5, recognizing the similar needs of this group. This project will focus on 0-3 but will include children up to 5 (and their siblings), when referred by the team. This project is meant to better meet the needs of families while their case is involved in the courts. The project attempts to do this through a group effort by the Judge, Fort Bend Child Protective Services (CPS), County Attorney's office, Court Appointed Special Advocates (CASA), attorneys and service providers, and the specialty services provided through this requested funding. Many of the families served by the ITC are low-income, single-parents, struggle with housing, employment, mental illness and substance abuse issues. The population to be served is the entire family unit. Every family member (children, mothers, fathers and others involved in the case) shall engage in services in order to achieve sustainable recovery through family-centered services.

Evidence-Based Practices:

The following is a list of evidence based or promising practices that will be included in this project: Visit Coaching: Based on the work of Marty Beyer, PhD is an enhanced form of visitation designed to: (1) Actively address the maltreatment that brought the child to foster care; (2) Promote goal-oriented interactions between child and parent/other family members and between birth-foster parents; (3) Expedite safe reunification; and (4) Prevent recurrence of maltreatment. Visit Coaching is recognized as a "best practice". Visit coaching allows the parent to collaborate around identification of problems and goal-setting, enhances parenting capacity and provides supervision concurrently, helps the parent to better understand and respond to the child's needs, provides support to foster parents /encourages collaboration between birth-foster parents, and is respectful of family's traditions and culture. Visit Coaching can be provided by a non-clinical person with adequate training and supervision. The intervention will focus on helping parents stay connected to their children, learn about their child's needs, respond appropriately to those needs, recognize the impact of their behavior / emotional availability, make better decisions to have healthier lives for themselves and their children. An essential element in our initiative is to redesign visitations to teach, educate, assess, intervene, support and rebuild corrective attachments, and engage in therapeutic relationship building. The outcomes will show the decrease in time to permanency, increase the child's well-being, increase the parent's capacity to care (parental well-being) and prevent future involvement in the system. Parent-Child Relationship Assessment: The ITC also recognizes parent-child relationship assessments and interventions as effective means of informing family-centered services and improving parent-child bonding. These family-centered services directly impact permanency outcomes. The ITC would like to implement parent-child relationship assessments in every case in order to inform the service plan and intervene accordingly. Similarly, parent-child relationship assessments can form a reliable and researched-based means of observing visitation in order to maintain a lack of bias during visitation observations. These will be done by the ITC project staff, under the supervision of Dr. Almeida. BHS provides space for these services. Trust Based Relationship Intervention (TBRI): TBRI is an attachment-based, trauma informed intervention for children for children who have experienced trauma. TBRI, developed by the Karyn Purvis Institute at TCU is an emerging intervention model for a wide range of childhood behavioral problems. It is a caregiver-based intervention for children who have experienced relationship-based trauma. TBRI has shown very positive results and is considered a "highly" relevant model for children in CPS. The FB ITC will continue to expand the knowledge and use of TBRI. Staff will be trained to deliver the intervention. Social Determinants of Health/Wraparound Supports: Wraparound is a planning process that values the engagement of the child and his/her family in a manner that shifts from a problem focused view of issues to building on individual strengths to improve family and child wellbeing. The process has been extensively used in various settings is used to engage the family as they identify their own needs and create methods and a plan to meet those needs. The goal is to provide intensive, individualized services and supports to families that allow children to live and grow up in a safe, stable, permanent family environment. Wraparound supports are often used to reduce barriers to care and build on child and family strengths. In this project, wraparound supports will be used to build on child and family strengths, connections and reduce barriers to safe permanent homes.

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Agency Name: Fort Bend County
Grant/App: 3334303 **Start Date:** 10/1/2020 **End Date:** 9/30/2021

Project Title: Infant Toddler Court: Healing the Youngest Victims
Status: Application Pending Submission

Project Activities Information

Introduction

This section contains questions about your project. It is very important for applicants to review their funding announcement for guidance on how to fill out this section. Unless otherwise specified, answers should be about 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 the Detailed Project Activity Section whether the proposed evaluation is a **Tier-One** or **Tier-Two** evaluation. For 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 changes in present program models. The goal of tier-two evaluations is both to measure the program's effectiveness and to produce data and evidence necessary for others to replicate the program model and to develop best practices that can be use in supporting similar efforts.

Selected Project Activities:

ACTIVITY	PERCENTAGE:	DESCRIPTION
Multi-Disciplinary Teams and Case Coordination	50.00	Case management to facilitate access to specialty services will be provided through this project as well as case coordination and access to basic needs. Provides caregivers with resources for food, shelter, transportation through non-profit organizations. Catholic Charities, Helping Hands, Second Mile Mission, etc.) or through other county departments such as Social Services, Public Transportation or Veterans Services.
Professional Therapy and Counseling	45.00	Parent child relationship assessments, TRBI and visit coaching. Direct services that are trauma-informed and help children and their parents find healing. These are age appropriate; facilitate repair of familial bond; and restore attachment development in young children. TBRI will allow the clients being seen to develop appropriate parenting skills and increase their parent child interaction.
Program Evaluation and Assessment	5.00	ITC will continue to meet weekly to review treatment needs and treatment progress for clients. ITC team will also be key stakeholders to the continuation of the program evaluation. This will help the team identify key processes, streamline data collection and analyze results that will be conducted throughout the grant period.

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 cases reviewed by the multi-disciplinary team.	25
Number of counseling hours provided to survivors.	375
Number of meetings held by multi-disciplinary teams.	144
Number of programs assessed.	01
Number of survivors receiving counseling / therapy.	25
Number of victims / survivors seeking services who were served.	25

Objective Outcome Measures

OUTCOME MEASURE	TARGET LEVEL
Number of cases resulting in charges filed.	
Number of convictions.	

Custom Output Measures

CUSTOM OUTPUT MEASURE	

	TARGET LEVEL
Number of training hours provided by professional.	50
Number of training hours received by professional.	40

Custom Outcome Measures

CUSTOM OUTCOME MEASURE	TARGET LEVEL

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Budget Details Information

Budget Information by Budget Line Item:

CATEGORY	SUB CATEGORY	DESCRIPTION	OOG	CASH MATCH	IN-KIND MATCH	GPI	TOTAL	UNIT/%
Personnel	Counselor and/or Therapist (non-licensed)	Susan M. Profilet, Ph.D. who will provide parent/child relationship assessment, trust based relationship interventions and coaching, family case planning Part-time 21 per week X\$35 per hr X 48 wks=\$35,280 per year +fringe(Payroll Taxes @7.65%:\$2698.92, etirement@12.49%:\$4406.47, WC/Unemployment@1%:\$352.80, Property Casualty/Liability @2.8%:\$987.84) Dr. Almeida will continue to sign off on Dr. Profilet's work for duration of the grant funding total =\$43,726.	\$43,726.00	\$0.00	\$0.00	\$0.00	\$43,726.00	100
Personnel	Intern, Mentor, Service Provider, Student Worker, and/or Support Staff	Intern that will be a Master Level Psychology or child development graduate student that will be supervised by Dr. Almeida. Duties that will be assigned to intern include assist with case management, assessments, court reports and advocacy 8hrs per week X 30 wks X \$25.43=\$6,103.20. Multiple interns over the year and time sheets for work performed will be submitted as documentation.(Hourly rate determined for volunteer hours for the state of Texas found on the independent sector website for volunteer hours for 2016).	\$0.00	\$0.00	\$6,103.20	\$0.00	\$6,103.20	100
Contractual and Professional Services	Attorney	Non-County court appointed attorneys. Various Attorneys Ad Litem can be appointed by the court to represent the child and the parent.(Often different attorney for child and parent), 15 meetings per year @ 1.50 hr per meeting X\$150 per hrX 2 atty ad litem = \$6750. Represents the legal interests of the child and parent. Participates in team meetings for service planning, review of services and recommendations to court. These attorneys are in private practice and are appointed by the court and play a critical role in the process	\$0.00	\$6,750.00	\$0.00	\$0.00	\$6,750.00	0

		by advocating the needs of the child and parent separately. Fees are based on number of hours provided per case and approved by the court. Both attorneys are non-employees.							
Contractual and Professional Services	Program Evaluations	A continuation of the program evaluation and outcome management will performed each by Dr. Elina Saeki: she will evaluate program outcome and implement process improvements to be used within the created data system to be shared among court members. The hourly rate for her services are \$100 per hrX20 hrs= \$2000.	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	0	
Travel and Training	In-State Registration Fees, Training, and/or Travel	Dr. Sue Profflet will be traveling in to location TBD which will include hotel, registration and meal per diems determined by our procurement policy.	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	0	
Travel and Training	In-State Incidentals and/or Mileage	Mileage reimbursement for Dr. Profflet at the current county rate of .575 per mile X 1810 miles =\$1040.75. This will include any in state conference traveling to and from the location.	\$1,040.75	\$0.00	\$0.00	\$0.00	\$1,040.75	0	
Supplies and Direct Operating Expenses	Project Supplies (e.g., binocular, battery, flexicuff, drug testing kit)	Fort Bend County Public Transportation provides bus trips for clients: Voucher at a cost of \$1 per trip or On-Demand Response where our department schedules the ride for the client at a rate determined by Public Transportation to our low income clients from their home to our department for therapy sessions or to other locations such as Social Services, Catholic Charities(food pantry), Helping Hands(food pantry), Second Mile Mission Center(food pantry, emergency stays at hotels near and around the area are often needed in order to ensure the safety and well being. The voucher tickets as well as the demand response trips are tracked by Public Transportation. Fort Bend County Public Transportation sends an excel spreadsheet indicating the client's name and locations of transit.(Due to HIPPA we are only allowed to provide initials). Funding may also be used for short term housing (motel stays for 1 or 2 nights depending on the situations) which are limited in FB County. We do not want these families with children to spend a night on the streets.	\$2,400.00	\$0.00	\$0.00	\$0.00	\$2,400.00	0	

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General Information and Instructions

Agency Type

Implementing Agency Type - Government

Which designation best describes your agency (select only one):

- Corrections
 Courts
 Juvenile justice
 Law enforcement
 Prosecutor
 Other – describe below

If Other is selected describe below:

Fort Bend County Behavioral Health Services

Purpose of Award

Check all that apply:

- Continue an OOG-funded victim project funded in a previous year
 Expand or enhance an existing project not funded by OOG in the previous year
 Start up a new victim services project
 Start up a new Native American victim services project
 Expand or enhance an existing Native American project

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 <i>Enter whole percentages only</i>	Funds Dedicated to Crime <i>Current Award x Percent Entered</i>
Child Physical Abuse	100	\$50,166.75
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
Assault	0	\$0.00
Adults Molested As Children	0	\$0.00
Elder Abuse	0	\$0.00
Robbery	0	\$0.00

Survivors of Homicide	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
Adult Human Trafficking	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
Child Human Trafficking	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
Other Violent Crimes	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
Description:	<input type="text"/>	
Other Non-Violent Crimes	<input type="text" value="0"/>	<input type="text" value="\$0.00"/>
Description:	<input type="text"/>	
SUM of %'s <i>Sum of % MUST = 100%</i>	<input type="text" value="100"/>	SUM of Funds <i>Sum of Funds MUST = OOG Current Budget</i>
		<input type="text" value="\$50,166.75"/>

Use of Funds

Does this project provide **DIRECT SERVICES** to victims:

- Yes
 No

Information and Referral

- Information about the criminal justice process
 Information about victim rights, how to obtain notifications, etc.
 Referral to other victim service programs
 Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address-confidentiality programs, etc.)

Personal Advocacy/Accompaniment

- Victim advocacy/accompaniment to emergency medical care
 Victim advocacy/accompaniment to medical forensic exam
 Law enforcement interview advocacy/accompaniment
 Individual advocacy (e.g., assistance in applying for public benefits, return of personal property or effects)
 Performance of medical or nonmedical forensic exam or interview, or medical evidence collection
 Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)
 Intervention with employer, creditor, landlord, or academic institution
 Child and/or dependent care assistance (includes coordination of services)
 Transportation assistance (includes coordination of services)
 Interpreter services

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.)
 Emergency financial assistance (includes emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks, taxis, prophylactic and nonprophylactic meds, durable medical equipment, etc.)

Shelter/Housing Services

- Emergency shelter or safe house
- Transitional housing
- Relocation assistance (includes assistance with obtaining housing)

Criminal/Civil Justice System Assistance

- Notification of criminal justice events (case status, arrest, court proceedings, case disposition, release, etc.)
- Victim impact statement assistance
- Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)
- Civil legal assistance in obtaining protection or restraining order
- Civil legal assistance with family law issues (e.g. , custody, visitation, or support)
- Other emergency justice-related assistance
- Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)
- Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and victim/witness)
- Law enforcement interview advocacy/accompaniment
- Criminal advocacy/accompaniment
- Other legal advice and/or counsel

Assistance in Filing Compensation Claims

- Assists potential recipients in seeking crime victim compensation benefits

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:

Because the victims we provide services to are children involved in Children's Protective Services (CPS) or their siblings.

Types of Victimization

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:

Type of Victimization

- Adult physical assault (includes aggravated and simple assault)
- Adult sexual assault
- Adults sexually abused/assaulted as children
- Arson
- Bullying (verbal, cyber, or physical)
- Burglary
- Child physical abuse or neglect
- Child pornography
- Child sexual abuse/assault
- Domestic and/or family violence
- DUI/DWI incidents

Elder abuse or neglect Hate crime: racial/religious/gender/sexual orientation/other

If Hate Crime is TRUE provide explanation:

 Human trafficking: labor Human trafficking: sex Identity theft/fraud/financial crime Kidnapping (noncustodial) Kidnapping (custodial) Mass violence (domestic/international) Other vehicular victimization (e.g., hit and run) Robbery Stalking/harassment Survivors of homicide victims Teen dating victimization Terrorism (domestic/international) Other

If Other is TRUE provide explanation:

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:**\$50,166.75**

Other State Funds:

Other Local Funds:

Other Federal Funds:

Other Non-Federal Funds:

Total Victimization Program Budget: \$50,166.75

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:

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:

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:

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:

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.

Interns are assigned to assist with the case management, assessments, court reports and advocacy. Our department may have 2 interns per year depending on the

