

[Print This Page](#)**Agency Name:** Fort Bend County**Grant/App:** 3334306 **Start Date:** 10/1/2023 **End Date:** 9/30/2024**Project Title:** Infant Toddler Court: Healing the Youngest Victims**Status:** Application Pending Submission**Eligibility Information****Your organization's Texas Payee/Taxpayer ID Number:**

17460019692080

**Application Eligibility Certify:**

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**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**Address Line 1:** 301 Jackson Street**Address Line 2:****City/State/Zip:** Richmond Texas 77469-3108**Start Date:** 10/1/2023**End Date:** 9/30/2024**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**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:** elva.lopez@fortbendcountytexas.gov**Address 1:** 301 Jackson, Suite 533**Address 1:****City:** Richmond, Texas 77469**Phone:** 281-341-3769 Other Phone:**Fax:****Title:** Mr.**Salutation:** Mr.**Position:** County Auditor**Project Director****Name:** M Connie Almeida**Email:** connie.almeida@fortbendcountytexas.gov**Address 1:** Fort Bend County, Behavioral Health Services**Address 1:** 301 Jackson St., Suite 520**City:** Richmond , Texas 77469**Phone:** 281-238-3079 Other Phone: 281-238-3078**Fax:** 281-238-0218**Title:** Ms.**Salutation:** Dr.**Position:** Director of Behavioral Health Services**Grant Writer****Name:** M Connie Almeida

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## Grant Vendor Information

**Organization Type:** County  
**Organization Option:** applying to provide direct services to victims only  
**Applicant Agency's State Payee Identification Number (e.g., Federal Employer's Identification (FEI) Number or Vendor ID):** 17460019692080  
**Unique Entity Identifier (UEI):** MJG8N8EPN2L3

## 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.

The funding announcement, located on the [eGrants Calendar](#) page, describes the organization types, activities, and costs that are eligible under the announcement. The PSO's [eGrants User Guide to Creating an Application](#) guides applicants through the process of creating and submitting an application in eGrants. Information and guidance related to the management and use of grant funds can be found in the PSO's Guide to Grants, located on the [PSO Resource for Applicants and Grantees webpage](#).

### 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.

As a department, BHS is working on equity diversity and inclusion through funding provided by Social Current. Social Current has offered BHS a 15-month Equity Diversity Inclusion (EDI) learning collaborative through June 2023. This collaborative has assessed the organization's individual and organizational competency in EDI and BHS has developed plans for advancing equity in programs and policies. BHS has been building their organizational culture in a way that has EDI deeply embedded at multiple levels. In addition, BHS has begun an EDI Workgroup and is changing the culture of the organization and integrating more cultural knowledge and awareness into programs and policies. BHS has the ability to blend cultural knowledge and sensitivity with skills to aid victims with their healing. BHS provides services to underserved populations who face barriers in accessing and using services. Each client with a referral to the program will be provided with services that take into consideration their culture. BHS has an ongoing commitment to deliver culturally sensitive services to victims and recognizes that each client is different, with different needs, beliefs and experiences. Visit Coaching is designed specifically for each client and focuses on their unique needs and barriers. An intake assessment is completed at the beginning of the program for each client and the family is asked about their race and ethnicity. This assessment also inquires about client needs such as food, clothing, housing, and transportation. Wraparound support and resources for specific needs will be provided to clients. 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 beliefs 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, socioeconomic status and languages; yet, certain groups are disproportionately impacted by the systems and 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 awareness, participate in trainings and workshops through the year and many staff have completed an EDI assessment. This is an ongoing journey of learning and growth for all staff.

**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**'.

**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:

**Constitutional Compliance**

Applicant assures that it will not engage in any activity that violates Constitutional law including profiling based upon race.

**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 120 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. 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.

**Cybersecurity Training Requirement**

Local units of governments must comply with the Cybersecurity Training requirements described in Section 772.012 and Section 2054.5191 of the Texas Government Code. Local governments determined to not be in compliance with the cybersecurity requirements required by Section 2054.5191 of the Texas Government Code are ineligible for OOG grant funds until the second anniversary of the date the local government is determined ineligible. Government entities must annually certify their compliance with the training requirements using the [CCybersecurity Training Certification for State and Local Government](#). A copy of the Training Certification must be uploaded to your eGrants application. For more information or to access available training programs, visit the [Texas Department of Information Resources Statewide Cybersecurity Awareness Training](#) page.

**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.

Counties applying for grant awards from the Office of the Governor must commit that the county will report at least 90% of convictions within five business days to the Criminal Justice Information System at the Department of Public Safety.







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). The Fort Bend Infant Toddler Court (ITC) program 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. 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 program by addressing these gaps and enhancing the delivery of trauma and relationship-focused services to the children and families. 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 program 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 program 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 :**

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. Family-centered services have become a cornerstone of ITC program. Recently, in the Bulletins for Professionals (July, 2021), Child Welfare Information Gateway has stated that engaging families in the casework process promotes the safety, permanency, and well-being of children and parents in the child welfare system and is central to successful practice ([www.childwelfare.gov/pubs/f-fam-engagement/](http://www.childwelfare.gov/pubs/f-fam-engagement/)). By using a family-centered, strength-based approach, desired outcomes can be achieved for children and families. Therefore, it's critical that the ITC make family-centered services a focal point of its approach to family reunification. The Fort Bend ITC program is in a unique and advantageous position to implement these family centered services. The ITC has already recognized the importance of the parent-child relationship and fostering that connection through enhanced visitation practice and increased interactions between children and parents in a therapeutic setting. Consequently, the ITC program has partnered with cross-systems service providers to deliver targeted and integrated services for each family's needs. 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 2017, parental Alcohol and other Drug abuse (AOD) was cited as a reason for removal in 36% of the cases (data from Child Trends; presented by the Adoption and Foster Care Reporting System, February 2019). In Texas, however, parental AOD was cited as reason for removal was 68%, almost twice the national rate (data from Texans Care for Children, April 2019). In Fort Bend County, the situation is the same. Between 2015 and 2022, in Fort Bend County, mothers with a history of substance abuse has ranged from 40% to 100% of cases (with 100% of the cases in the 2021 data collection). 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. A parent's mental illness can pose biological, psychosocial, and environmental risks for children. According to the National Alliance on Mental Illness (NAMI), one in four adults experience mental illness each year. Mental health issues often exist in child protection cases, impacting parents' ability to provide for their children's needs. The Adverse Childhood Experiences study by the CDC has found that having a parent with a mental illness adds a risk factor to a child's life that, combined with other risk factors may increase the child's likelihood of having physical illnesses later in life. In



VOCA data collected from the years of 2017-2022, the range of mothers having a history of mental illness has ranged from 29% to 70%. Other risk factors that have been found to be important in these cases include parental incarceration and history of domestic violence. Both of these factors have been included in the ACEs study by the CDC as important adverse childhood experiences that may result in various adult mental and physical health concerns. In the 2017-2022 VOCA data, it was found that 22% to 50% of the cases included a mother with previous incarcerations. A higher rate of history of domestic violence was found between 2017 and 2022, with a range from 72% to 86%. These data support the increased complexity of cases, increased risk factors and co-occurring substance abuse and mental health disorders. This in turn requires additional attention and services to social determinants of health, trauma, mental illness and substance abuse treatment as part of the plan to healing of trauma in children, building resiliency and supporting positive / permanent relationships with caregivers. The impact of COVID related trauma on children is emerging as major concern for our society; children who are already victims of abuse and at risk are likely to be disproportionately impacted by COVID related trauma. Providing interventions that encourage and build a sense of safety, empowerment, connections and regulation are increasingly needed and important for the healing of victims of abuse.

### **Project Approach & Activities:**

**Project Approach & Activities:** The proposed project is a "service enhancement" to the existing ITC program, 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 program 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. 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. A public health crisis, such as a pandemic, can have major effects on the ways in which Behavioral Health Services works with families. Due to COVID-19, the services offered by the staff at BHS have had to be adapted, often shifting to virtual family visits. It has been necessary to support parents during these difficult times when they cannot be physically present with their children. Additionally, financial difficulties and other family stressors may be caused or made worse by the health crisis. Therefore, it is essential that every parent have a phone to log into the virtual visits. Many of the parents and all of the children who take part in these services have experienced complex trauma. 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 program 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 those in the 328th court will have a monthly court hearing. Cases that are heard in other courts, will have a hearing every three months. A Client Satisfaction Survey will be given to each parent after three months of services and upon completion of their services. This will be accomplished within 30 days of the final visit.

### **Capacity & Capabilities:**

**Capacity & Capabilities:** Fort Bend County Behavioral Health Services has been the lead entity in the ITC program activities, under the direction of Dr. Connie Almeida, a licensed psychologist. This department has both the infrastructure and the clinical capacity to continue to implement this enhancement project due to the addition of Amanda Anderson, a Social Worker that was added in April of 2021 and will work specifically on this project. Our department has two additional Doctoral licensed psychologists, one Child Development Specialist, and one Master's level psychological associate that can provide clinical support to the project. The Social Worker will assist in coordinating services and communication with courts and ITC program 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 program. All of the services currently provided to ITC program children are directly provided or under the supervision of Dr. Almeida. Dr. Almeida and the Child Development Specialist have completed the TBRI® Practitioner Training. Amanda Anderson and the entire BHS staff are currently completing the TBRI® Caregiver Training. BHS along with several other agencies, including Fort Bend CASA, have formed a TBRI® Collaborative to support the expansion of TBRI® training. Monthly trainings are scheduled. BHS is also part of a Texas Change in Minds Collaborative to expand brain and trauma science into our practices and policies. BHS continues to have strong county support for this work and 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 program 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; 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. The logic model will be revised to guide the 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. Data collection has been underway since the beginning of ITC in 2015. Initially, the ITC was known as the Zero to Three (ZTT) Court for Maltreated Infants and Toddlers, under the auspices of ZTT in Washington DC. Dr. Almeida, was hired as the first Community Coordinator and responsible for gathering and inputting data onto the ZTT secure web-based database. While this database was useful, it now contains more information than necessary and is underutilized. Behavioral Health Services now has an internal database to keep track of data important for measuring outcomes of ITC caseloads. This database is not web-based, and can only be seen by BHS employees with special access to the drive. This includes basic demographic data, risk factors, placement information and permanency goals and outcomes. Additionally the database monitors services referrals to BHS and the date of service delivery. With continued focus on project expansion, other data will continue to be collected to evaluate and measure outcomes for the project. This includes pre- and post-test parent child relationship assessments as well as detailed information about visit coaching sessions and other interventions. Data will be collected, managed and shared with key stakeholders (ITC program partners) to allow us to evaluate outcomes and improve processes. Dr Elina Saeki, will continue to assist with the program evaluation. This program evaluation will inform the current project and continue to identify areas of improvement as well as service 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 program 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 court 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 program 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 service.

### **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, and make better decisions to have healthier lives for themselves and their children. An essential element in our initiative continues to be 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 program 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 Texas Christian University 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. According to Purvis, children who have experienced foster care have often experienced complex developmental trauma and demonstrate a set of psychological and behavioral issues. Research conducted by Purvis and colleagues (2015) on the benefits of TBRI® parent training have found that children of parents in the TBRI® group demonstrated significant decreases in behavioral problems and significant decreases in trauma symptoms after intervention. Scores for children in a control group did not change. Therefore, 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®. In addition, BHS staff will train professionals in the field (e.g., CPS Caseworkers, CASA Volunteers, attorneys, and judges) as well as birth parents, foster parents, and adoptive parents on TBRI®. TBRI® Caregiver Training is a group in-person parent training program. Social Determinants of Health & Wraparound Supports: Social determinants of health (SDOH) are environmental conditions that affect a range of health, functioning, and quality-of-life



outcomes and risks. For example, we know that poverty limits access to healthy foods; that more education is a predictor of better health. We know that stable housing and safe neighborhoods are also related to better health. What we also know from the data collected through our work with the ITC for the past several years is that many of the families we work with do not have safe and stable housing, have limited access to food especially healthy food, live in poverty and have limited education. In the 2017-2018 VOCA data, 72% of mothers were currently living in unstable housing (e.g., with a family or friend, shelter, or homeless) and 65% of the children were living in poverty. In the 2018-2019 VOCA data, 67% of mothers were living in unstable housing and 52% of the children were reported to experience poverty. All of these SDOH contribute to the poor outcomes for parents as well as their children. Through our partnerships with other community organizations (e.g., Fort Bend Transit, Uber Health, Helping Hands, Santa Maria Hostel, and The Houston Furniture Bank) and the support of BHS, we have started to identify and track these needs and link children and families to needed resources. These wraparound supports 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 care and support safe, permanent hom

## 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.

### Selected Project Activities:

| ACTIVITY                                       | PERCENTAGE: | DESCRIPTION   |
|--|-------------|---|
| Multi-Disciplinary Teams and Case Coordination | 45.00       | 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 trauma-focused interventions that build emotional and behavioral regulation skills in children, sense of safety/ control/ empowerment, facilitate and repair of caregiver-child bond; and restore attachment development in young children. TBRI will allow the clients being seen to develop appropriate parenting skills and enhance their ability to respond to their child's emotional and behavioral needs. Most importantly, it provides children an opportunity to learn and experience safety, nurturance, regulation skills, and empowerment. |
| Program Evaluation and Assessment              | 10.00       | ITC program staff will continue to meet weekly to review treatment needs and treatment progress for clients. ITC team will include stakeholders in program reviews and 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 |
|-------------------|--------------|--------------------------|
|-------------------|--------------|--------------------------|

### 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.                             | 1            |

|   |    |
|---|----|
| 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. | 0            |
| Number of convictions.                      | 0            |

## Custom Output Measures

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

## Custom Outcome Measures

| CUSTOM OUTCOME MEASURE | TARGET LEVEL |
|------------------------|--------------|
|------------------------|--------------|

**Resolution from Governing Body**

Applications from nonprofit corporations, local units of governments, and other political subdivisions must include a [resolution](#) that contains the following:

1. Authorization by your governing body for the submission of the application to the Public Safety Office (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 apply for, accept, reject, alter, or terminate a grant (Note: If a name is provided, you must update the PSO should 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 return all funds to PSO.

Upon approval from your agency's governing body, upload the [approved](#) resolution to eGrants by clicking on 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 sub-contractor(s) for compliance with the contract provisions (including equipment purchases), deliverables, and all applicable statutes, rules, regulations, and guidelines governing this project.

Enter a description for monitoring contract compliance:

Contracts are entered into by the Fort Bend County Purchasing department and funds are monitored by the County Auditor's office, including grants and accounts payable. All contracts are written/ reviewed by the County Attorney's office. The department implementing the grant is responsible for monitoring the activities within the contract, which in this case is Fort Bend County Behavioral Health Services department. The department Director oversees all grant activities and programmatic reporting. The auditor's office submits all financial reports. The department oversees and approves all expenditures related to the grant. Monitoring of services is monthly through staff monthly reports which includes the number and type of services provided. Additional staff included in contract monitoring and compliance monitoring include Veronica Gaytan and Dr. Susan Profilet. Both of these staff are within BHS.

### Lobbying

For applicant agencies requesting grant funds in excess of \$100,000, have any federally appropriated funds been paid or will be 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, 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 or will be 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]:

10/1/2023

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

9/30/2024

### Sources of Financial Support

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

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

176221704

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

7567625

### 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, PSO 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 CFR Part 200, Subpart F - Audit Requirements.

Enter the date of your last annual single audit:

9/30/2021



## Equal Employment Opportunity Plan

### Compliance

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:

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

### Requirements

- The applicant agency is exempt from the requirement 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 submit EEOP Certification information the Office for Civil Rights (OCR) to claim the exemption from developing an EEOP.

### Type II Entity

Defined as an applicant that meets the following criteria:

- has 50 or more employees, and
- 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 proper authority;
  - the EEOP is available for review by the public and employees or for review or audit by officials of OOG, OOG's 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 submit EEOP information to the Office for Civil Rights (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 is filed:

### 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 proper 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 submit EEOP information 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 a denial 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; 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 report the names and total compensation of each of the five most highly compensated officers (a.k.a. positions) of 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 periodic reports filed under Section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) 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. positions) within 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 pay package of each of the sub recipient's compensated officers, including all forms of money, benefits, services, and in-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

### 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 for the organization (general 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 hourly 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 of accounts)?

Select the appropriate response:

☐ Yes

☐ No

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

Select the appropriate response:

☐ Yes

☐ No

Is there a timekeeping system that allows for grant personnel to identify activity and requires signatures by 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 below 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 summary 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 below 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 amounts. 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 below 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 exist. 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, 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 below 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       | UNIT/% |
|-----------|---|---|-------------|------------|---------------|--------|-------------|--------|
| Personnel | Counselor and/or Therapist (non-licensed) | Amanda Anderson, Masters Social Work, will provide parent/child relationship assessment, trust based relationship interventions and coaching, family case planning. Part-time 29 per week X \$30 per hr X 48 wks=\$41,760 per year +fringe (Payroll Taxes @7.65%:\$3,194.64; retirement@13.07%: 5,458.03, WC/Unemployment@1%:\$417.60, Property Casualty/Liability @2.8%:\$1,169.28) Dr. Almeida will continue to sign off on Amanda Anderson's work for duration of the grant funding total =\$51,999.55 | \$51,999.55 | \$0.00     | \$0.00        | \$0.00 | \$51,999.55 | 100    |



|  |   |  |            |        |        |        |            |   |
|--|---|--|------------|--------|--------|--------|------------|---|
| Contractual and Professional Services  | Program Evaluations                                 | A continuation and expansion of the program evaluation and outcome management will performed each by Dr. Elina Saeki: she 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 \$75 per hrX 40 hrs= 3,000 | \$3,000.00 | \$0.00 | \$0.00 | \$0.00 | \$3,000.00 | 0 |
| Travel and Training                    | In-State Registration Fees, Training, and/or Travel | Mileage reimbursement for Amanda Anderson at the current county rate of 65.5 per mile X 1200 miles =\$702.00. This will include home visits, travel between sites, local and state wide meetings.  | \$786.00   | \$0.00 | \$0.00 | \$0.00 | \$786.00   | 0 |
| Supplies and Direct Operating Expenses | Office Supplies (e.g., paper, postage, calculator)  | Office supplies for project including folders, printer ink, brochures to support trainings and sessions with children and families; estimated cost \$50 per month x 12 months for a total of \$600.00.   | \$600.00   | \$0.00 | \$0.00 | \$0.00 | \$600.00   | 0 |

**Source of Match Information****Detail Source of Match/GPI:**

| DESCRIPTION | MATCH TYPE | AMOUNT |
|-------------|------------|--------|
|-------------|------------|--------|

**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  | \$3,000.00  | \$0.00     | \$0.00        | \$0.00 | \$3,000.00  |
| Personnel                              | \$51,999.55 | \$0.00     | \$0.00        | \$0.00 | \$51,999.55 |
| Supplies and Direct Operating Expenses | \$600.00    | \$0.00     | \$0.00        | \$0.00 | \$600.00    |
| Travel and Training                    | \$786.00    | \$0.00     | \$0.00        | \$0.00 | \$786.00    |

**Budget Grand Total Information:**



| OOG         | CASH MATCH | IN-KIND MATCH | GPI    | TOTAL       |
|-------------|------------|---------------|--------|-------------|
| \$56,385.55 | \$0.00     | \$0.00        | \$0.00 | \$56,385.55 |

**Condition Of Fundings Information**

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

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