




The FUERTE Program

FAMILIES UNITED IN RESPECT, TRANQUILITY AND HOPE / FAMILIAS UNIDAS EN RESPETO, TRANQUILIDAD Y ESPERANZA

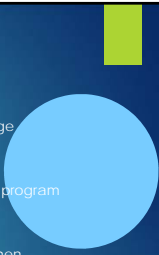
A COLLABORATIVE PARTNERSHIP BETWEEN ENCOMPASS COMMUNITY SERVICES AND THE SANTA CRUZ COUNTY PROBATION DEPARTMENT



FUERTE Treatment Team

- ▶ Bree Bode, LMFT—Encompass Program Manager for FUERTE
- ▶ Oscar Hernandez—FUERTE Mental Health Clinician
- ▶ Liliana Gonzalez-Rocha—FUERTE Transitional Specialist
- ▶ Cesar Estrada—FUERTE Deputy Probation Officer



Learning Objectives

- ▶ Describe the FUERTE program model in order to encourage community replication.
- ▶ Identify the Evidence Based Practices used in the FUERTE program model.
- ▶ Explain how strong partnerships and the ability to strengthen capacity and linkages between systems are essential factors in the success, sustainability, and community replication of the FUERTE program model.

The FUERTE Program

- ▶ FUERTE is funded through the Mentally Ill Offenders Crime Reduction Grant (MIOCR) awarded by the Board of State and Community Corrections (BSCC) to the Santa Cruz County Probation Department.

The FUERTE Program: The Need

- ▶ Research indicates what percentage of youth in the juvenile justice system have a diagnosable mental health or substance use disorder?(Desai, Goulet, Robbins, Chapman, Migdole, & Hoge, 2006).
- ▶ 65%
- ▶ Research indicates what estimated percentage of youth in the juvenile justice system have experienced at least one type of trauma? (Ford, Chapman, Conner, & Cruise, 2012).
- ▶ 90%

The FUERTE Program: The Need

- ▶ Reducing Racial and Ethnic Disparity (RED)
- ▶ High number of Latino youth cycling through probation
- ▶ Barriers to services for Latino families include language barriers and long working hours of farm working families
- ▶ Therefore, FUERTE addresses as a core function the need for specialized services and strategies for mentally ill offenders and their families, with a focus on Latino families

**The FUERTE Program:
Cultural Competency**

"The concept of cultural competency has a positive effect on [client] care delivery by enabling providers to deliver services that are respectful of and responsive to the [mental] health beliefs, practices and cultural and linguistic needs of diverse [clients]."



Source: National Institute of Health. Cultural Competency, September 2014

**The FUERTE Program:
Target Population**

- ❖ Juvenile Justice Involved Youth, Age 14-20
- ❖ High JAIS (Juvenile Assessment & Interventions System) scores in social emotional needs, family dysfunction, and/or struggling in at least 2 or more settings (i.e. home, school)
- ❖ Individuals with a mental health diagnosis, or displays emerging symptoms that through program assessment is confirmed with a mental health diagnosis.

**The FUERTE Program:
General Overview**

- ▶ Four to six month intensive program that aims to address the mental health needs of youth on probation (ages 14-20)
- ▶ Increase parental capacity and skills to care for and address the mental health needs of their children involved in the justice system
- ▶ Address the unmet needs of family members through linkages to community resources
- ▶ Individual and family therapy in the home
- ▶ Intensive case management in the home and community settings
- ▶ Linkages/referrals to mental health advocacy groups (NAMI: National Alliance on Mental Illness, MHCAN-Mental Health Client Action Network), medication management, therapeutic groups, parent education and support, peer support, pro-social connections and outpatient substance use treatment.

Goals and Outcome Objectives

Goals of FUERTE

- ▶ Increase public safety by reducing recidivism and criminal involvement amongst mentally ill juvenile offenders
- ▶ Increase parental capacity and skills to care for and address the mental health needs of their children involved in the justice system
- ▶ Strengthen capacity and linkages between systems to provide sustainable and enhanced services to mentally ill juvenile offenders

System-wide Outcome Objectives for FUERTE

- ▶ 20% fewer out-of-home placements
- ▶ 25% less recidivism (defined as charges for new offenses) and violation of probation charges
- ▶ 30% fewer days in detention and on probation
- ▶ 20% lower costs per case attributable to juvenile staff time
- ▶ 90% of families will report satisfaction with mental health services at case closure
- ▶ Improvements in functioning in least 3 life domain areas on the CANS

The FUERTE Program: EBP's and Assessment/Screening Tools

Evidence Based Practices

- ❖ Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- ❖ Motivational Interviewing (MI)
- ❖ Intensive Case Management
- ❖ Treatment Matching

Assessment and Screening Tools

- ❖ Massachusetts Youth Screening Instrument (MAYSI-2)—Validated Mental Health Screening Tool Used by Juvenile Probation
- ❖ Juvenile Assessment and Interventions System (JAIS)—Validated Risk and Needs Assessment Tool Used by Juvenile Probation
- ❖ Child/Adolescent Needs & Strengths Assessment (CANS) used by Encompass
- ❖ UCLA PISD Index—Used to screen for Post-Traumatic Stress Disorder

Who is FUERTE Serving?

***All data from July 1, 2015-December 31, 2016 for 26 youth served*

Ethnicity

Native American 4%
Caucasian 34%
African American 39%
Hispanic American 23%

Gender

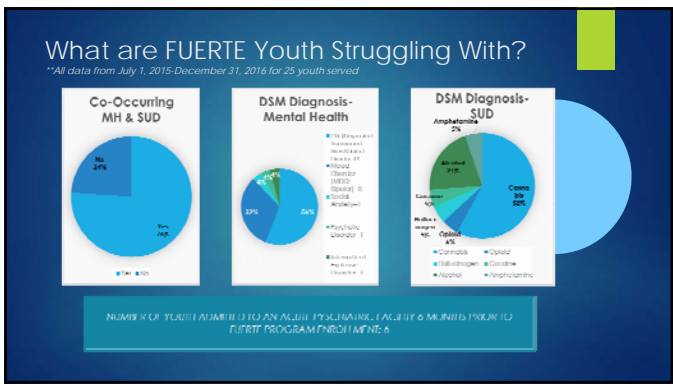
Female 87%
Male 13%

Age

13 11%
14 45%
15 24%
16 12%
17 7%

Geographics

Middlesex 41%
Suffolk 41%
Essex 15%
Worcester 1%
Franklin 2%



Cesar Estrada FUERTE Deputy Probation Officer

- ▶ Identifying Youth for FUERTE
- ▶ JAIS (Juvenile Assessment and Intervention Systems), Risks, Needs, and Case Plans
- ▶ Court ordered and PO contact
- ▶ Support Youth and Family Engagement—Strategies for Engagement
- ▶ Monitor terms of probation
- ▶ Skill Building-Effective Practices in Community Supervision (EPICS): Address Criminogenic Risk Factors
- ▶ Support: School, Counseling, Probation Terms, Termination, and Aftercare

Oscar Hernandez FUERTE Mental Health Clinician

- ▶ Screening, Assessment, and Treatment Planning
- ▶ Diagnosis Education for Youth and Family
- ▶ Evidence Based Treatment Models: Trauma Focused Cognitive Behavioral Therapy (TF-CBT) & Motivational Interviewing (MI)
- ▶ Engagement of Youth and Family: Therapy sessions 1-2x per week—both with youth and with parent/caregiver—focus on the components of TF-CBT
- ▶ Address Criminogenic Risk Factors
- ▶ 24 hour Crisis Response and Safety Planning

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

- ▶ TF-CBT is a components-based model of psychotherapy that addresses the unique needs of child with PTSD symptoms, depression, behavior problems, and other difficulties related to traumatic life experiences
- ▶ TF-CBT is a short-term treatment approach that can work in as few as 12 sessions (complex cases 16-20 sessions)
- ▶ Individual sessions for the child and for the parents or caregivers, as well as joint parent-child sessions, are part of the treatment. As with any therapy, forming a therapeutic relationship with the child and parent is critical to TF-CBT.
- ▶ The specific components of TF-CBT are summarized by the acronym PRACTICE

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

PRACTICE

- ▶ Psychoeducation
- ▶ Parenting skills
- ▶ Relaxation skills
- ▶ Affective expression and modulation
- ▶ Cognitive coping and processing
- ▶ Trauma narration
- ▶ In vivo mastery
- ▶ Conjoint child-parent sessions
- ▶ Enhancing future safety

Liliana Gonzalez-Rocha FUERTE Transitional Specialist

- ▶ Engagement with Stakeholders (NAMI, School Districts)
- ▶ Support Youth and Family Engagement: Address Youth and Family Needs
- ▶ Case Management, Linkages/Referrals to Community Resources
- ▶ Client Advocacy (School Support)
- ▶ 24 hour Crisis Response and Safety Planning

The FUERTE Program: Cultural Competency

"The concept of cultural competency has a positive effect on [client] care delivery by enabling providers to deliver services that are respectful of and responsive to the [mental] health beliefs, practices and cultural and linguistic needs of diverse [clients]."



Source: National Institute of Health. Cultural Competency, September 2014

Snapshot of Outcomes

***All data from July 1, 2015-December 31, 2016 for 25 youth served*

- ▶ 17 of the 25 youth have completed the program:
 - ▶ 76% Successful Completion—13
 - ▶ 24% Unsuccessful Completion—4
- ▶ 76% did not recidivate (as defined by an arrest for a new law violation)
- ▶ 65% showed improvements in at least 3 life domain functioning areas on the Child and Adolescent Needs and Strengths Assessment (CANS)
- ▶ 82% of families reported satisfaction with mental health services

“Cross-system collaboration is a key element of a trauma-informed juvenile justice system, because youth who enter the delinquency system have challenges that cannot be addressed solely through punitive measures. These young people have been strongly influenced by their familial context and the communities in which they live. Therefore, in an effort to ensure public safety and rehabilitate youth, the juvenile justice system must be equipped to work with other systems and community partners that can assist youth in other domains of their life.”

MACON STEWART, CENTER FOR JUVENILE JUSTICE REFORM

*Stewart, M. (2013). Cross-System Collaborators. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

Strong Partnerships and Collaboration

- ▶ Essential factors in the success, sustainability, and replication of programs
- ▶ Engaging key stakeholders, community partners, subject matter experts, establishing an advisory group to provide oversight
- ▶ Strengthening capacity and linkages between systems in order to create a continuous system of services
- ▶ Communication and information sharing
- ▶ Leveraging resources and improving outcomes

Moving Forward

- ▶ Sustainability
- ▶ Program Replication
- ▶ Community-wide Systems Change

Questions