



The FUERTE Program

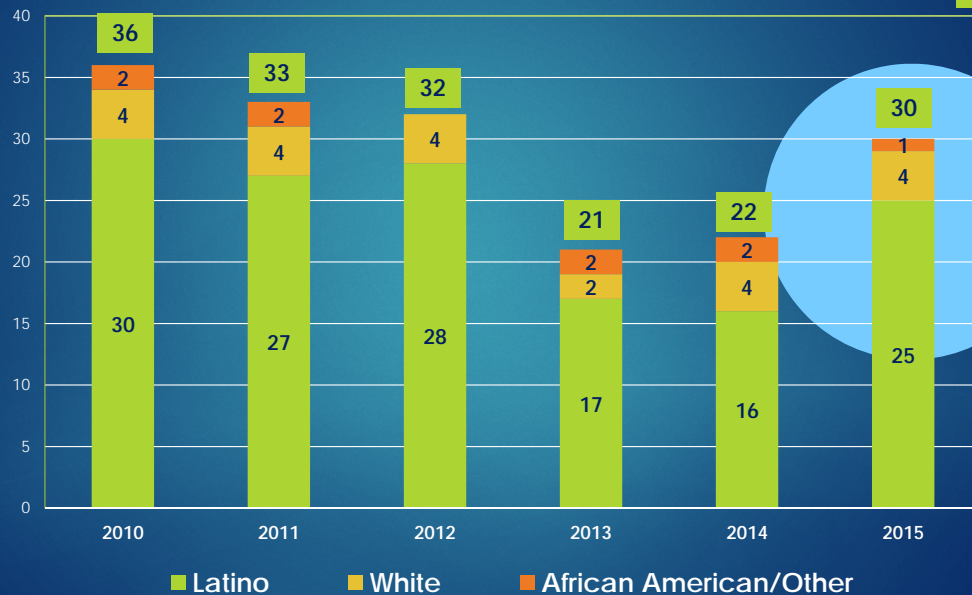
FAMILIES UNITED IN RESPECT, TRANQUILITY AND HOPE/FAMILIAS UNIDAS EN RESPECTO, TRANQUILIDAD Y ESPERANZA

A COLLABORATIVE PARTNERSHIP BETWEEN THE SANTA CRUZ COUNTY PROBATION DEPARTMENT, HUMAN SERVICES DEPARTMENT-FAMILY AND CHILDREN'S SERVICES DIVISION, AND ENCOMPASS COMMUNITY SERVICES

The FUERTE Program: The Need

- ▶ In response to increasing numbers of youth going to out of home placements and seeing the need to address disparities, probation partnered with Encompass to develop an enhanced family engagement and treatment model.
- ▶ Research indicates that as many as 65% of youth in the juvenile justice system have a diagnosable mental health or substance use disorder... (Desai, Goulet, Robbins, Chapman, Migdole, & Hoge, 2006).
- ▶ Research indicates that an estimated 90% of youth in the juvenile justice system have experienced at least one type of trauma (Ford, Chapman, Conner, & Cruise, 2012).

Out of Home Placements 2010 - 2015



The FUERTE Program

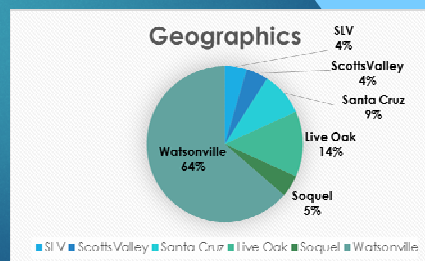
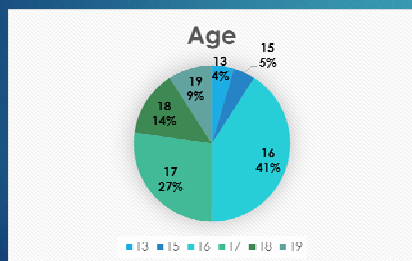
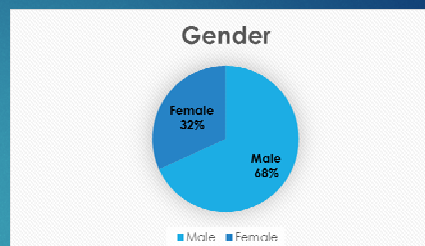
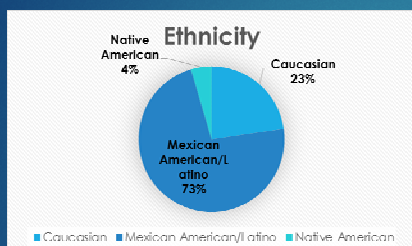
- ▶ FUERTE is a 4-6 month intensive program that addresses the mental/behavioral health needs of youth on probation (ages 14-20) and increases parental capacity and skills to care for and address needs of their children involved in the justice system.
- ▶ FUERTE addresses the unmet needs of family members through linkages to community resources. Services include individual and family counseling in the home, and intensive case management in the home and community settings.
- ▶ The FUERTE Mental Health Clinician uses Trauma Focused Cognitive Behavioral Therapy (TF-CBT) as an evidence-based treatment when providing individual and family counseling.

FUERTE Treatment Team

- ▶ Youth
- ▶ Family/Caregiver(s) & Supports
- ▶ Bree Bode, LMFT—Encompass Program Manager for FUERTE
- ▶ Oscar Hernandez, ASW— Encompass FUERTE Mental Health Clinician
- ▶ Liliana Gonzalez-Rocha— Encompass FUERTE Transitional Specialist
- ▶ Cesar Estrada, MA—FUERTE Deputy Probation Officer
- ▶ Robert Doty- FUERTE Juvenile Division Director

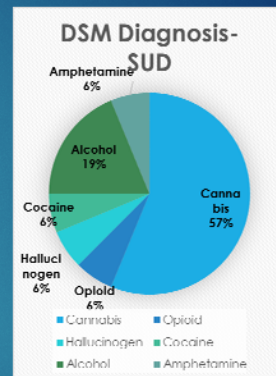
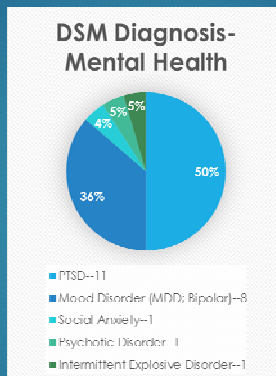
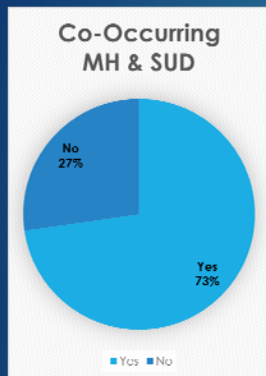
Who is FUERTE Serving?

***All data from July 1, 2015-October 31, 2016 for 22 youth served*



What are FUERTE Youth Struggling With?

***All data from July 1, 2015-October 31, 2016 for 22 youth served*



NUMBER OF YOUTH ADMITTED TO AN ACUTE PSYCHIATRIC FACILITY 6 MONTHS PRIOR TO FUERTE PROGRAM ENROLLMENT: 6

Probation 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
- ▶ 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 will be reported

Family and Children's Services Goals and Outcome Objectives

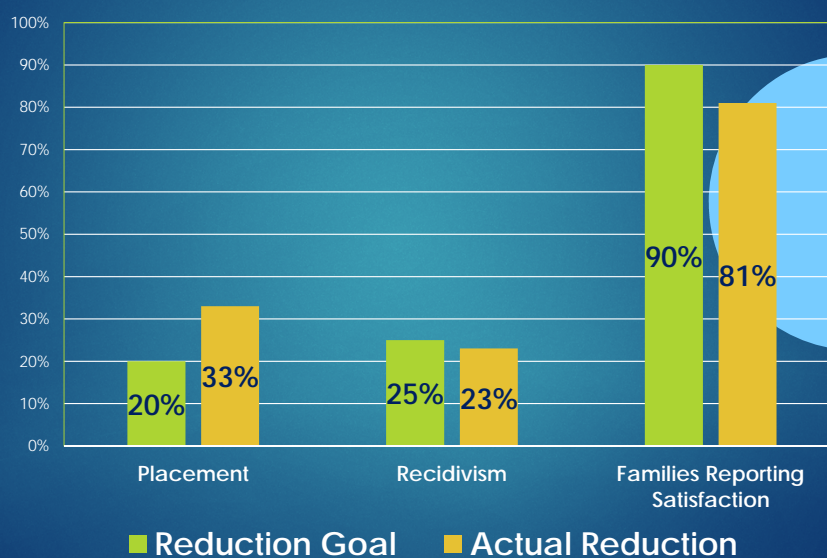
Goals of FUERTE II

- ▶ Youth with a case plan of reunification who reunify following the program will not reenter within six months of reunification.
- ▶ Increase parental capacity and skills to care for and address the mental health needs of their children involved in the dependency system
- ▶ Strengthen capacity and linkages between systems to provide sustainable and enhanced services to youth and families

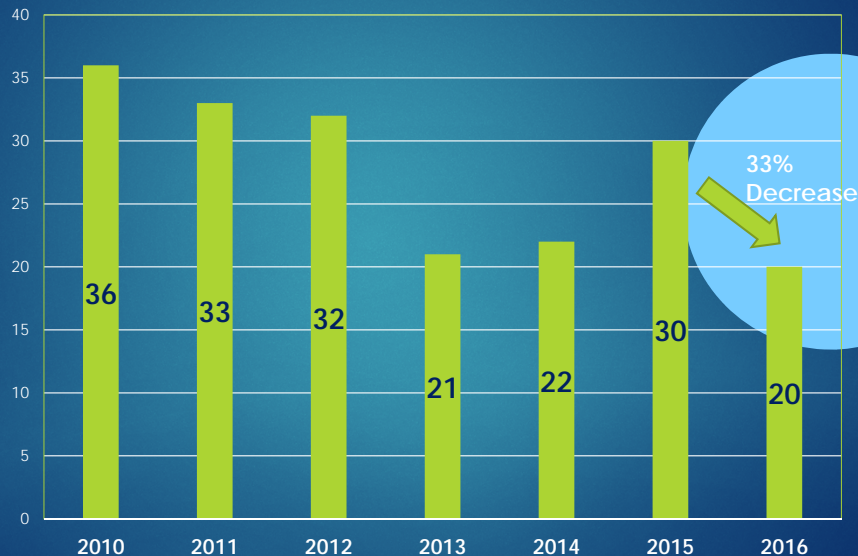
System-wide Outcome Objectives for FUERTE II

- ▶ 75% of resource families will provide stable placements for youth during the program
- ▶ 90% of families will report satisfaction with mental health services at case closure
- ▶ 75% of youth will report improvements in functioning in least 3 life domain areas on the CANS
- ▶ 75% of resource parents and birth parents will demonstrate a significant increase in parenting quality

FUERTE – Initial Outcomes



Out of Home Placements 2010 - 2016



FUERTE Program

Target Population

- ❖ Juvenile Justice/Child Welfare Involved Youth, Age 14-20
- ❖ High JAIS scores in social emotional needs, family dysfunction, and/or struggling in at least 2 or more settings (i.e. home; school)
- ❖ Youth with a mental health diagnosis, or emerging symptoms

Participant Commitments

- ❖ Meet with MH Clinician 1-2x/week
- ❖ Meet with Transitional Specialist 1x/week
- ❖ Youth and parent(s) will be actively involved in weekly meetings with FUERTE team
- ❖ Attend NAMI groups/meetings and other community based programs based on needs identified by FUERTE team
- ❖ Access referrals made by Transitional Specialist

Program Benefits

- ❖ Increased Placement Stability
- ❖ Potential to be removed from probation if program is successfully completed (to be determined by the Judge)
- ❖ Address youth mental health needs, issues with family dynamics & family needs
- ❖ Pro-social connections
- ❖ 24-hour Crisis Support
- ❖ Evening and weekend availability for appointments
- ❖ Linkages/referrals to community based programs and services

FUERTE Program

Evidence Based Practices Used

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

Assessment and Screening Tools Used

- ❖ 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 PTSD Index—Used to screen for Post-Traumatic Stress Disorder

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

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

Moving Forward

- ▶ Sustainability
- ▶ CCR Program Replication: Santa Cruz Human Services Department-Family and Children's Services Division now has 15 FUERTE slots and Probation has 5 additional FUERTE slots.
- ▶ Community-wide Systems Change

Valerie M. Thompson
Assistant Chief Probation Officer
Santa Cruz County Probation Department
Valerie.Thompson@santacruzcounty.us
(831) 454-3835

Monica Martinez
Chief Executive Officer
Encompass Community Services
Monica.Martinez@EncompassCS.org
(831) 469-1700