



# Texas Change in Mind Learning Collaborative Site Application

Cohort Dates: April 1, 2021 - March 31, 2023

1. Organization name. Single line text.

Fort Bend County Behavioral Health Services (BHS)

2. Organization address. Single line text.

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3. Point of Contact - name. Single line text.

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Susan Proffitt, PhD

8. Application submission date. Single line text.

January 27, 2021

9. CEO name (serves as signature). Single line text.

K.P. George, Fort Bend County Judge

10. Please provide a brief overview and history of your organization. What services does it provide, serving what geographic area? What is the size and sustainability of the agency, its staff, its programs, and its annual budget? (500 word limit). Multi Line Text.

Fort Bend County Behavioral Health Services (BHS) department was established in October 2010. The Director, Dr Almeida, reports to Commissioners Court. The department was created to address the needs of those with mental illness that come into contact with our justice system. Over the years, BHS has expanded to address the needs of those in the community at risk of involvement in the justice system, as well as the high risk population. The department also works with the youngest victims of abuse and neglect to heal trauma and support family reunification when possible.

Working collaboratively with the justice system, health and human services, behavioral health providers, county offices, schools, and the community, BHS continues to increase the awareness of the needs of our most vulnerable populations and guide systems to work collaboratively to meet the needs of Fort Bend County.

BHS currently has 13 staff members, including 4 doctoral level psychologists and 1 public health doctorate. The programs include:

- 1) Forensic court-ordered Psychological Services
- 2) SOURCE (Successful Outcomes Utilizing Resiliency for Child Empowerment) is the juvenile diversion program that provides intensive case management, wraparound supports, crisis management, psychoeducation, skills training and works closely with the truancy courts and juvenile justice system.
- 3) Recovery & Reintegration (R&R) serves adults with chronic mental illness at risk of being involved in or are currently involved in the criminal justice system. The goal is to reduce recidivism.
- 4) BHS works closely with the Crisis Intervention Team (CIT), a specialized unit formed within the Fort Bend County Sheriff's Office. CIT assists consumers in crisis, ensures safety, and connects individuals with needed mental health services, thereby diverting them away from incarceration or emergency rooms, when possible.
- 5) The Infant Toddler Court Program: Healing the Youngest Victims, is a service enhancement to the existing Infant Toddler Court and to the Cluster Court. It focuses 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.

- 6) The ESG program provides services necessary to help homeless persons quickly regain stability and permanent housing.

Fort Bend County BHS staff and operations are funded by Fort Bend County budget as well as various grants/ special projects, including Texas 1115 WAIVER, Victims of Crime Act (VOCA), Bureau of Justice Assistance (BJA) and most recently award by Office of Juvenile Justice Delinquency Prevention (OJJDP).

Total BHS budget for FY 21 = \$1,500,000 (approximate and includes \$756,941 county funded staff and activities plus BJA and 1115 Waiver funded positions). This does not include new grant activities and staff funded by OJJDP.

It is projected that BHS will continue to expand services and responsibilities as we respond to the emerging mental health needs in our community. BHS has a history of developing and sustaining programs beyond grant funding. We will continue to focus on developing high quality programs, collecting data and working with our partners and funders to demonstrate value and sustain as well as expand our services.

11. What are the demographic characteristics of the clients served by your organization? What are the population demographics of the geographic area served by your organization? (500 word limit). Multi Line Text.

Fort Bend County BHS serves a diverse clientele with a variety of needs; most of which are uninsured or receive Medicaid. All services are provided free of charge; the majority of our referrals come through the courts or one of our justice/law enforcement partners. Recently we are receiving more referrals from community organizations as well as our social services department. The demographics of the clients differs given the program/ service area. BHS has provided services to children as young as 3 months of age through the ITC program. Adult services range from 18 to 99 (average age 32) and youth services range from 11-17 (average age 15); exceptions can be made if youth is still in school. For the children served through our ITC program, which are all involved with CPS, the majority are Hispanic (32%) followed by bi-racial (24%); African-American (22%) and Caucasian (17%). The population served by BHS appears to be reflective of the systems referring the client for services (criminal justice, juvenile justice, child welfare). In summary, approximately 90% of our clients are uninsured or have Medicaid with multiple social determinants of health that are not addressed. We work with other agencies, programs (within and outside the county) as well as access flexible funds to address those critical needs. All clients are Fort Bend County residents and/or have an open case in Fort Bend County.

Fort Bend County is one of the most ethnically diverse counties in America, and it has a quickly growing population that currently exceeds 811,000 residents. According to the US Census

Bureau, Fort Bend racial origin includes 54.7% White, 21.3% Black or African American, 0.6% American Indian and Alaska Native, 20.9% Asian (with 24.9% of those reporting Hispanic or Latino). The median household income between 2015 -2019 was \$97,743, in the Fort Bend area while 6.6% of the population identified as persons in poverty.

12. What are the mission, vision, strategic goals, and primary outcomes of your organization, and how do they relate to addressing brain development, adverse childhood experiences (ACEs), mitigating trauma, increasing resiliency, and/or reducing racial and ethnic disparities? (500 word limit). Multi Line Text.

The mission of Fort Bend County Behavioral Health Services is to increase awareness, services and supports to address the complex needs of persons with behavioral health disorders involved in the legal system or at risk of involvement. The vision of Behavioral Health Services is to collaboratively work with the courts, criminal justice, other county departments, behavioral health providers and community organizations to develop needed services to support at risk individuals with behavioral health disorders. The goals of our organization are to foster resiliency, reduce recidivism, support reintegration, recovery and family reunification in the clients we serve.

By understanding brain development in the prenatal, early childhood, and adolescent periods, we can better comprehend the complex interaction of nature and nurture on the individual. This will help us to promote mental health and better prevent and treat mental illnesses in order to improve outcomes for our clients and our community. It is necessary that staff have a developmental understanding of mental illness and grasp the importance of early parent-child relationships on the developing brain. This knowledge will foster a culture which not only prevents mental illness, but also provides the best treatments. Training on brain development is important for all staff at BHS due to the work being done with clients, the community, and the justice system.

The early childhood years are especially important for brain development. Positive experiences, or protective factors, such as a healthy attachment relationship and a supportive family and community provide a strong foundation for well-being in adolescence and adulthood. Adverse childhood experiences (ACEs), such as abuse or neglect, poverty, and conflicted relationships are associated with a risk of outcomes such as physical and mental health issues in the future. Building resilience will help clients when faced with trauma or adversity. The ITC Program teaches parents to build resilience in themselves and their children. The clients whom our organization serve have encountered a range of experiences which may include everything from daily challenges to traumatic events. By understanding trauma and brain development, the BHS staff strives to best serve their clients and guide them to become more successful. We are increasingly aware that many of the individuals involved in the legal system have been exposed to many traumatic events and that we need to have a “trauma-informed” approach. We also know that early intervention works. We can make a difference by what we do and don’t do early on. Increased attention to brain development and early interventions can reduce the toxic effects

of trauma, improve healthy development and, in the long run, reduce the number of individuals in our justice system.

13. What experience and capacity does your organization have to design, test, and adopt new, innovative programs or practices? What methods or techniques have you used to innovate? (500 word limit). Multi Line Text.

BHS has the knowledge internally and access to consultants to assist with data collection, data analyses, and continuous quality improvement. We are currently working with researchers from the UH Social Work department on our BJA and OJJDP funded projects. We have completed several activities including meeting all of our 1115 WAIVER metrics, data tracking of mental health information from our jail, CIT contact and outcome data, pre and post training assessments, cost benefit analyses, and continuous quality improvement. We are challenged by having multiple programs and multiple systems which often hinder use of information/data for program management. In order to address some of these challenges, we are implementing a department wide case management/service tracking system (Caseworthy) and purchasing SPSS. The latter will allow to more efficiently analyze our data, including trends and comparisons. Fort Bend County BHS is supported by the county IT department in our efforts to improve data management and analyses.

BHS conducted a gaps and needs analyses in 2013 which become the basis of our Crisis and Intervention Response and Intervention systems, funded by the 1115 Waiver. We also developed and implemented the Recovery & Reintegration Program and SOURCE program, also funded by the 1115 Waiver. Even prior to the establishment of the department, Dr Almeida worked with the 328<sup>th</sup> District Court, and with ZERO TO THREE to implement the first specialty court in Texas for infants and toddlers (ages zero to three). This work was expanded to Harris County and Bexar County. We have been a leader in the Infant Toddler Court Initiative which coordinated the Keeping Infants and Toddler (KITs) conference for 10 year, providing free or low cost training to CPS staff, attorneys, judges, and serve providers. The 10<sup>th</sup> conference was held in 2019. Our work with ITC has increased: awareness to the needs of young children, trauma, parent-child relationships, visitation parties and family focused services.

14. What experience and capacity does your organization have evaluating its services? How are these findings being used in your organization? What is your organization's experience in working with external evaluators? (500 word limit). Multi Line Text.

BHS has the knowledge internally and access to consultants to assist with data collection, data analyses, and continuous quality improvement. We are currently working with researchers from the UH Social Work department on our BJA and OJJDP funded projects. On staff, we have 3 PhD with research experience who can provide assistance. We also have an additional doctoral level school psychologist (Dr. Elina Saeki) on contract who has provided assistance with needs assessments and program evaluation since 2013.

15. What has been your organization's experience engaging and collaborating with others, including clients and community members, to facilitate or advocate for changes in your own or other local, regional, or statewide organizations, institutions and service systems? (500 word limit). Multi Line Text.

The programs at BHS have strong relationships with local justice system, health and human services, CASA, Child Protective Services (CPS), and the community. For example, the Recovery & Reintegration program works closely with adult probation, courts, providers, defense attorneys to empower and provide positive alternatives to adults with behavioral health disorders. Similarly, the goal of the SOURCE program is to assist, empower and provide positive alternatives to adolescents and families with behavioral health disorders. Most recently, BHS received a grant from the Bureau of Justice Assistance (BJA) to be part of the *Stepping Up Initiative*. As part of this initiative, BHS works to develop and implement a collaborative county approach to reduce the prevalence of individuals with serious mental illnesses in Fort Bend County Jail.

As an essential part of the Infant Toddler Court Program (ITC), "Healing the Youngest Victims," BHS serves families of children from birth to age five and fosters healthy environments for children's development. Fort Bend County provides two collaborative "specialty courts," for families with children in the child welfare system. The 328<sup>th</sup> District (Infant Toddler) Court in Fort Bend County was one of five courts nationwide that began the initiatives for infants and toddlers over 15 years ago. This work is based on the premise that early interventions can heal the trauma experienced by young children. Collaboration with these courts is based on the following principles: (1) early assessment and interventions matter, (2) families experience multiple and complex needs that require integrated and specialized services, and (3) appropriate caregiving relationships are critical to a child's well-being. BHS works closely with many partners to help parents and children build resilience and stronger relationships. BHS partners with: Child Advocates of Fort Bend County, CPS, County Attorneys, substance abuse treatment providers, Early Childhood Intervention, mental health providers, Fort Bend County Women's Center, Social Services, Fort Bend Transit, and the Houston Furniture Bank. These partners work together to keep infants and toddlers safe, heal trauma, preserve and support families where possible, and divert children from further involvement in the child welfare or criminal justice system.

BHS works with a variety of community partners, leading the process of supporting families and healing their trauma. While building rapport and relationships with families, our organization keeps these partners abreast of changes and developments in the families we serve. By informing partners of the work with families, service delivery is further improved. BHS is also part of the Fort Bend County Collaborative Information System (FBCCIS), a collaborative of participating non-profit organizations and county agencies partnering to deepen their impact, reduce

duplication of services and better serve the community. This collaboration allows Fort Bend County organizations to share information in a database to help improve efficiency among service providers and reduce duplication of services. The objective of this collaborative is to improve the efficiency and effectiveness of service delivery to county residents. This collaborative currently includes, but is not limited to, non-profit organizations that provide basic human needs services throughout the county.

16. What has been your organization's experience engaging and collaborating with others, including clients and community members, to make decisions, facilitate, or advocate for changes in your own or other local, regional, or statewide programs, policies, protocols, rules, regulations, funding, or other resources? (500 word limit). Multi Line Text.

BHS has had experience collaborating with families and the community to make decisions and advocate for change in local programs, policies, rules, and regulations. BHS works collaboratively with Child Protective Services, Child Advocates of Fort Bend County (CASA), and attorneys on the ITC Court Team Program. The child welfare system alone cannot provide all of the services needed by the families and children whom they assist. Poverty and other social problems make it difficult to provide services to this population. Many factors contribute to the crisis of a system with decreasing resources and increasing responsibilities. Substance abuse, mental illness, inadequate housing, transportation, and health needs are just some of the issues that challenge the capacity of the child welfare system and its staff to provide adequate services to the families and children it assists. BHS is a leader in developing and providing services to these families as well as advocating at regional and state level for increased attention/resources to address social determinants of health (SDOH). BHS has been leading this discussion for several years including setting up a flexible funds accounts for "wraparound supports" including emergency short term housing. The attention to SDOH as been core to what we do. As an example, CIT started collecting information on housing, medical, social supports etc since its inception in 2014. This was not only before attention to SDOH but also unique to a law enforcement team.

CPS, CASA, and judges refer cases involving children under age five with the goal of family reunification to BHS for services. The combination of services provided to the families are unique to Fort Bend County, establishing a new standard for trauma-based parenting services. For example, Parent-child assessments are conducted and weekly Visit Coaching is provided to the families. Trust-Based Relational Intervention is taught, in addition to assessing trauma with measures such as the ACEs and Devereux Early Childhood Assessment. Social Determinants of Health are assessed and families may be provided with wraparounds such as housing, food, transportation, and furniture when needed. Additionally, weekly parent meetings are held for parents to understand trauma, child development, self-regulation, and "felt safety." Parents who need a psychological evaluation or counseling may also receive these services at BHS. A well-trained and educated staff is provided to testify weekly in court and work with the Court Team and families on issues of child development and mental health. BHS plans to accelerate

advocacy for children and families, using an unprecedented combination of new services to help our clientele be more resilient and lead successful lives.

BHS was created to work alongside courts and other departments to respond to needs. In addition, to developing strong partnerships at local, regional and state level, we also have representation on several advisory groups such as the local CASA, the advisory council for DFPS and most recently Dr Almeida's appointment to the Texas Judicial Commission on Mental Health.

17. The Change in Mind Learning Collaborative Model is designed help transform participating agencies' work to integrate brain science-, ACEs-, trauma-, and resiliency-related concepts and program services, organizational cultures, and leadership in changing community knowledge, norms, systems and policies. What are your proposed transformation plans at each of these levels (organizational culture, programs, policies, and systems)? (1,000 word limit). Multi Line Text.

At BHS, we are dedicated to enhancing our capability to integrate and apply brain science throughout our work. By improving programs and practices, building organizational capacity, and advocating for systems and policy change, BHS can facilitate positive changes at multiple levels.

At the level of organizational culture, Behavioral Health Services, has begun to assess clients' SDOH and focus on the importance of resilience, brain science, and trauma. In addition, BHS has become aware of the impact of ACEs and trauma on our clients' lives. We realize the value of trauma-informed approaches to care. Our director and a staff member who work with families and young children are Trust Based Relational Intervention (TBRI) Practitioners. TBRI is an attachment-based, trauma informed intervention to meet the complex needs of vulnerable children. The intervention is based on research on attachment, sensory processing, and neuroscience.

With the Texas Change in Mind Collaborative, BHS plans to improve our organization's capacity to translate brain science concepts into practice and policy. We propose that our staff at BHS will become more trauma informed, incorporate ACEs into all of our work, and increase our focus on resiliency.

The Texas Change in Mind Initiative will improve the way programming is done at BHS. Currently, the Infant Toddler Court Program at BHS meets with parents and young children who are in the child welfare system. Visit Coaching is conducted, which differs from supervised parent-child visitation. Instead of merely watching the family, the coach is actively involved in supporting parents to demonstrate their best parenting skills and focus on each child's unique needs. During visits and parent meetings, parents are taught TBRI which helps them to understand the possibility of intergenerational trauma in their families. Parents learn about brain development, self-regulation, and responses to fear. To help parents understand the outcomes of



adversity, this program also assesses ACEs. Parents are taught the impact of ACEs on themselves and their children. Families also learn that they can make positive changes in their lives. The Texas Change in Mind Initiative will help BHS better understand how ACEs and trauma affect the brain and behavior. In addition, the ITC program has recently begun to focus on resiliency in parents and children, with the help of the Devereux Center for Resilient Children. The mission of the Devereux Center is “to promote social and emotional development, foster resilience, and build skills for school and life success in children birth through preschool, as well as to promote the resilience of the adults who care for them.” In the future, BHS will create additional opportunities for evidence-based interventions for the population we serve.

BHS has become a leader in Fort Bend County by giving presentations to the community on topics such as resilience, trauma informed care, and infant mental health. At the policy and system levels, BHS plans to create more trauma informed policies and expand them throughout the justice system and county. BHS director, CIT sergeant and Captain from the Sheriff's office are “Trainers” for Trauma-Informed Criminal Justice systems. BHS staff have met with State Representatives about trauma informed care to make changes at the state level. BHS will improve its leadership by working more collaboratively with other organizations in increasing knowledge of brain science and advocating for brain science policies. BHS plans to use data to inform policy at the local, state, and federal levels and to move toward system change with a deeper understanding of brain science.

Our strengths include our integration into the justice system, county government and partnerships throughout the community as well as our clinical, program development and evaluation expertise. In addition, BHS has representation on several local and state wide advisory groups that allow us to be better informed and hopefully inform others.