Mentally Ill Offender Crime Reduction (MIOCR) Juvenile

FUERTE Program Final Local Evaluation Report

SEPTEMBER 5, 2018

ASR

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Executive Summary

Since the inception of the MIOCR-funded FUERTE (Familias Unidas En Respecto, Tranquilidad y Esperanza/ Families United in Respect, Tranquility and Hope) project in Santa Cruz County efforts to address individual and family therapeutic needs as well as criminogenic risks in youth have been a primary focus of the FUERTE team. This project began with the goals of reducing recidivism, creating a reduction in juvenile detention and improving both individual and family functioning. The work that took place during the project was sometimes filled with unanticipated challenges and situations but at no time did it dishearten or cause staff to lose sight of the benefits that the project could offer. These benefits included a reduction in recidivism among the youth who participated in the project, a slight reduction in youth who participated in the project being ordered into out of home placement and many instances of family capacity being expanded to allow parents to care for and address and better understand the mental health needs of their children who were involved in the juvenile justice system.

Considering the different array of experiences that many of the youth and their families had faced prior to participating in the FUERTE project, staff were aware from the beginning there would be a number of challenges that would be different than typically seen on other probation caseloads. This is what made the project so rewarding for staff and the community partners associated with the project. The results speak for themselves and it appears from our perspective the project did work as intended. There was a 50% reduction in recidivism for these youth who participated in the project and 42% fewer days in detention and on probation. These accomplishments can be attributed to a number of factors, but it is likely that the design of the FUERTE model was as responsible as any of the other factors that lead to these positive results. The team consisted of a full-time probation officer, a full-time clinician, a full-time transitional specialist and a part-time project coordinator assigned to the FUERTE caseload. The teamwork of these four individuals was clear from the start of the project but also their dedication to adhere to the fidelity of the FUERTE model was equally as clear. The use of evidenced-based tools and treatment was another contributing factor that cannot be overlooked in the overall success of the project.

During the past three years there were barriers that those working within the project had to address and did so with positive outcomes. One of the bigger issues was that staff eventually would leave their positions on the team to take other jobs and with each change in staff the project would have to go through an adjustment phase which impacted the youth and the families. However, based on the outcomes mentioned above and also positive outcomes with the Child Adolescent Needs and Strength Assessment (CANS) tool it appears these staff changes did not have an adverse effect on overall results. Another barrier or challenge to the project was an attempt to replicate the project by another county agency, Family and Children's Services (FCS). The Probation Department worked closely with FCS to allow for the replication and tried to ensure that the model was adhered to as closely as possible for the best results and outcomes. Unfortunately, FCS was not able to utilize the model in the same manner as Probation as the youth did not voluntarily enter the project and as they did at Probation.

In conclusion, the FUERTE project continues to be a major part of the Santa Cruz County Probation Department. In fact, the department has recently added the FUERTE model to our Wraparound program and is now using the core treatment model of TF-CBT, the transitional specialist and full-time clinician to work with the Wraparound probation officer. This approach is in very early stages of implementation, but our department is optimistic that elements of these two programs may really complement each other and allow for tremendous opportunities for our youth and their families. The model has been successful for a

number of reasons including a strong commitment to collaboration with our community partners, a willingness to meet families where they are, in their homes and in their community, and our staff were also available on-call 24 hours a day for crisis support. Finally, the program was responsive to the cultural needs of the youth and families. Our FUERTE teams ensured by having bi-lingual and bi-cultural staff that we were able to avoid language barriers and effectively communicate with families. The Santa Cruz County Probation Department is extremely appreciative of the opportunities the BSCC provided us to serve our youth and families in a creative and innovative manner that we will now continue to carry-on.

Project Description

DESCRIPTION OF ACTIVITY (2015-2018)

Through strong collaboration, and the use of evidence based practices, the MIOCR-funded Santa Cruz County FUERTE program (Familias Unidas En Respecto, Tranquilidad y Esperanza/ Families United in Respect, Tranquility and Hope), sought to effectively address the individual and family therapeutic needs and criminogenic risks in youth, in order to reduce recidivism, reduce unnecessary use of detention through community based alternatives, improve individual functioning, and increase family capacity/skills. Treatment matching through screening and assessments, in-home individual and family therapy, intensive case management, and linkages to community-based resources were the core services provided. Additional potential services included therapeutic groups addressing aggressive/criminal behaviors and outpatient substance use/co-occurring disorders treatments.

PROJECT GOALS

In providing the services described above, FUERTE hoped to accomplish three goals:

1. Increase public safety by reducing recidivism, violation of probation charges, and criminal involvement among mentally ill juvenile offenders by 25%
2. Increase parent capacity and skills to care for and address the mental health needs of their children involved in the justice system
3. Strengthen capacity and linkages between systems to provide sustainable and enhanced services to mentally ill juvenile offenders.

PROJECT OBJECTIVES

Compared with a historical comparison group matched on age, gender, race/ethnicity, and offense/risk level, it was thought that program enrolled youth would demonstrate the following outcomes during the 12-month post release observation period:

1. 20% fewer out-of-home placements,
2. 25% less recidivism (defined as charges for new offenses) and violation of probation charges,
3. 30% fewer days in detention and on probation,
4. 20% lower costs per case attributable to juvenile justice staff time.

Between baseline and follow-up measures,

5. Enrolled youth will report improvements in functioning in at least three life domains as measured by the Child Adolescent Needs and Strengths Assessment (CANS) and
6. Parents will demonstrate a significant increase in self-reported parenting quality as measured by the Practices Questionnaire-Adolescent Version (PPQ).

At case closure,

7. Over 90% of surveyed families will report satisfaction with mental health services treatment as measured by a customized satisfaction survey developed for this project.

By the end of the second quarter of funding,

8. Formal MOUs or similar agreements between FUERTE partners will be established and reviewed.

By the end of funding,

9. Collaborative partners will report enhanced interagency linkages and collaboration regarding mentally ill juvenile offenders, compared with levels reported at project startup

TREATMENT SERVICES/PRACTICES

FUERTE was made up of a three-person team, the Probation Officer (PO), FUERTE Clinician, and Transitional Specialist. Each provider played a unique role and would come together as a team in providing whole person care support.

The PO utilized Effective Practices in Community Supervision (EPICS) to enhance a youth's skills that reinforce positive behavior changes. The PO was also tasked with monitoring probation terms, which may have included substance use testing. In carrying out these duties, the PO would form connections with the youth and families to determine what their needs were and how to help them get those needs met.

The FUERTE Clinician's services began with a screening to determine if a youth met criteria for the program. This involved brief assessment to determine if there was a mental health condition and an identified trauma to process. Once accepted into the program, the Clinician conducted a full psychosocial assessment, including gathering information about medical history, mental health symptoms, development, and current functional impairments. Based on this information, the Clinician provided a diagnosis. The Clinician created a treatment plan with the youth and family to identify goals and focus services.

Individual therapy sessions were provided to the youth by the Clinician to process an identified trauma(s). Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and Motivational Interviewing (MI) were the primary evidence based practices (EBP) utilized by the Clinician. Weekly sessions were held with the youth following the TF-CBT model of P.R.A.C.T.I.C.E (psychoeducation, relaxation, affect modulation, cognitive coping, trauma narrative, in-vivo desensitization, conjoint session, enhancing safety). A mirroring session would be held with the parent/identified support person in effort for the Clinician to educate the parent/ identified support person as to the process the youth was experiencing. These sessions would culminate in a conjoint session where the youth described their trauma to their parent/identified support person. As part of the psychoeducation for the parent/ identified support person was the explanation of the diagnosis, so it could be understood beyond a "label."

The FUERTE Transitional Specialist played a pivotal role in the team as this role was tasked with removing/overcoming barriers. The Transitional Specialist provided linkages and referrals to both the youth and parent/identified support person. The Transitional Specialist heard the family's identified needs and found natural supports in the community to help build a network of support for the family. Services for the Transitional Specialist varied, for some families, it was the parent/identified support person that needed more support for fundamental support such as groceries, insurance, education of school regulations.

Collaboratively the team met in case conferences with the family when a significant event occurred, for updates, and when engagement waned.

POPULATION OF INTEREST AND ESTIMATED NUMBERS OF PARTICIPANTS (PER PROJECT COMPONENT)

The FUERTE program aimed to serve approximately 30 youth and their families each year for three years (10 maximum in a caseload; length of the program approximately four months per participant in the beginning, and 4-6 months after the first year). Utilizing 2013-2014 probation and juvenile hall data as predictors, it was anticipated that participants would have the following characteristics: 20% female; 80% male; 62.5% Latino; 29.5% Anglo; 3.5% African American; 2.5% other. The majority would be non-violent multiple offenders (65% of 2014 juvenile hall bookings).

Eligibility criteria for program participation included: aged 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); and a mental health diagnosis, or displays emerging symptoms that through program assessment is confirmed with a mental health diagnosis. Participants were referred from one of the following settings if he/she met all the above stated eligibility requirements-in juvenile hall; on probation but on a trajectory for community removal (determined through PSC); in out-of-home-placement and returning into the community setting but at risk for continued community removal (determined through PSC). The majority of participants had high clinical needs and high criminogenic risks.

INTERVENTION MATCHING PROCESS

Screening & Assessment-Treatment Matching was implemented through a variety of tools throughout the program. SCCPD utilized the JAIS with every juvenile that went through their system. The JAIS allowed probation officers to assess each youth's needs and the risk to reoffend and helped guide decisions regarding appropriate resource allocation and the application of services. For FUERTE participants, including those coming from juvenile hall, those re-entering from out-of-home-placement, or on probation, the MAYSI-2 assessment was also administered to identify specific mental health needs. Results from JAIS and MAYSI-2 and the youth's DSM diagnosis were brought forth and included in developing a plan for the youth and their families in the Placement Screening Committee (PSC). The PSC was made up of a multi-disciplinary team that included County Mental Health and probation supervisors, a manager from probation, and the involved youth and their family. If a youth did not have a current DSM diagnosis but clearly presented with mental health needs (determined through MAYSI-2 results), the FUERTE Mental Health Clinician, based out of Encompass Community Services, provided a DSM diagnosis. Results of the CANS tool were utilized to determine or confirm a DSM diagnosis. The treatment plan was then submitted to the court as a recommendation and was meant to guide continued probation supervision.

PROJECT OVERSIGHT STRUCTURE AND DECISION MAKING PROCESS

The Santa Cruz County Community Corrections Partnership (CCP), the Criminal Justice Council (CJC) and its sub-committee Youth Violence Prevention Task Force (YVPTF), and the Mentally Ill Task Force (MITF), are groups made up of subject area experts and stakeholders that span the array of services and programs across multiple systems in the County. These groups engage in comprehensive planning, coordination, policy development, resource stewardship, evaluation and communication related to practices and policies of the justice system. The Santa Cruz County Chief Probation Officer leads the CCP group as an executive committee member, and sits on the CJC, YVPTF, and MIOTF.

THE STRATEGY COMMITTEE

The CCP was the designated Strategy Committee for the MIOCR grant. The FUERTE four-year strategic plan was developed and designed with the support and oversight of the CCP as well as the CJC, CJC's YVPTF, and MIOTF. The Strategy Committee was developed as a subcommittee of CCP and was made up of members of the target population and those required by the MIOCR grant program. Input was gathered from: CCP, CJC, MITF; stakeholder interviews; and focus groups with juvenile offenders.

COLLABORATION AND ROLES

The four primary agencies within the FUERTE program included:

1. *Santa Cruz County Probation Department (SCCPD)* is the lead for the FUERTE program and hired one full-time Deputy Probation Officer who managed a caseload of 10 participants and provided supervision and case management services. Additionally, the Division Director maintained oversight of all components of the MIOCR project to include working with the fiscal manager to create and execute contracts and working with the Assistant Division Director who served as the System of Care coordinator for this project.
2. *Encompass Community Services* hired one full-time Master's level Mental Health clinician, and a part-time Transitional Specialist. Encompass staff were responsible for developing treatment plans, direct services, and creating linkages to existing services to a maximum of 10 participants at a time (30-total in one year).
3. *Santa Cruz County Courts* provided court-ordered probation terms for participation in the FUERTE program. They reviewed the recommendations of the PSC for participation in the FUERTE program and monitored progress and compliance via review of program reports and court reviews.
4. *Applied Survey Research*, a local evaluation firm, provided support to FUERTE through development of an evaluation plan, data collection support, data analysis and reporting of performance and process outcomes.

MOUs were developed and signed by all collaborating agencies. Collaboration between grant partners continued through the life of the grant.

The partnering agencies and community-based organizations participated in the following set of meetings as appropriate: a) The FUERTE treatment team convened weekly case review meetings. These weekly meetings involved the development and review of treatment plans for all youth on the FUERTE caseload. b) The MIOCR Strategy Committee Planning Group (a sub-committee of CCP) met monthly.

This group included management staff of the grant partners, members of the treatment team and was overseen by the Juvenile Probation Division Director, c) The CCP, which meets twice a year, served as an advisory group to further develop strategies, provide oversight of service efficiency, provide outcome analysis, and discuss project sustainability. The Santa Cruz County Chief Probation Officer is a member of the CCP Executive Committee.

Data Collection

OVERALL APPROACH TO PROJECT MONITORING, ASSESSMENT, AND ADJUSTMENT

SCCPD and Encompass staff sent primary process and outcome data quarterly to the SCC Probation Analyst. The analyst linked and compiled data into an electronic dataset, stripped of personal identifiers, to share with the external evaluator, Applied Survey Research (ASR). Findings presented in quarterly reports were discussed and used for determining possible mid-course adjustments to project activities to efficiently and effectively achieve objectives.

DATA COLLECTION

SCCPD had systems in place to collect training attendance and supervision information on internal staff and contractors and collaboration efforts across agencies as well as multiple electronic systems for tracking intake and follow-up assessments, services referrals, supervision plans, attendance/dose of evidence-based programs, completion of terms/programs, out-of-home placements, lengths of stay, and court orders for juvenile justice youth. FUERTE providers provided information on staff supervision and quality assurance as well as data from clinical assessments, treatment plans, attendance/dose for program model components, and pre- and post-test data from clinical outcomes and program exit satisfaction measures. ASR administered a baseline and follow-up survey to measure the impact of interagency collaboration efforts.

QUALITY CONTROL

All FUERTE team members, the clinician, transitional specialist, and PO received a two-day training in TF-CBT at the onset of this grant. In May 2017, a staff attended a refresher training. Part of the training included a monthly case consultation for the following year with the TF-CBT trainer. In addition to the monthly consults, the trainer was available by email and phone as needed to discuss sensitive cases. For the clinician, who was the team member specifically utilizing TF-CBT with the youth and family, clinical supervision was an additional source of monitoring. TF-CBT provides a supervisory checklist to assist training clinicians maintain fidelity to the model. The clinician utilized this checklist. Through team meetings and the FUERTE Strategy Committee Planning Group fidelity to the model, successes, and challenges of the program were continually reviewed. Lastly, effectiveness was also assessed through feedback on evaluations by both the youth and parent/identified support person and the completion of the Parent Practice Questionnaire (PPQ).

Research Design

PROCESS EVALUATION

Descriptive analyses were conducted to assess progress towards implementation and reach of the FUERTE program. For example, staff training in the use of screening and assessment tools, treatment matching, and treatment modalities was documented in training logs. Likewise, clinical supervision of such activities was documented in supervision notes. Training and supervision activities were summarized in quarterly reports (e.g., fidelity implementation of the overall treatment model). Screening, assessment, treatment, case management, and referral activities for youth and their families were logged by program staff on paper logs. Dates, locations, content, and attendance at group intervention sessions was documented and reported in quarterly reports. In addition, Probation and Mental Health project staff members provided progress updates at project meetings and problem solve challenges.

Participant level program engagement data was recorded on paper copies of referral, assessment, intake, progress update, and exit instruments and subsequently were entered into an encrypted electronic database for data management, linkage, and analysis. Dates of key program entry and engagement activities such as screenings, referral to FUERTE, assessment, enrollment, hours completed of intervention components, etc. was included in the program database to enable calculation of metrics like time-to-service and length of stay.

PROCESS EVALUATION VARIABLES

To monitor progress towards program development and implementation objectives, we gathered the following process data:

- Number of program participants served
- Number of participants referred
- Number of offenders screened/assessed
- Number of program participants with formal psychological/psychiatric evaluations
- Number of service hours completed
- Average length of stay in the program
- Number of days from referral to first program service
- Number of program participants who offend or reoffend
- Number of program participants charged with a formal violation
- Number of participants who are homeless or in out-of-home placement
- Level of interagency collaboration

OUTCOME EVALUATION

Comparative analyses were conducted to assess progress towards outcome objectives, controlling for pretest differences in the comparison and treatment groups when the comparison group is used. ASR is developing a final evaluation report to reflect cumulative findings across all years of funding.

OUTCOME EVALUATION VARIABLES

- % of youth in out-of-home placements
- % of youth with recidivism
- Days in detention
- Youth scores on CANS life domains
- Parents scores on PPQ parenting quality

PARTICIPANT EFFECTIVENESS ASSESSMENT

Data were collected through a youth's participation in the program. At the onset of services, standard demographic information was collected. In addition, intake date, school attendance, insurance status, and psychiatric hospitalization admissions were tracked. The Transitional Specialist collected monthly school attendance records as well as tracked referrals made to community resources. CANS was completed at the onset, every eight weeks, and at discharge by the clinician to see improvement in life domains. Progress notes by the clinician were tracked in terms of what TF-CBT component was addressed in session. Pre- and Post PPQs were also collected from the parent/identified support person. Outcomes regarding successful completions were tracked and were part of the discharge process.

Close monitoring by the monthly FUERTE Strategy Committee Planning Group facilitated a continuous quality improvement process. Through these meetings, challenges and barriers were identified along with solutions that would help better serve the youth. This open and collaborative meeting between Probation and Encompass, the contracted agency for the Clinician and Transitional Specialist, promoted creative solutions to barriers. Ultimately effectiveness was assessed by data; how many youth completed the program? How many youth recidivated? How many youth completed their probation terms?

For the mental health aspect, completion of the trauma narrative with the parent/identified support person often signified the successful completion of the FUERTE program. Based on the PPQ, the increase of parental capacity was measured from the onset of services to discharge.

CRITERIA FOR DETERMINING PARTICIPANT SUCCESS/NON-SUCCESS

- By Intervention: # sessions completed
- 2 or more sessions per month with Probation Officer using EPICS
- 12 or more TF-CBT sessions with therapists during program
- For the project as a whole: # days living at home
- Increased number of days living at home for FUERTE youth compared with matched group

Logic Model for FUERTE

The only major change to the Logic Model for FUERTE was the extension of the program time-frame from four to six months.

Figure 1. Logic Model

INPUTS	STRATEGIES & ACTIVITIES	OUTCOMES	GOALS
Thirty youth (14-20) per year identified with high social emotional JAIS scores, family dysfunction and/or struggling in 2+ settings, and mental health diagnosis/emerging mental health diagnosis symptoms Support person required to participate for duration of the program **Lead Agency:** SCCPD **Core Partners:** Encompass, SCC Courts, ASR **Oversight Committee & Sub Committee:** CCP, CCP Strategy Committee **Other Partners:** County Mental Health; Child Welfare; Schools; Community Action Board; Family Resource Centers, NAMI	**Referral from probation** **Incarceration-Based Services** Screening & Assessment/Treatment Matching (JAIS, MAYSI-2, CANS) Probation Screening Committee (includes youth and parents) Mental Health Stabilization Reentry services and linkages to community resources **Probation Supervision** Intensive Case Management Use of RNR-Treatment Matching EPICS Random Drug Testing **Intervention** Individual & Family therapy (TF-CBT; MI) Intensive Case Management 24/7 crisis response Linkages to resources (housing, income support) Linkages to Medication Management (when needed) Substance use or Co-occurring Disorder treatments (when needed-SCCORE) Aggression/Behavior Interventions (ART®) **Prevention** Linkages to resources (housing, income support, pro-social activities) Parent education and support (Positive Parenting Program at Family Resource Center, Head Start) Vocational/Life Skills Training (Alcance) Linkages to mental health advocacy groups (NAMI, MHCAN) Referral and access to transition/reentry programs (PASS) **Collaboration** Multidisciplinary team Interagency collaboration Oversight body (CCP-Strategy Committee) **Fidelity** Staff Trainings in EBPs Quality assurance measurement Data tracking & evaluation	**Juvenile Justice** 20% fewer out-of-home-placements 25% less recidivism and violation of probation charges 30% fewer days in detention and on probation, Lower cost per case attributable to juvenile justice staff time by 20% **Mental Health** Enrolled youth will report improvements in functioning in at least three life domains. **Family** Parents will demonstrate a significant increase in self-reported parenting quality. At case closure, over 90% of surveyed families will report satisfaction with mental health services treatment. **Interagency Collaboration** Formal MOUs between FUERTE's partners are established and reviewed. Collaborative partners report enhanced interagency linkages and collaboration regarding mentally ill juvenile offenders.	**1.** Increase public safety by reducing recidivism and criminal involvement among mentally ill juvenile offenders by 25% **2.** Increase parent capacity and skills to care for and address the needs of their mentally ill children involved in the juvenile justice system **3.** Strengthen capacity and linkages between systems to provide sustainable and enhanced services to mentally ill juvenile offenders
CHANGES TO FUERTE AFTER IMPLEMENTATION			

INPUTS	STRATEGIES & ACTIVITIES	OUTCOMES	GOAL
N/A	After year 1, the duration of the program extended from 4 to 6 months. EPICS was used infrequently with the youth. With the start of the Continuum Care Reform Act (CCR) in the 3rd year, the placement screenings took the form of Child and Family Team Meetings (CFTMs).	N/A	N/A

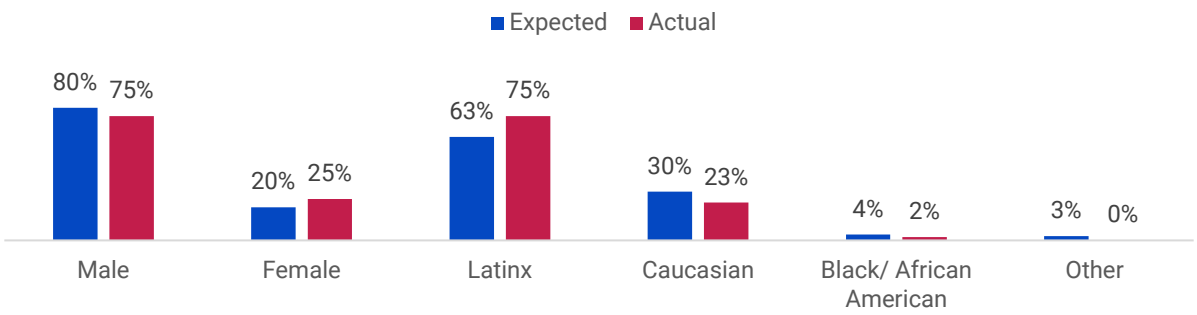
Results and Conclusions

RESULTS

PROGRAM PARTICIPANT DEMOGRAPHICS

The FUERTE program served 48 youth during the three-year program implementation period. Ninety-six percent of participants were between the ages of 14 and 18. The majority (73%) were between 16 and 18 years of age. There were slightly more female participants than expected, as well as slightly more Latinx participants. Ninety-six percent of participants had a low/moderate, moderate/high or high JAIS level upon referral.

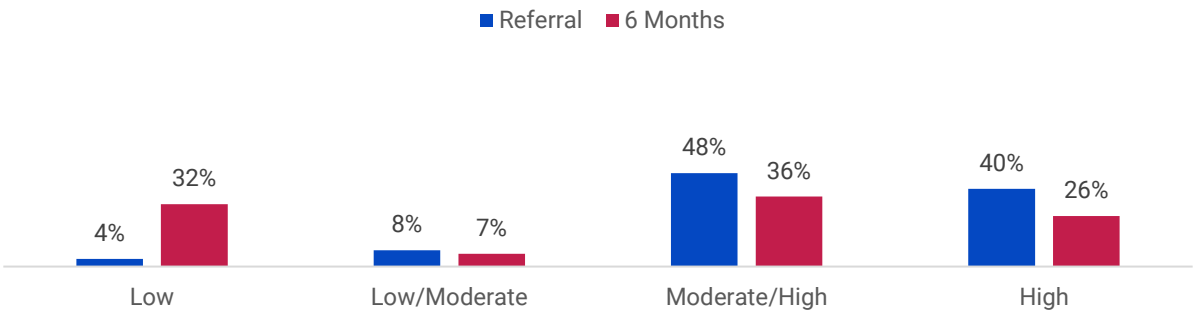
Figure 2. Gender and Ethnicity – Expected vs. Actual



JAIS RISK LEVEL CHANGE

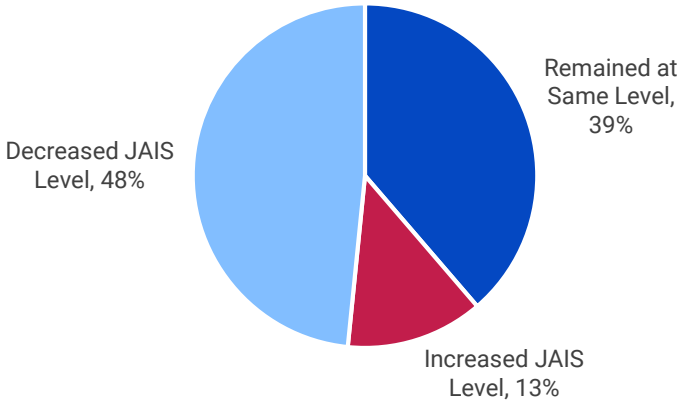
There was a 28% increase in the number of participants in the 'Low" JAIS Risk Level between referral and 6 months.

Figure 3. JAIS Risk Level Change from Referral to 6 Month



Nearly half of participants decreased their JAIS level, during the project implementation period. Forty percent remained at the same JAIS level.

Figure 4. Change in JAIS Risk Level from Referral to End of Program



PROJECT OBJECTIVES

Program youth were compared with a historical comparison group matched on age, gender, race/ethnicity, and offense/risk level. Most of the project objectives were met or exceeded. See table below for program results:

Figure 5. Results of Project Objectives

PROJECT OBJECTIVES COMPARED TO MATCHED GROUP	RESULTS
20% fewer out-of-home placements	13% of FUERTE youth placed out of the home* 12% of comparison group placed out of the home
25% less recidivism (defined as charges for new offenses) and violation of probation charges	Recidivism down 50% Violation of Probation down 67%
30% fewer days in detention and on probation	Days in detention down 42%
20% lower costs per case attributable to juvenile justice staff time	Info not available

** Five out of the six FUERTE participants that were placed out of the home did not complete the FUERTE Program. Three of the six were placed out of the home prior to the extension of the FUERTE Program timeframe from four to six months.*

BETWEEN BASELINE AND FOLLOW UP:	RESULTS
Enrolled youth will report improvements in functioning in at least three life domains as measured by the CANS	84% of youth improved in one domain 74% of youth improved in two domains 71% of youth improved in three domains
Parents will demonstrate a significant increase in self-reported parenting quality as measured by the PPQ.	93% of parents increased in one area 77% of parents increased in two areas 67% of parents increased in three areas

AT CASE CLOSURE	
Over 90% of surveyed families will report satisfaction with mental health services treatment as measured by a customized satisfaction survey developed for this project.	90% of families report satisfaction
BY THE END OF THE SECOND QUARTER OF FUNDING	
Formal MOUs or similar agreements between FUERTE partners will be established and reviewed.	Done
BY THE END OF FUNDING	
Collaborative partners will report enhanced interagency linkages and collaboration regarding mentally ill juvenile offenders, compared with levels reported at project startup.	Survey not administered at project close

TYPE OF PROGRAM EXIT

Twenty seven out of the 40 youth who left the program did so with all goals met or partially met. Nine youth dropped out or were discharged. Four left for other reasons. Eight youth transitioned to FUERTE Wraparound (the program that continues after the close of the MIOCR-funded FUERTE program) and are still receiving treatment.

PROCESS EVALUATION RESULTS

PROGRAM ENTRY INFORMATION

Seventy youth were referred to be screened for the FUERTE Program. Six youth did not make it either to or through the screening process. Reasons included: unwillingness to participate (youth and/or family), youth did not show up for screening, decision was made to place youth on a general caseload, or youth met exclusionary criteria for TF-CBT (psychosis, active crisis related to danger to self, and significant drug use). Of the 64 youth screened, 48 were served. Sixteen youth either did not want the service or were not a good fit for the FUERTE Model. Forty youth were diagnosed with a substance use disorder, fifteen received a formal psychological/psychiatric evaluation prior to program screening, and eight had been admitted to an acute psychiatric hospital in the six months prior to program entry.

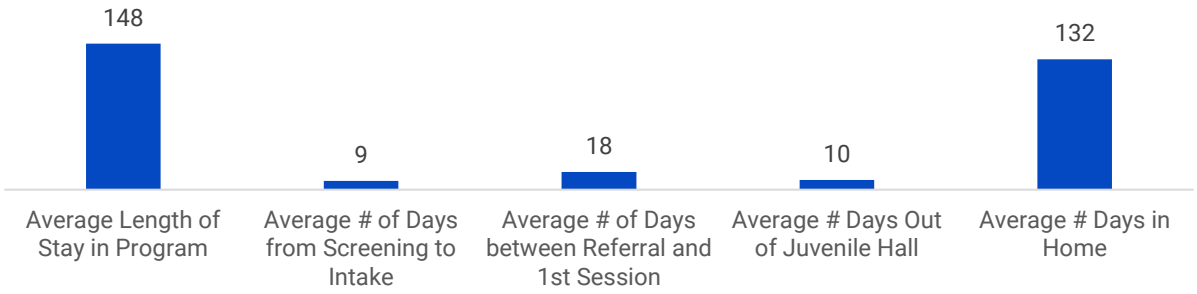
PROCESS EVALUATION VARIABLES

- Number of program participants served
- Number of participants referred
- Number of offenders screened/assessed
- Number of program participants with formal psychological/psychiatric evaluations
- Number of service hours completed
- Average length of stay in the program
- Number of days from referral to first program service
- Number of program participants who offend or reoffend
- Number of program participants charged with a formal violation
- Number of participants who are homeless or in out-of-home placement
- Level of interagency collaboration

PROGRAM TIMING

The average length of stay in the program was 148 days (approximately 5 months). The average time from screening to intake was nine days, and the average time from referral to the first mental health session was 18 days. The total number of service hours for all participants was 1,531. The average number of hours per participant was 32, and the average number of contacts per participant was 60.

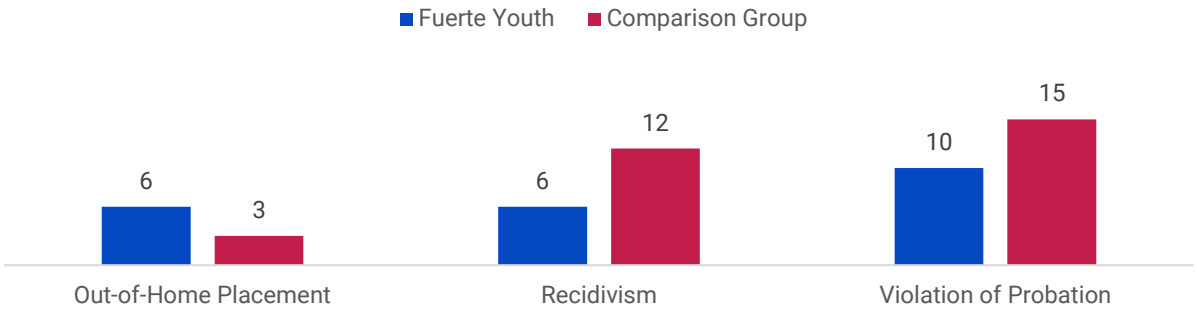
Figure 6. Program Timing



OUT-OF-HOME PLACEMENT, RECIDIVISM AND VIOLATIONS OF PROBATION

Participants were compared to a group matched by age, gender, race/ethnicity, and offense/risk level during the 12-month post release observation period. Program youth exceeded the goal of lowering violations of probation and recidivism. However, there were more out-of-home placements among FUERTE participants. Of the youth that completed the FUERTE program, only one was sent to out-of-home placement.

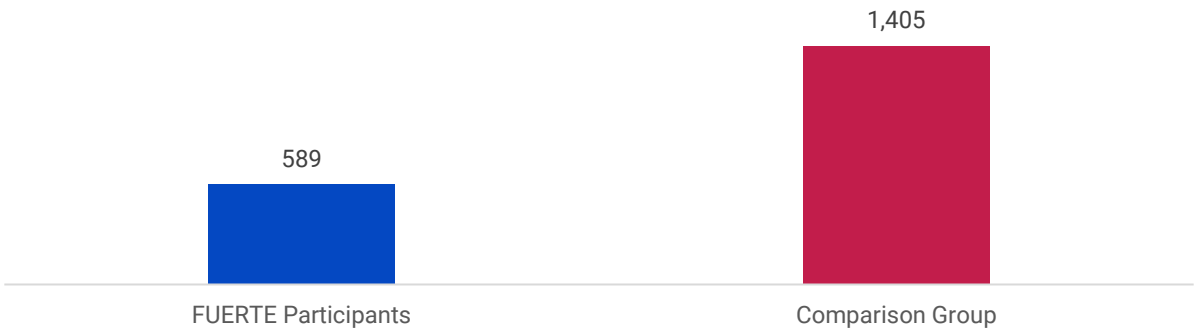
Figure 7. Number of Youth with Out-of-Home Placements, Recidivism and Violations of Probation



NUMBER OF DAYS IN DETENTION

FUERTE participants had nearly a third fewer days in detention than the comparison group.

Figure 8. Days in Detention



LEVEL OF INTERAGENCY COOPERATION

ASR completed an Agency Collaboration Survey at the beginning of the program and found it difficult to collect responses from collaborating partners. Responses from the nine (out of 23) agencies that completed the survey showed moderate levels of collaboration and networking. During the final evaluation, ASR decided against administering the survey a second time. However, FUERTE frequently utilized local community agencies for referrals. During the referral process, the Transition Specialist fostered bonds between the agencies. NAMI, Triple P, SPCA, Youth Employment Opportunity Program, Family Services Agency, Food banks, Alcance, La Manzana, Alcance, Head Start, Public Libraries, and Boys and Girls Club were among the agencies that received multiple referrals from FUERTE.

OUTCOME EVALUATION RESULTS

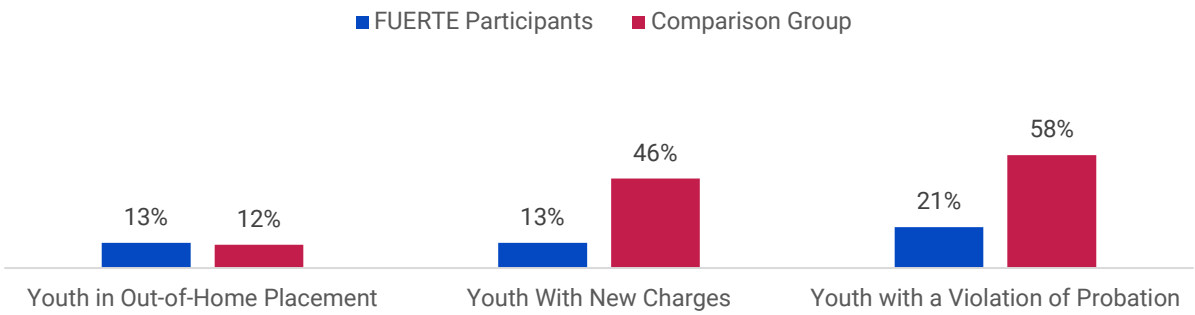
As mentioned above, comparative analyses were conducted to assess progress towards outcome objectives using the variables below, controlling for pretest differences in the comparison and treatment groups when the comparison group was used.

OUTCOME EVALUATION VARIABLES

- % of youth in out-of-home placements
- % of youth with recidivism
- Days in detention
- Youth scores on CANS life domains
- Parents scores on PPQ parenting quality

Half of the out-of-home placements for FUERTE participants occurred in the first ten months of program implementation prior to the extension of the program timeframe. FUERTE youth were much less likely to incur new charges or violate probation.

Figure 9. Out-of-Home Placements, New Charges and Violations of Probation



Note: Five out of the six FUERTE participants that were placed out of the home did not complete the FUERTE Program. Three of the six were placed out of the home prior to the extension of the FUERTE Program timeframe from four to six months.

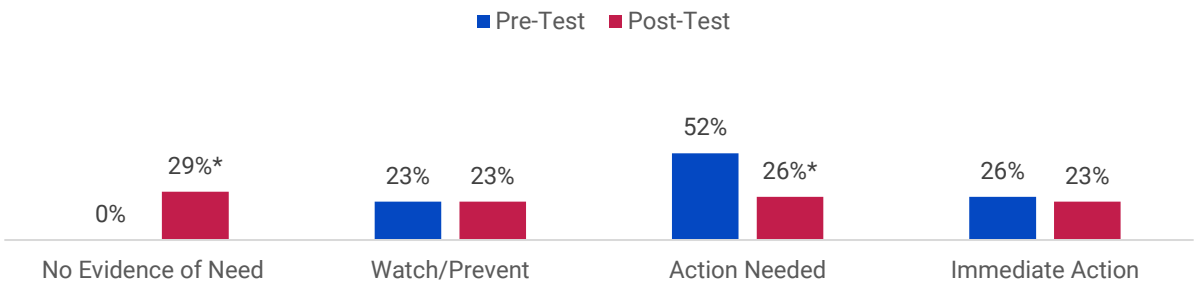
Non-FUERTE youth were much more likely to be in detention for longer periods of time.

Figure 10. Average Days in Detention

YOUTH SCORES ON CANS LIFE DOMAINS – STATISTICALLY SIGNIFICANT RESULTS

When pre-tested, all participants had some level of need in the Family Domain, while 29% had no evidence of need at post-test. Similarly, at pre-test 52% of participants scored as needing action in the Family Domain, versus only 26% at post-test.

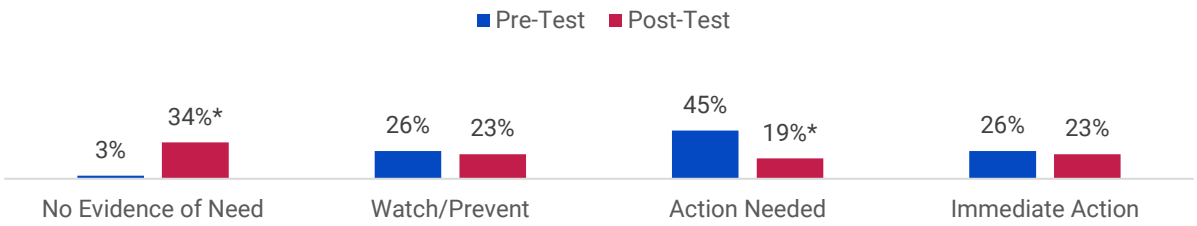
Figure 11. CANS Family Domain*



**statistically significant*

There was a 33% increase in participants who had no evidence of need in the Living Situation Domain between pre- and post-test. There was a 26% decrease in participants who scored as needing action between pre- and post-test.

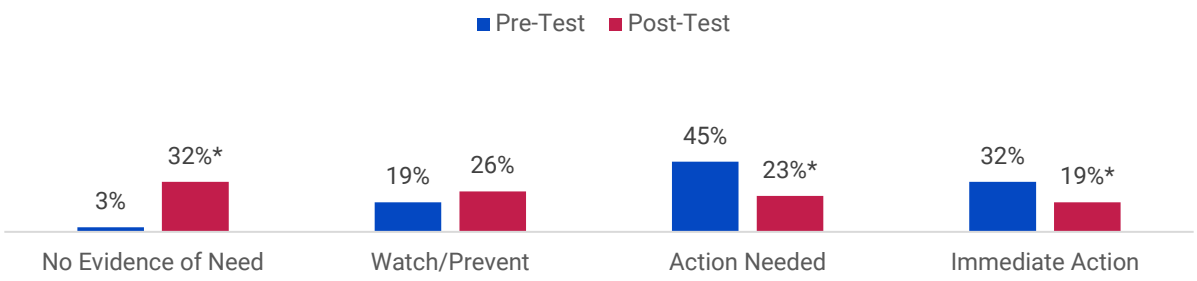
Figure 12. CANS Living Situation Domain*



**statistically significant*

There was a 29% increase in participants who had no evidence of need in the Recreational Domain between pre- and post-test. There was a 22% decrease in participants who scored as needing action and 13% decrease in those needing immediate action between pre- and post-test.

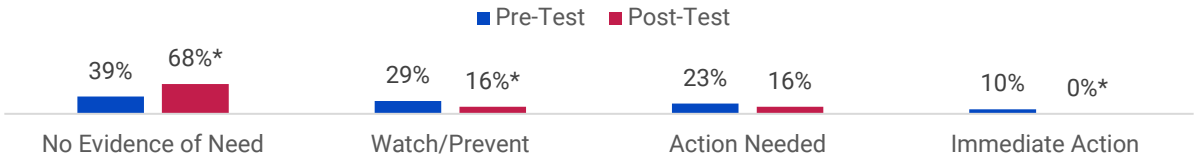
Figure 13. CANS Recreational Domain*



**statistically significant*

There was a 29% increase in participants who had no evidence of need in the Sleep Domain between pre- and post-test. There was a 10% decrease (to zero) in those needing immediate action between pre- and post-test.

Figure 14. CANS Sleep Domain*

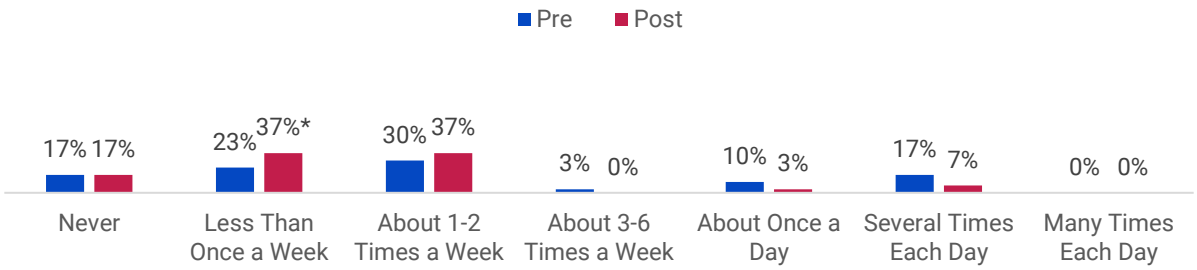


**statistically significant*

PARENT SCORES ON PPQ QUESTIONNAIRE – STATISTICALLY SIGNIFICANT RESULTS

There was a 14% increase in parents who spoke to their child in an irritated voice less than once a week between pre- and post-test.

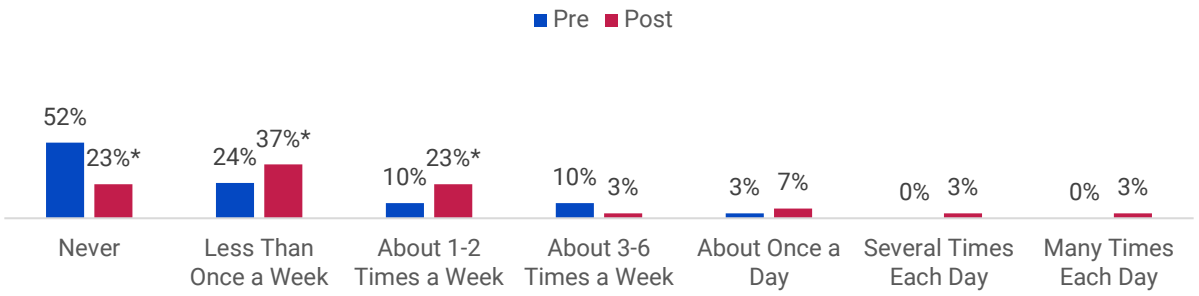
Figure 15. PPQ Question 8: How often do you tell your child to do something, with an irritated or angry tone of voice?*



**statistically significant*

At pre-test, 52% of parents said they never walked together with their child just to be together, as opposed to 23% at post-test. Similarly, there was a 13% increase in the number of parents who walked with their child less than once a week and a 13% increase in those who walked about 1-2 times a week with their child between pre- and post-test.

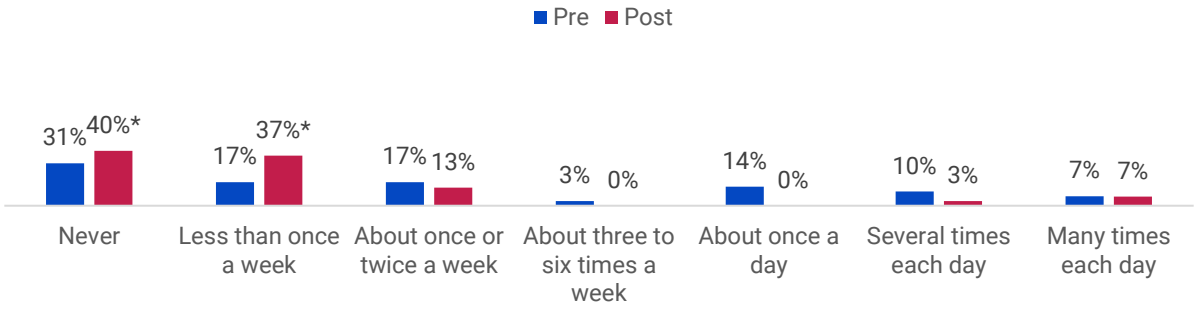
Figure 16. PPQ Question 13: How often do you and your child take a walk together, not to get anywhere, but just to be together?*



**statistically significant*

There was a 9% increase in the number of parents who said that their child never could get his/her way by getting loud and angry, and a 20% increase in parents who said it happened less than once a week between pre- and post-test.

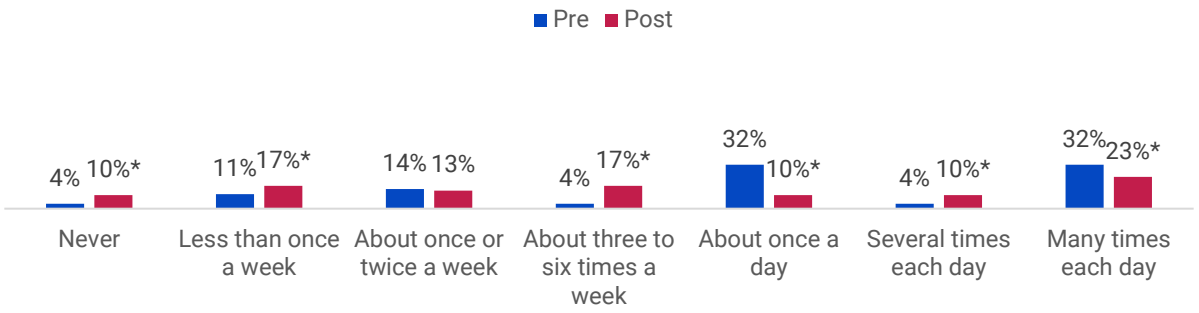
Figure 17. PPQ Question 26. How often is your child able to get his or her way by getting very loud or angry or whining or acting very unpleasant?*



**statistically significant*

There was a 6% increase in the number of parents who said that their child never sees and adult doing something kind or friendly to another adult in the house, and a 6% increase in parents who said it happened less than once a week between pre- and post-test. Similarly, there was a 22% decrease in parents who reported this activity about once a day.

Figure 18. PPQ Question 32. How often does the child see an adult in the house do something kind, friendly, or very much appreciated by another adult in the house?*



**statistically significant*

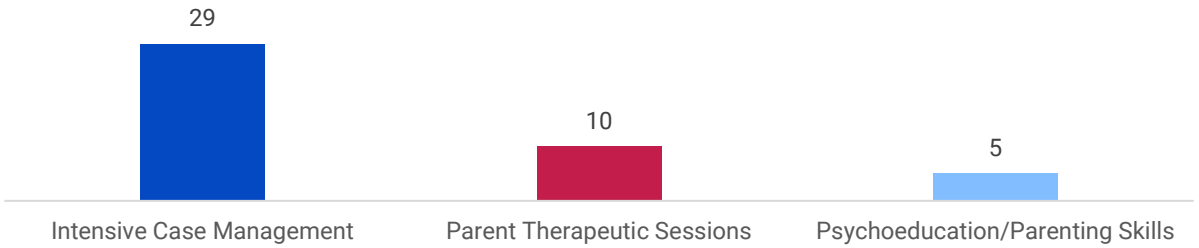
PARTICIPANT EFFECTIVENESS ASSESSMENT RESULTS

As mentioned above, the following data was collected to assess participant progress in the program.

SESSIONS COMPLETED BY INTERVENTION

Participants had an average of 29 Intensive Case Management sessions, and families had an average of five parenting therapeutic sessions, including an average of five parenting skills sessions.

Figure 19. Average Number of Intensive Case Management and Parent Therapeutic Sessions



PARTICIPANT EFFECTIVENESS ASSESSMENT RESULTS

- By Intervention: # sessions completed
- 2 or more sessions per month with Probation Officer using EPICS
- 12 or more TF-CBT sessions with therapists during program
- For the project as a whole: # days living at home (see Process Evaluation Results)
- Increased number of days living at home for FUERTE youth compared with matched group

CONTACT WITH PROBATION OFFICER

EPICS is a process used to correct negative behavior. Probation officers found that the FUERTE clinicians were correcting behavior such that participants had little to no need for regular EPICS interventions with their probation officer. Instead, probation officers used the check-in time with participants to support and assist with positive changes and talk about challenges.

Figure 20. Average Number of Contacts with Probation Officer, by Month of Treatment

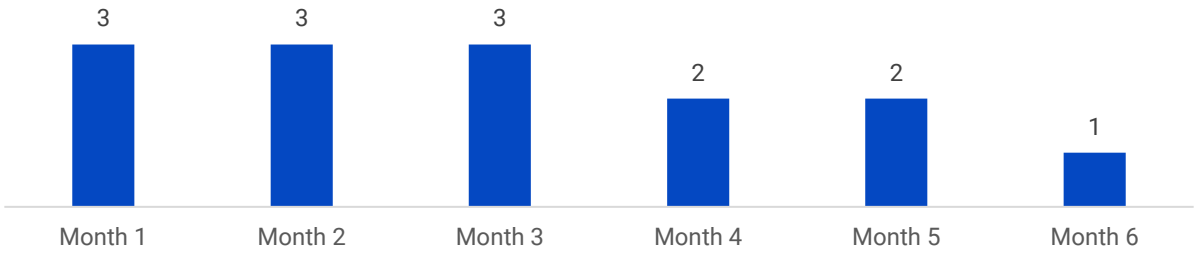
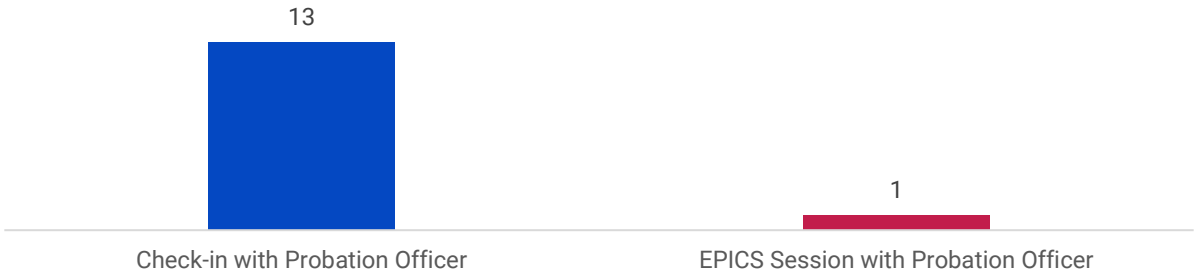


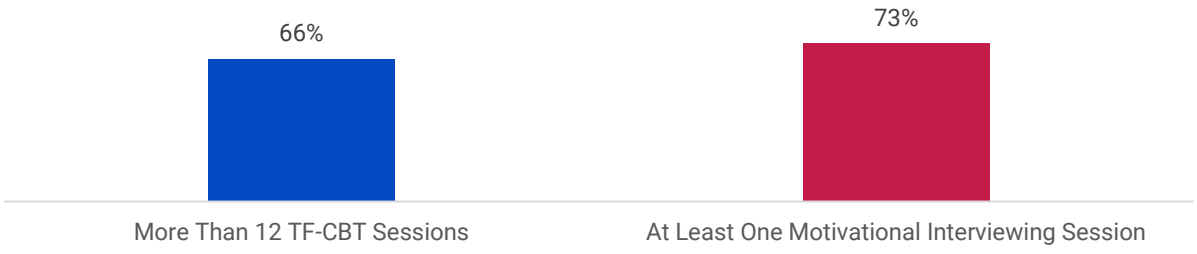
Figure 21. Average Number of Contacts with Probation Officer, by Type of Contact



NUMBER OF TF-CBT SESSIONS

Sixty seven percent of participants had at least 12 TF-CBT sessions. Motivational Interviewing was often used in conjunction with TF-CBT sessions, especially in the beginning of treatment, in order to help participants build trust and share past trauma.

Figure 22. TF-CBT and Motivational Interviewing Sessions



CONCLUSIONS

PARTICIPANT OUTCOMES WERE SUCCESSFUL

Compared to a matched group, project participants had less recidivism, fewer violations of probation, and fewer days in detention. More than 70% of youth reported improvements in functioning in at least three life domains, and nearly 70% of parents demonstrated an increase in parenting quality. Ninety percent of families reported satisfaction with the mental health services treatment they received from the program.

LEARNING DURING IMPLEMENTATION

The FUERTE model evolved during the three—year implementation. The most significant change was extending the program time-frame from four to six months, allowing more time for therapeutic intervention. Probation officers also found that the use of EPICS as a negative behavior correction process was infrequently necessary. FUERTE clinicians could address negative behavior in the youth.

Program staff also found that the PPQ questionnaire was not answered as honestly at the onset of treatment because parents did not want to feel judged or like bad parent. They also may not have had the insight to recognize how often certain behaviors were occurring. By the time of the post test, they had worked with staff, built trust and were more candid. Their post-test responses reflected a truer picture of their practices, including improvements as a result of participation in the program.

CONTINUATION OF THE MODEL

Although MIOCR funding has ended, the probation department has found innovative ways to continue serving this vulnerable population with the FUERTE Model. Recognizing the success of FUERTE, the Probation department made two attempts to sustain the program by cooperating with other local agencies. The first, FUERTE II, ran concurrently with FUERTE, and served a slightly different target population – youth in the Child Welfare System. This effort was deemed unsustainable and another solution was sought. FUERTE Wrap-Around is currently being implemented in cooperation with Children's Behavioral Health, utilizing funding from Medi-Cal and the Probation Department.

With a similar format of a Mental Health Clinician, Transitional Specialist, and Probation Officer, FUERTE Wraparound has two teams and the capacity of serving 20 families at a time. Medi-Cal reimburses clinical services provided by the Clinician, while Probation funds the Transitional Specialist.

The primary target population is youth (ages 12-20) with severe emotional, behavioral, and/or mental health challenges at risk for (or currently in) out-of-home, institutional, or restrictive placements. The FUERTE Wraparound services aim to identify, build on, and enhance the capabilities, knowledge, skills, and assets of the youth and family. The values and guiding principles of FUERTE Wraparound are similar to FUERTE in that services are family-centered, individualized, culturally relevant, trauma informed, and needs driven, including providing crisis and evening/weekend support.

The evolution of FUERTE to FUERTE Wraparound did incorporate an extended timeline for services up to one year. With FUERTE, youth who were in crisis were excluded from the program; FUERTE Wraparound allows time for stabilization of crisis before beginning the TF-CBT model. In this phase of FUERTE Wraparound, there have already been cases that would have been excluded under the original FUERTE model. We aim to give these families, who are experiencing distress and dysfunction, an opportunity to remain intact in the community and work towards addressing trauma on a timeline and pace that they find appropriate.

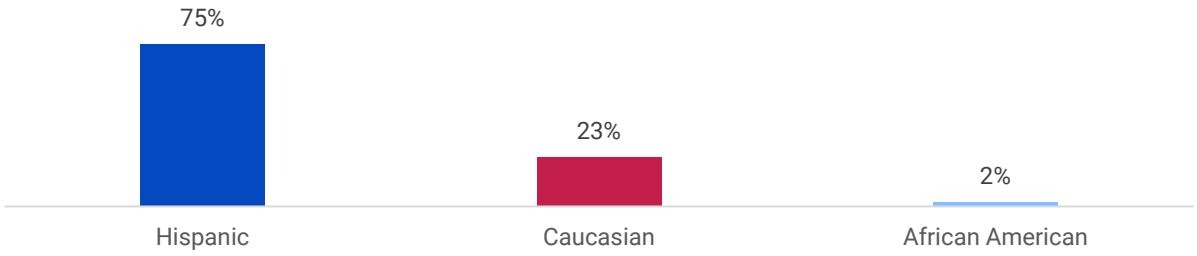
Figure 23. FUERTE Sustainability Efforts

	REFERRAL	SCREENING	TREATMENT	OUTCOMES	FUNDING
FUERTE SUSTAINABILITY EFFORTS					
FUERTE II (RAN CONCURRENTLY WITH FUERTE FOR 3RD YEAR ONLY)					
Up to 45 youth (8-17) and their caregivers (resource families and birth families) At any given time, available caseload of 15 CWS youth and 5 probation youth.	Referral from Child Welfare or Probation Department	Screening for Probation youth same as FUERTE. Screening for Child Welfare youth done in the home.	Same as FUERTE. Youth-identified support person required to participate for duration of the program, can be parent, teacher, social worker, foster parent, etc.	75% of resource families will provide stable placements for youth during the program. 75% of youth will report improvements in targeted life domain function arenas, as measured by the CANS. 75% of resource parents and birth parents will demonstrate a significant increase in parenting quality, as measured through the PPQ.	Probation Department Child Welfare System
FUERTE WRAP-AROUND – PROBATION DEPARTMENT AND BEHAVIORAL HEALTH (CURRENTLY IN PROGRESS)					
Probation					
30-50 youth (12-20) and their caregivers (resource families and birth families).	Probation Department	Same as FUERTE	Same as FUERTE	75% of families will provide stable placement for youth during program enrollment. 75% of youth will report improvements in three targeted areas of the CANS assessment by discharge: life domain functioning, youth risk behaviors, and youth strengths. 75% of parents/caregivers will demonstrate a significant increase in self-reported parenting quality as measured by the PPQ. 20% reduction in out-of-home placements. 25% reduction in recidivism (charges for new offenses and violation of probation charges). 30% reduction in days in detention and on probation.	Probation Department *
Behavioral Health					
30-50 youth (12-20) and their caregivers (resource families and birth families)	Children's Behavioral Health		Same as FUERTE 26-30 youth will receive services through EPSTD, including EBP therapeutic series and transitional support.	75% of youth will report improvements in at least three targeted life domain functioning arenas as measured by the CANS. 75% of PSC-35 results will be in the sub-clinical range following at least six months of services.	Children's Behavioral Health*
*70% of youth will be served through the EPSDT system. In the event that the percentage of referred youth without MediCal exceeds 30%, non-County Behavioral Health funds will cover the costs.					

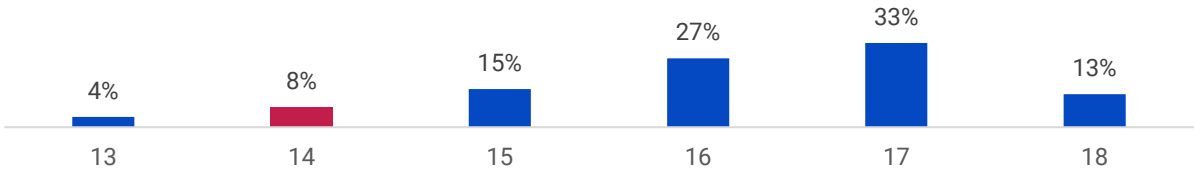
Appendix A – Participant Demographic Data

GENDER

ETHNICITY

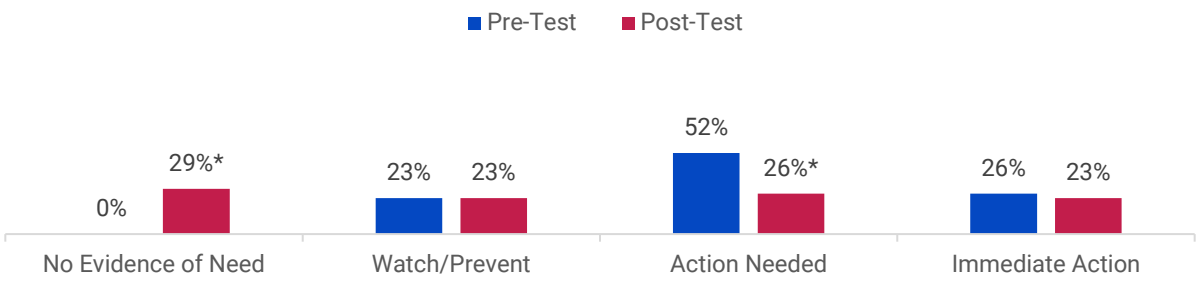


AGE AT TIME OF REFERRAL



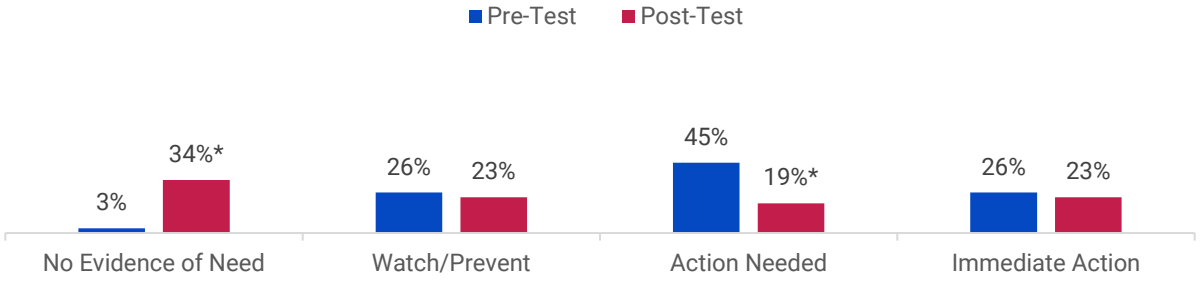
Appendix B – Youth Scores on CANS Life Domains (n=31)

CANS FAMILY DOMAIN*



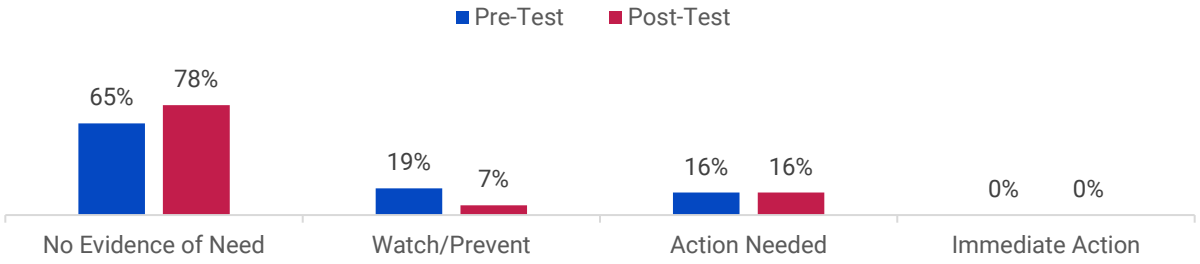
Statistically Significant

CANS LIVING SITUATION DOMAIN*

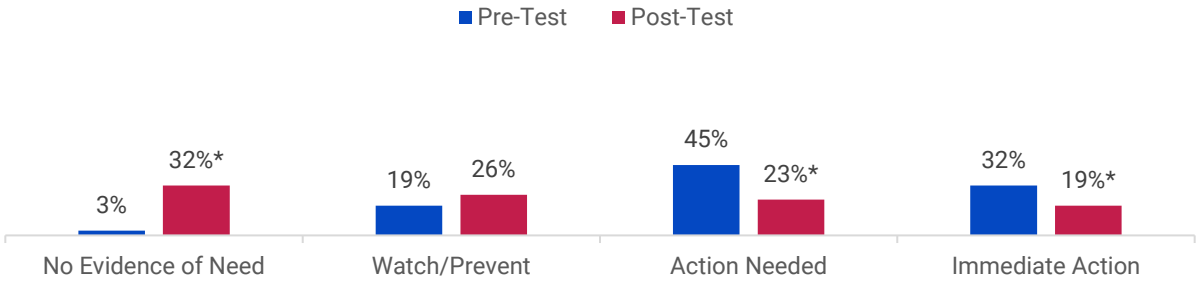


Statistically Significant

CANS SOCIAL FUNCTIONING DOMAIN

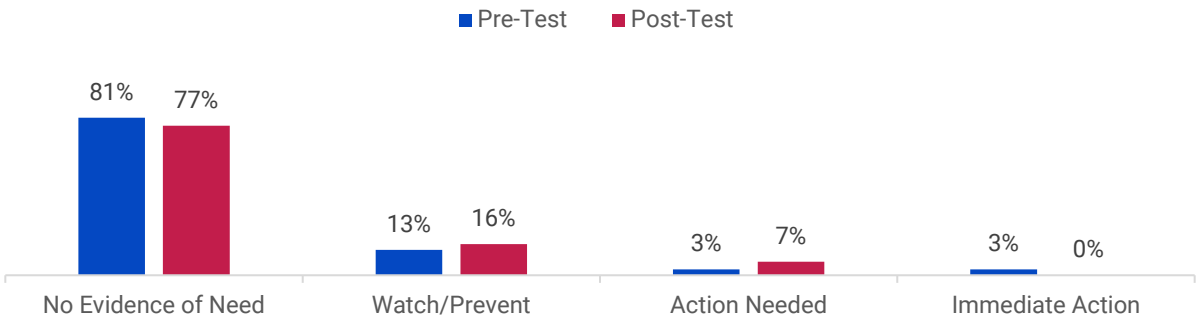


CANS RECREATIONAL DOMAIN*

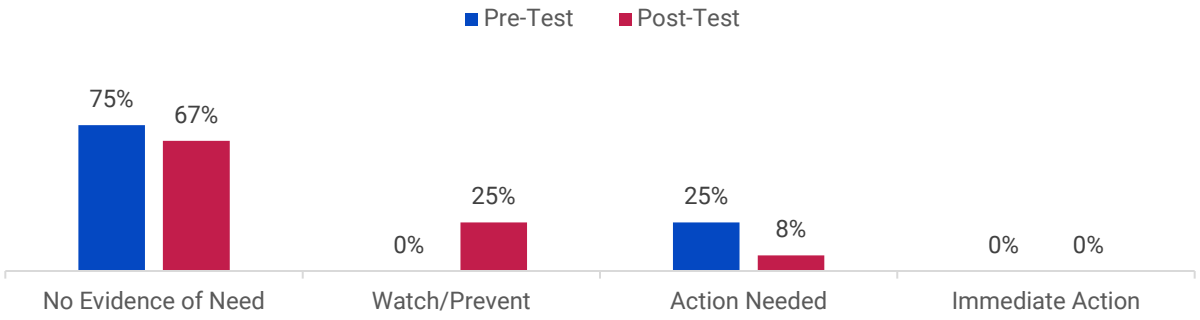


Statistically Significant

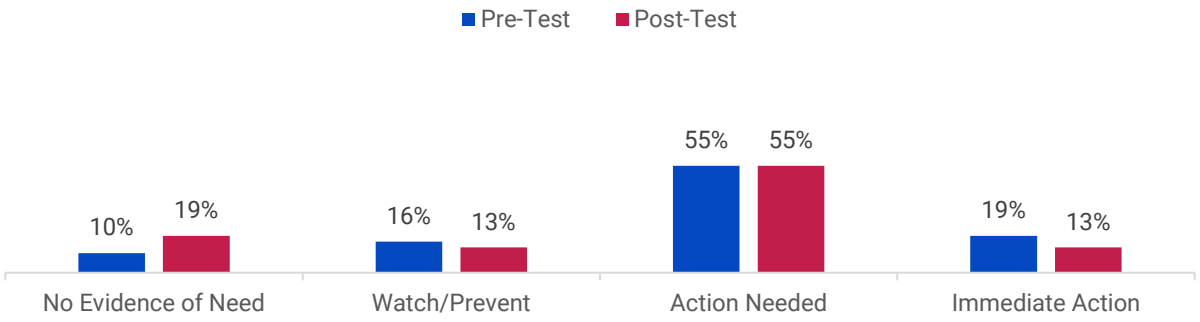
CANS DEVELOPMENTAL DOMAIN



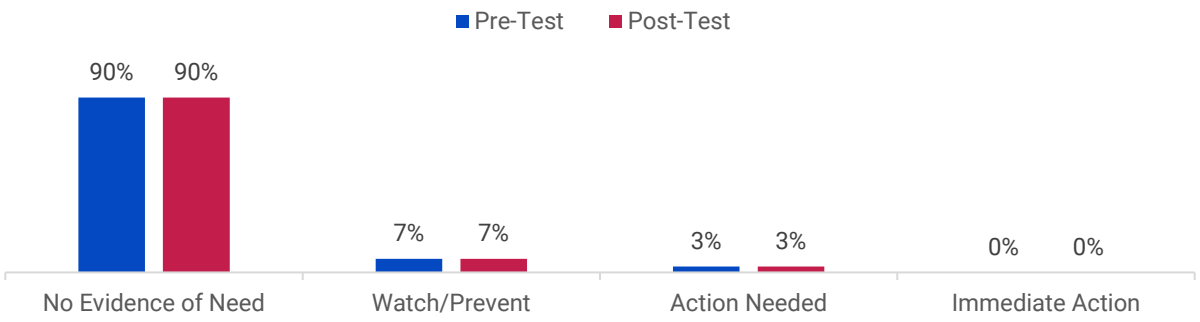
CANS JOB FUNCTION DOMAIN



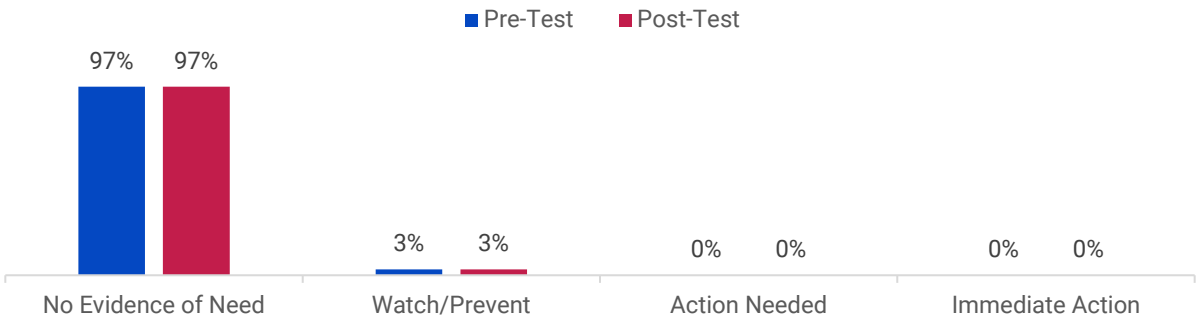
CANS LEGAL DOMAIN



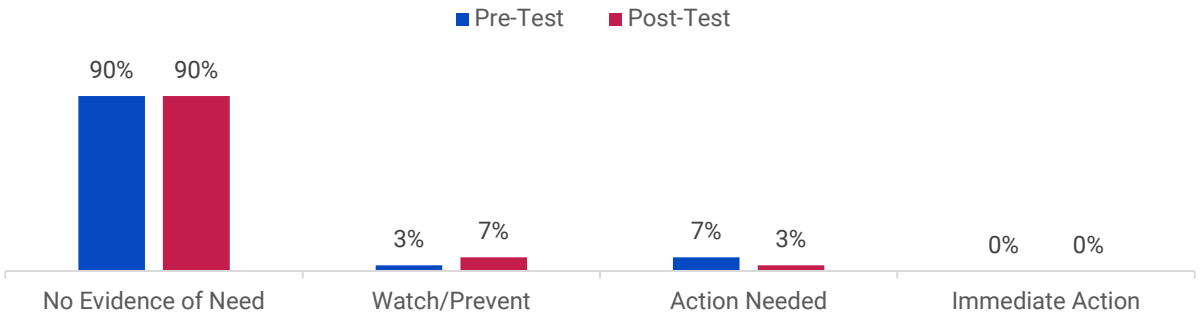
CANS MEDICAL DOMAIN



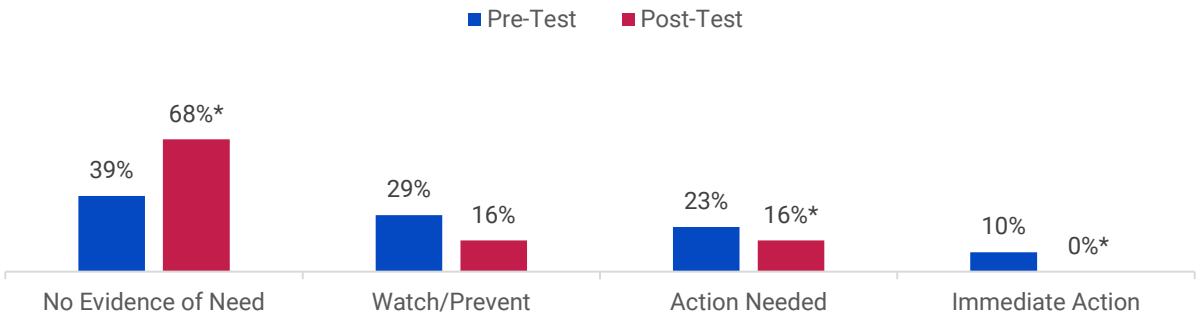
CANS PHYSICAL DOMAIN



CANS SEXUALITY DOMAIN

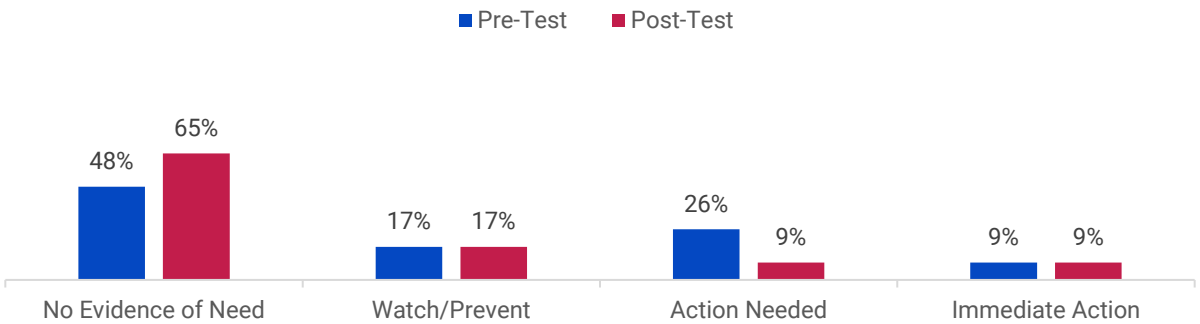


CANS SLEEP DOMAIN*

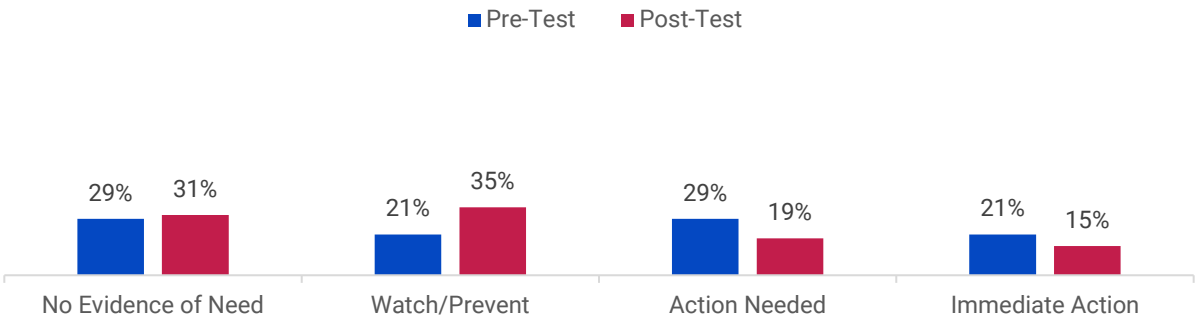


**Statistically Significant*

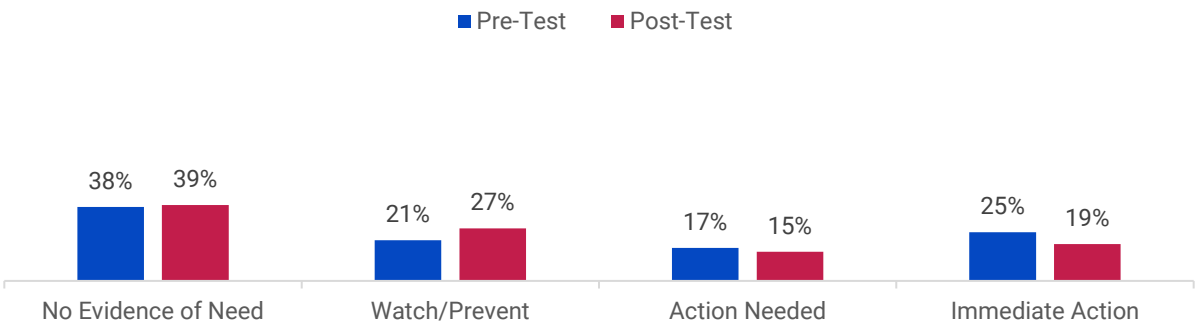
CANS SCHOOL BEHAVIOR DOMAIN



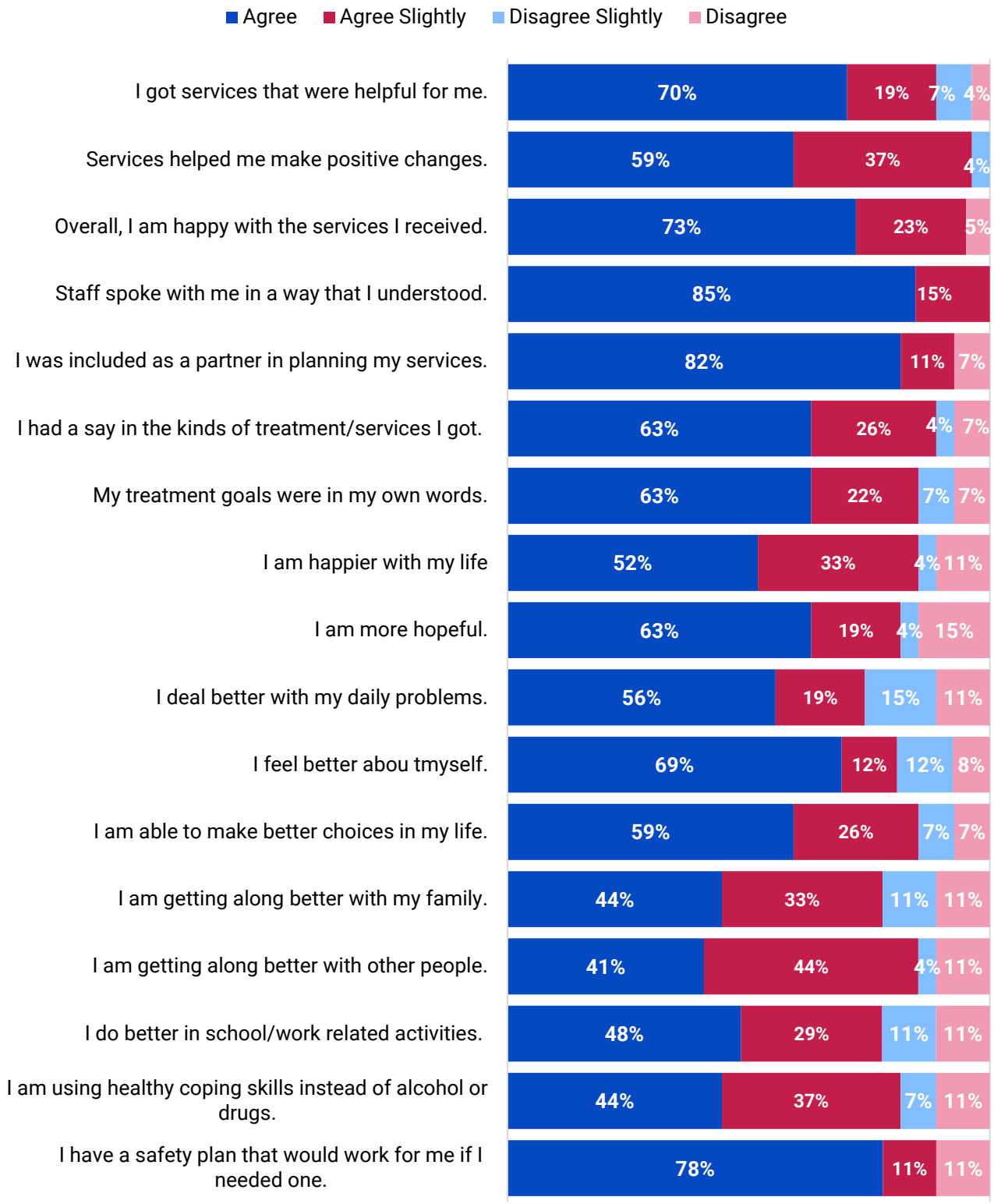
CANS SCHOOL ACHIEVEMENT DOMAIN



CANS SCHOOL ATTENDANCE DOMAIN

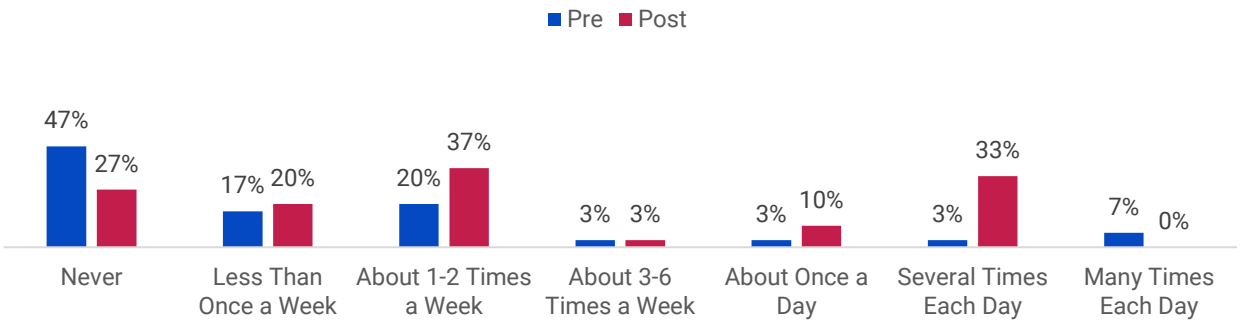


Appendix C – Youth Program Survey Results (Only Closing)

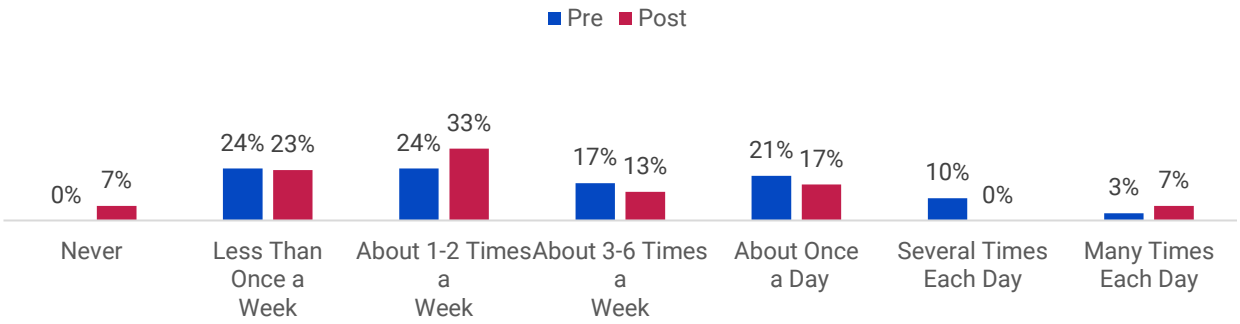


Appendix D – Parent Scores on Parenting Quality Questionnaire (PPQ) (n=30)

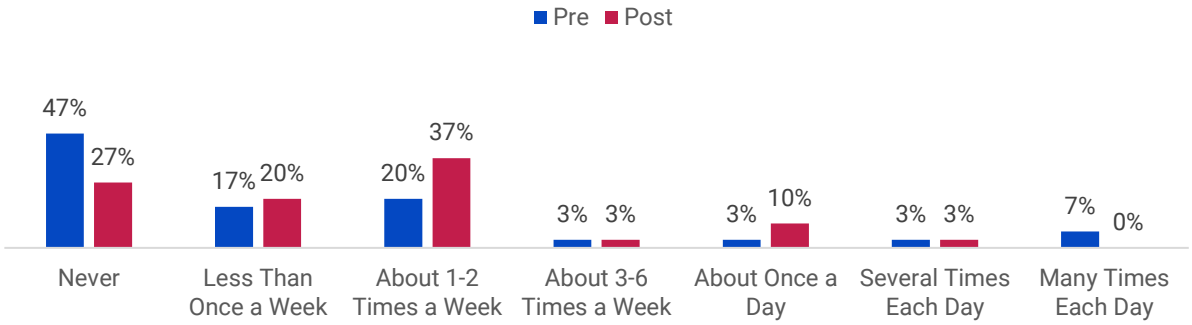
Q1. How often does your child do something that gives you pleasure and enjoyment?



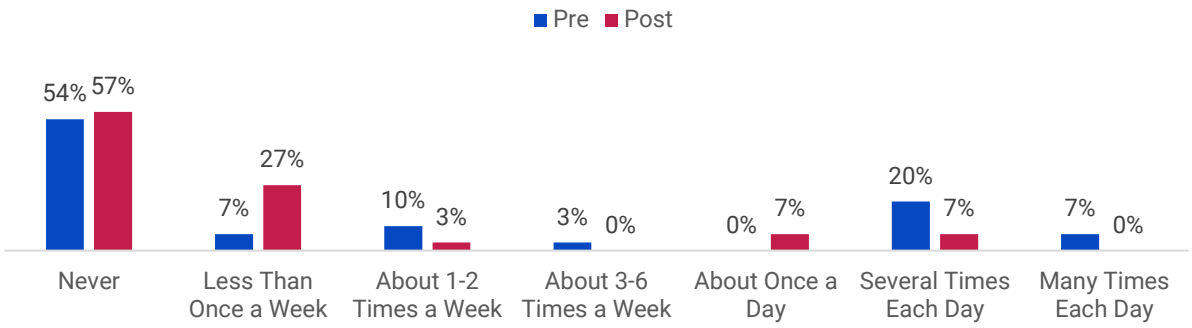
Q2. How often does your child to something that greatly irritates you and gets on your nerves?



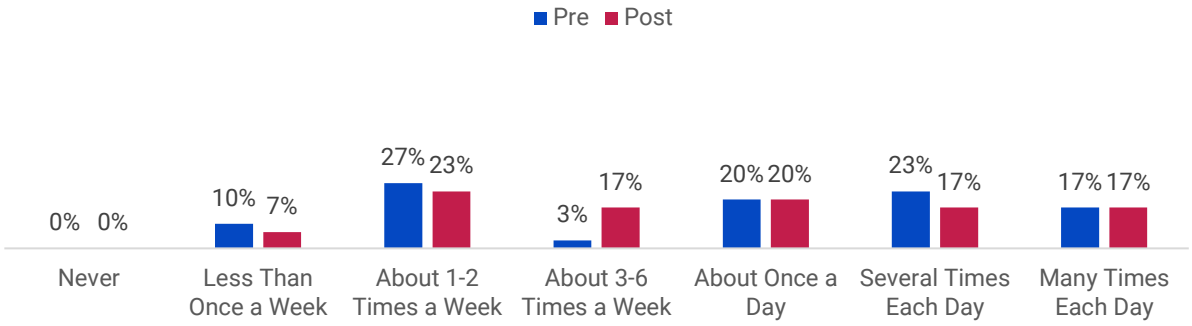
Q3. How often do you take turns with your child reading something aloud, or discuss with each other something you both have read?



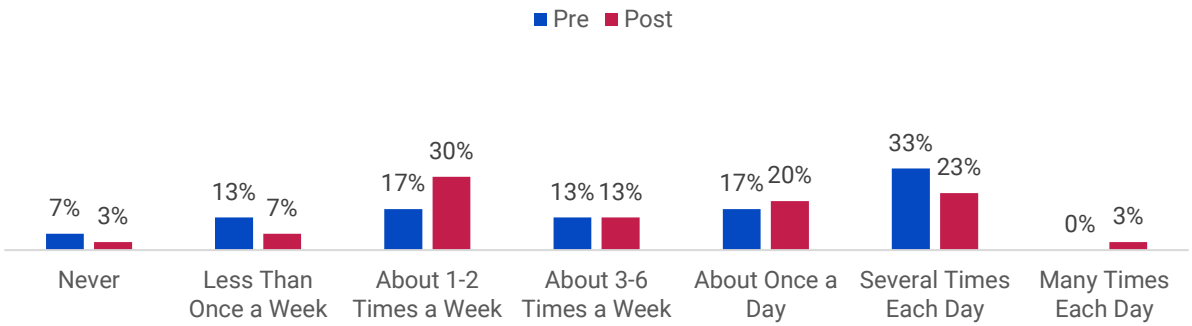
Q4. How often do you "ground" your child for longer than a week?



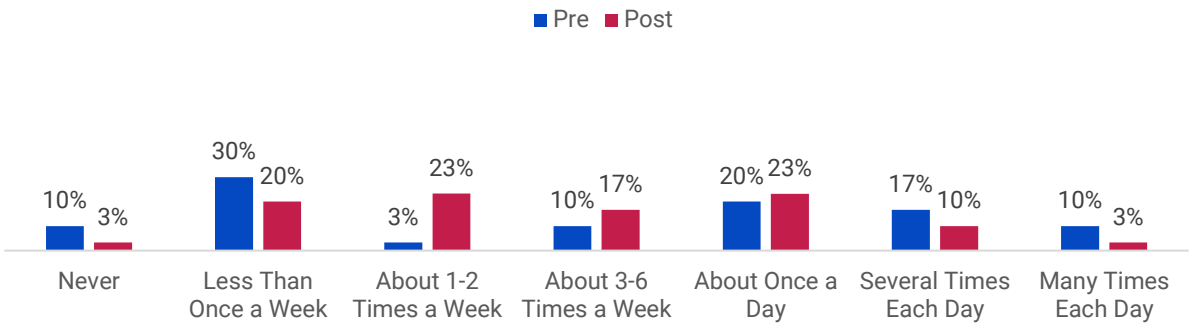
Q5. How often do you praise your child, by saying something like "Good for you!" "What a nice thing you did!" "Thank you!" or "That's good going!"



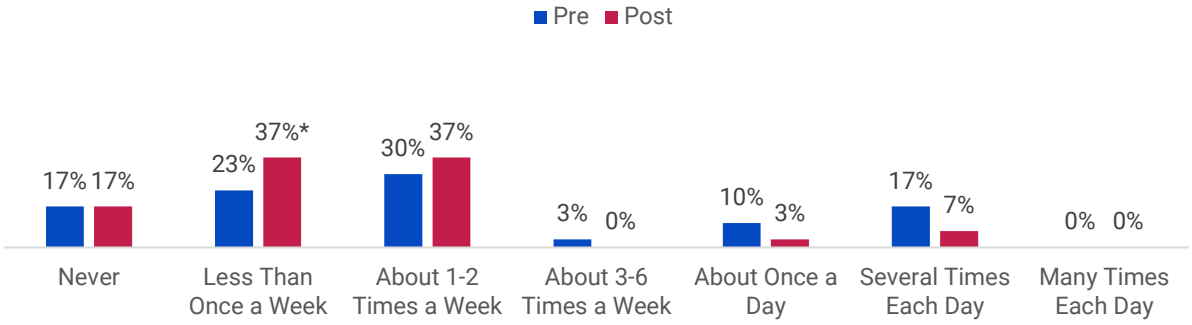
Q6. How often do you tell your child about your own experience, by saying something like, "I saw an unusual bird outside just a little while ago," or "I exercised in a different way for myself today," or "I was able to help someone out today in a way…"



Q7. How often do you and your child talk or work or play with each other, focusing attention on each other for five minutes or more, without you asking or telling the child to do anything, or giving any advice?

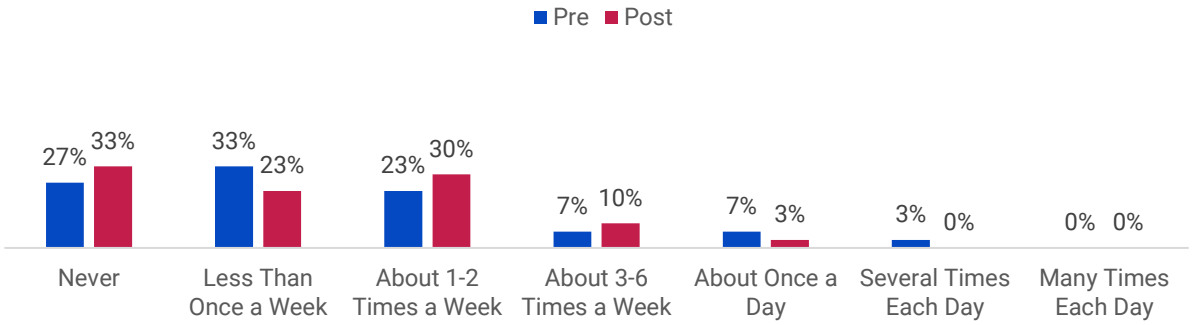


Q8. How often do you tell your child to do something, with an irritated or angry tone of voice?*

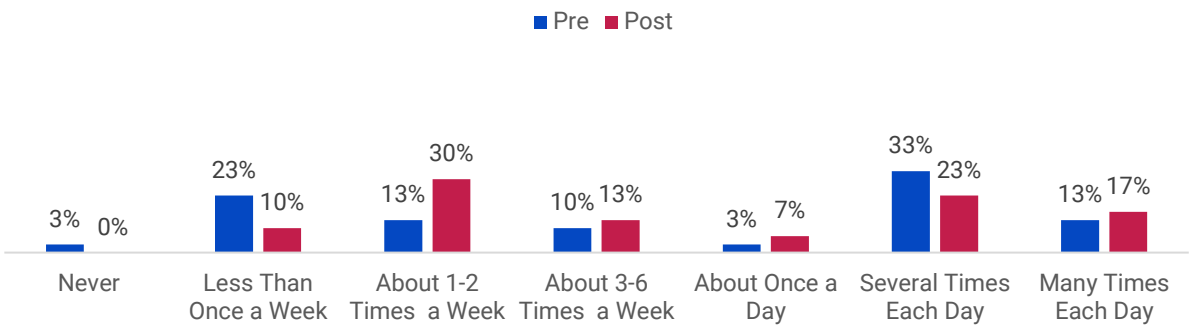


**Statistically Significant*

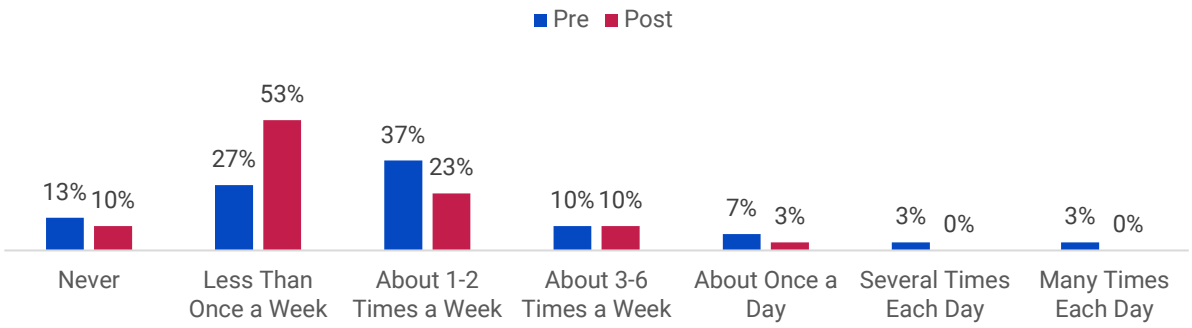
Q9. How often do you and your child play together—for example: board games, card games, sports, dramatic activities, guessing games, throwing a ball back and forth, etc.?



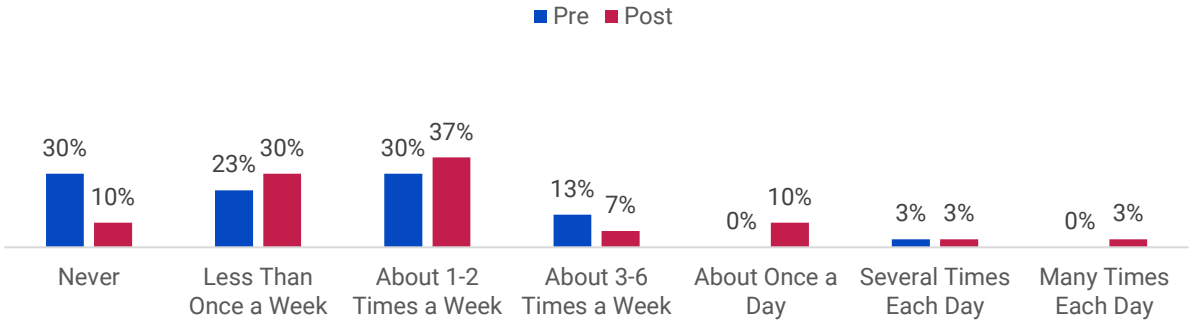
Q10. How often do you and your child laugh together?



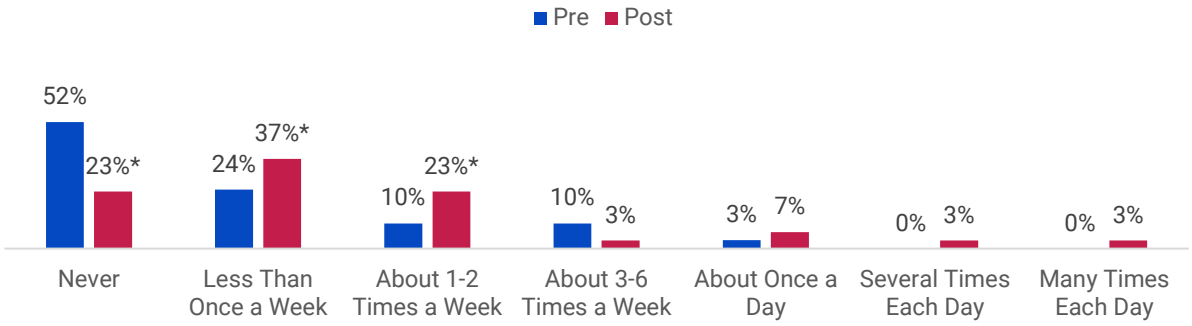
Q11. How often do you yell or speak in a very loud voice to your child because the child has done something you don't like?



Q12. How often do you and your child do some sort of work, task, or chore together in a way that is pleasant for each of you? (For example: gardening, yardwork, housework, community service, cooking…)

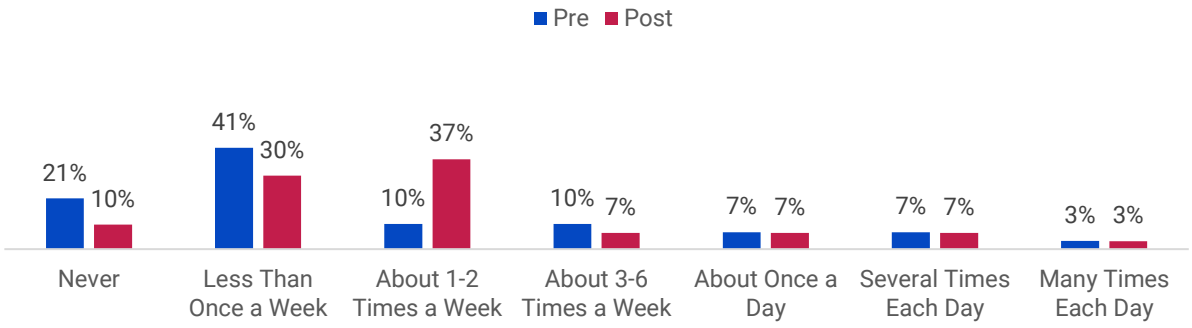


Q13. How often do you and your child take a walk together, not to get anywhere, but just to be together?*

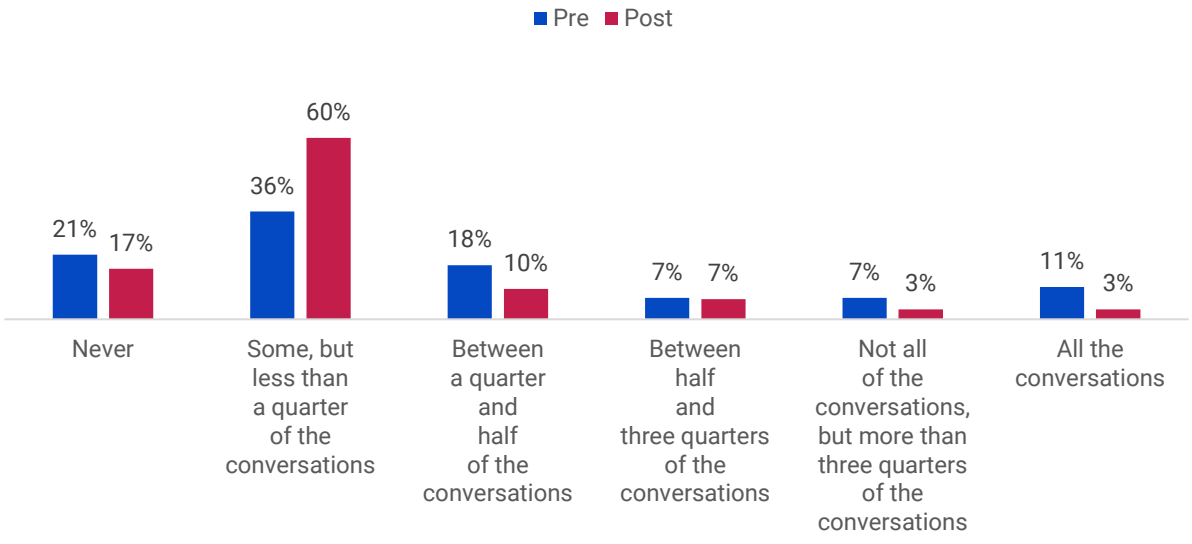


**Statistically Significant*

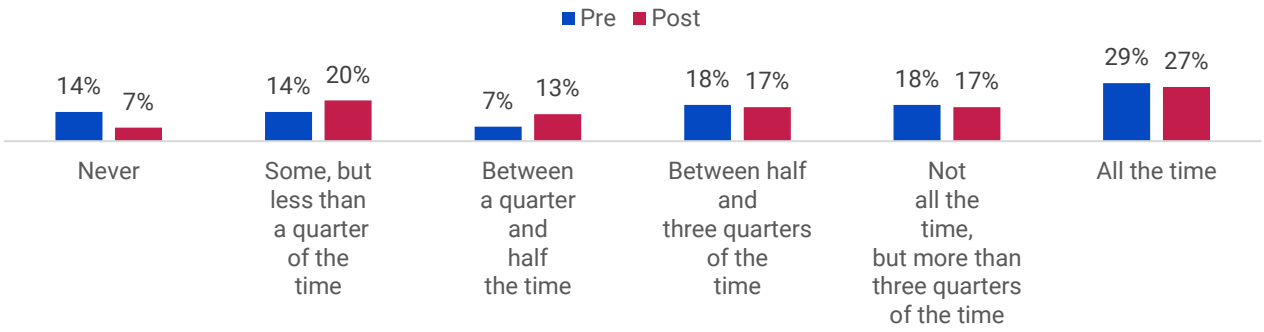
Q14. How often do you and your child discuss a problem or decision, in a conversation in which: (1) neither person gets angry, (2) more than one possible course of action is posed as an alternative, and (3) something is finally agreed upon?



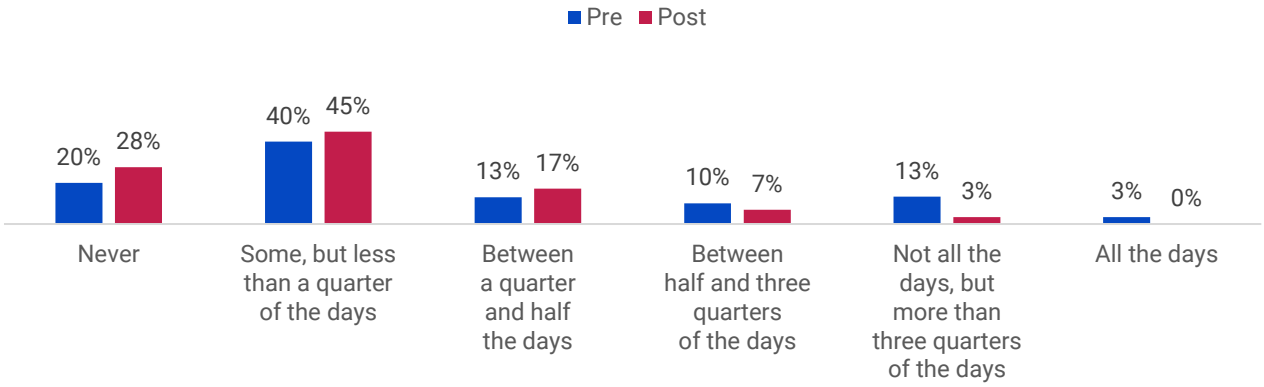
Q15. What fraction of the conversations you have had with your child in the last month are arguments, or result in arguments?



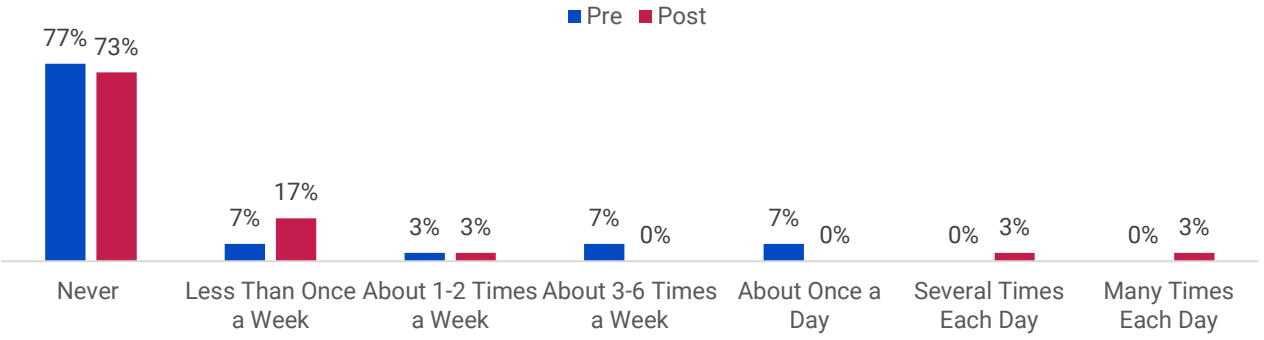
Q16. When you and your child set out to do something fun together, what fraction of the time does it actually turn out to be fun?



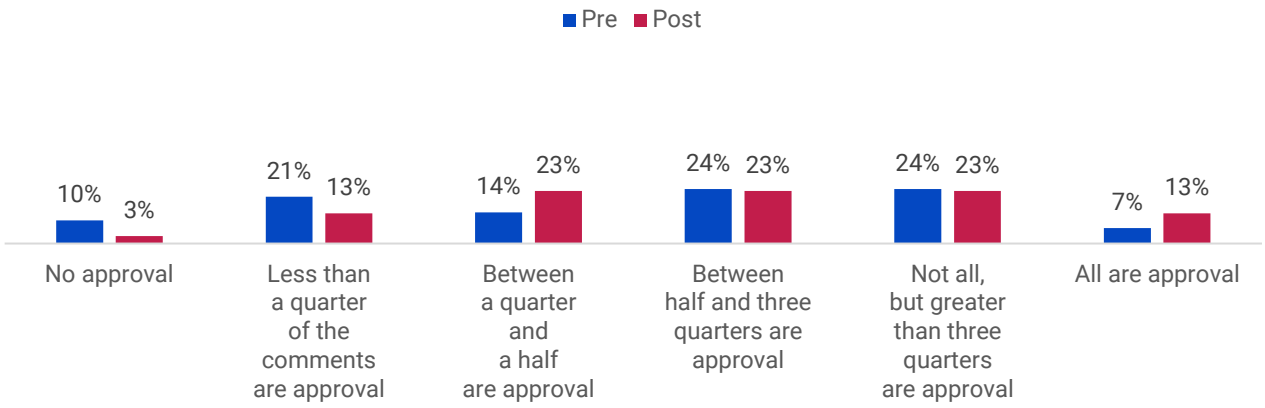
Q17. What fraction of days are you too worn out and exhausted to do something fun with you child?



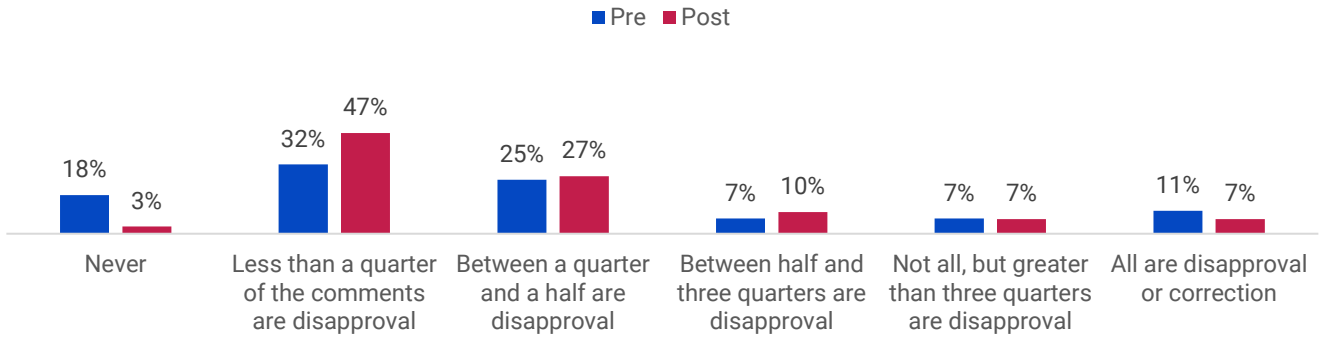
Q18. How often does the thought go through your mind that you wish you didn't have to spend so much time with the child or that, or that you are glad that you don't spend more time with the child?



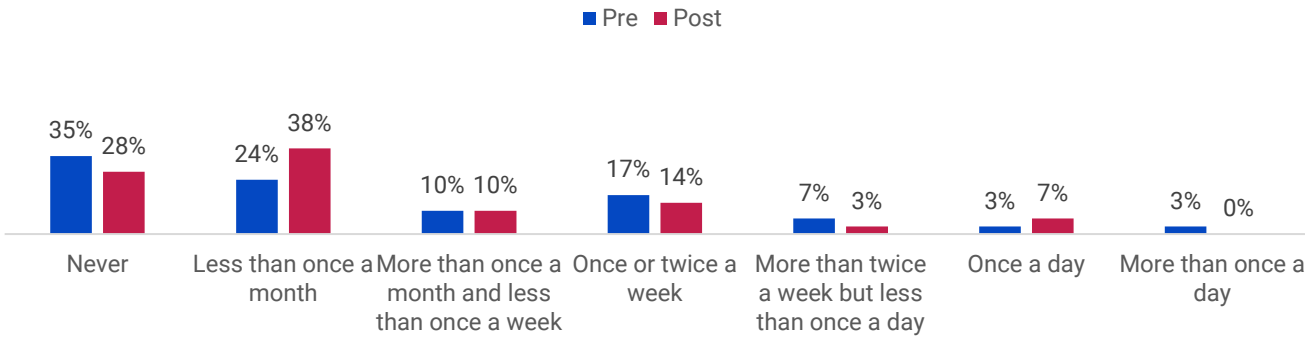
Q19. Think of all the times that you comment to the child about the child's behavior. What fraction are congratulation or approval?



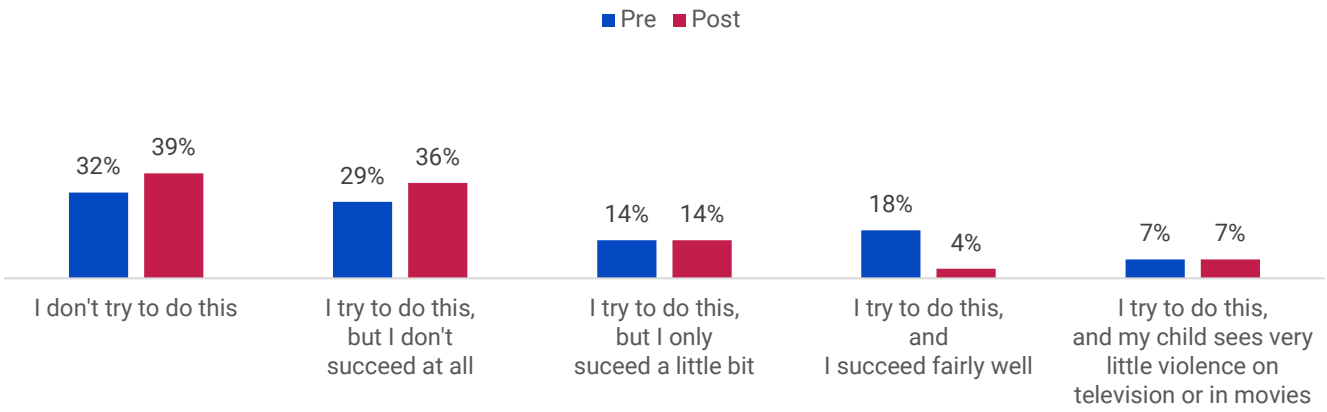
Q20. Think of all the times that you comment to the child about the child's behavior. What percentage are correction or disapproval?



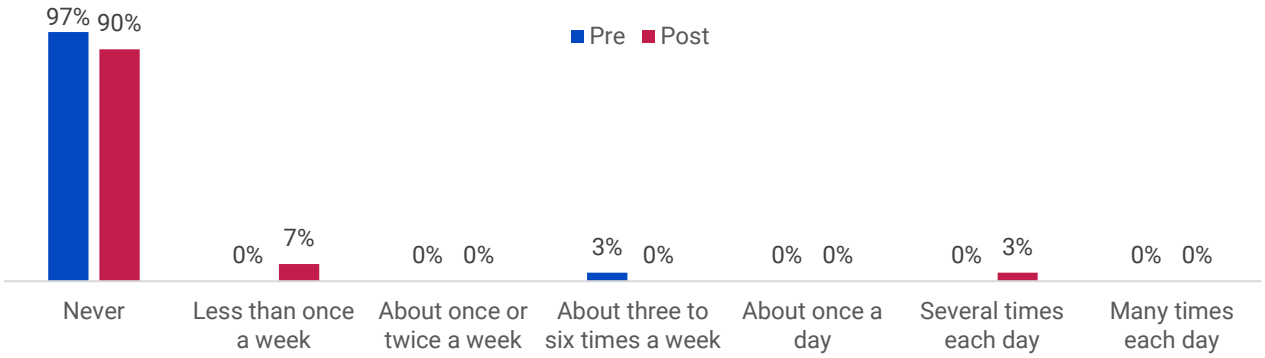
Q21. How often do you do some sort of activity that lets you chat with both you teenaged child and one or more of his or her friends?



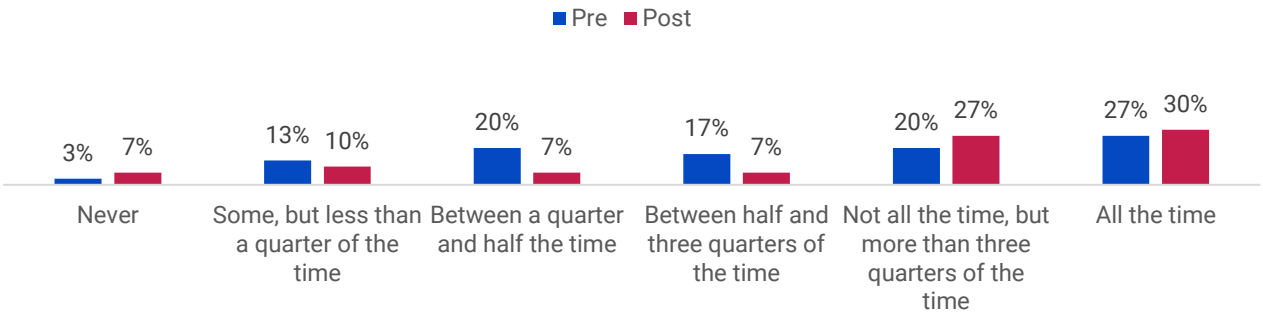
Q22. Do you influence your child to avoid seeing television shows and movies that have a lot of violence or meanness in them?



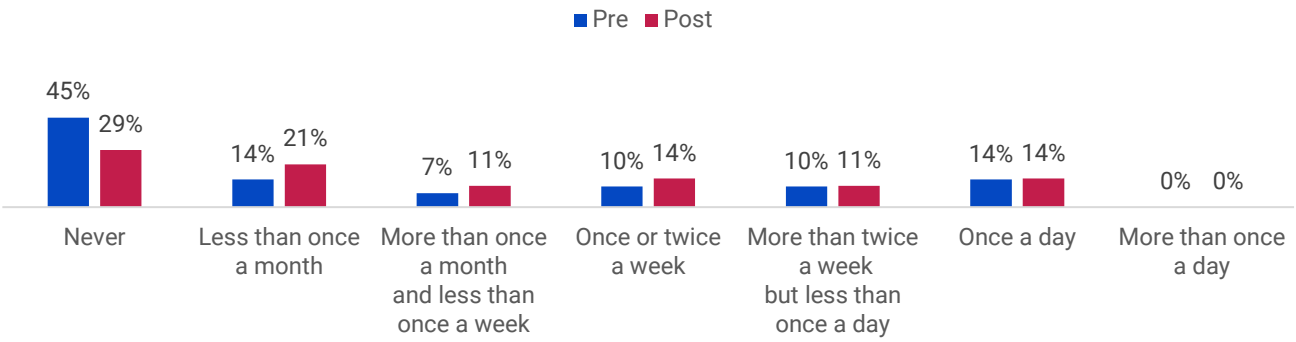
Q23. How often does your child see adults or other adults or other teenagers in your house physically fighting with our hitting or otherwise trying to physically hurt each other?



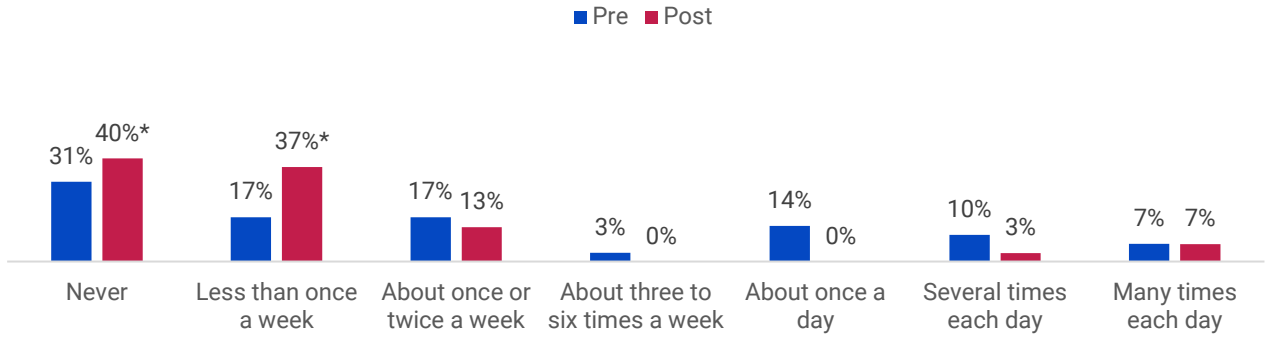
Q24. When you agree on a firm rule regarding something your child will do, what fraction of the time do you follow up to make sure that the child does it?



Q25. How often do you check your child's homework, or help your child with homework, teach your child some academic subject, or do some academic work together?

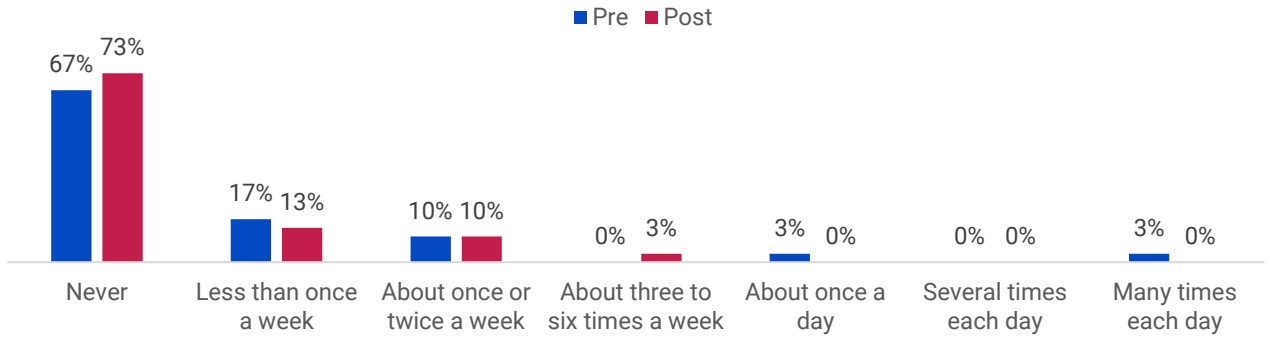


Q26. How often is your child able to get his or her way by getting very loud or angry or whining or acting very unpleasant?

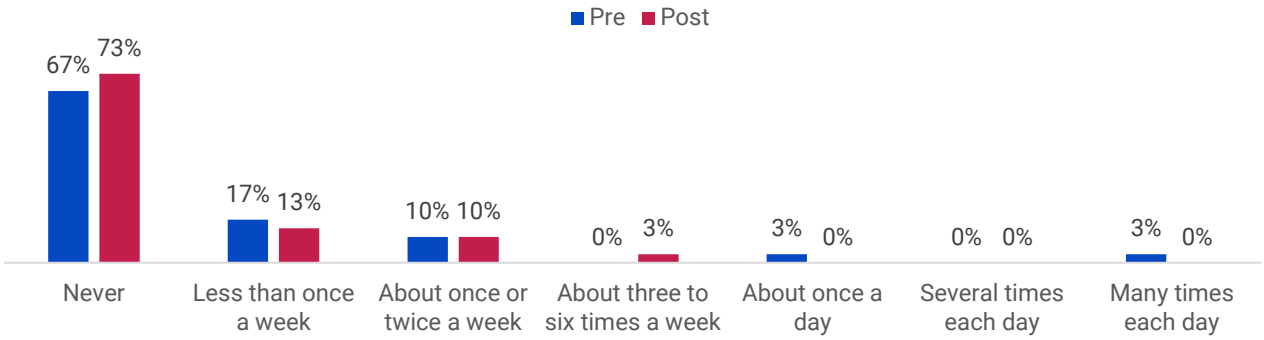


**Statistically Significant*

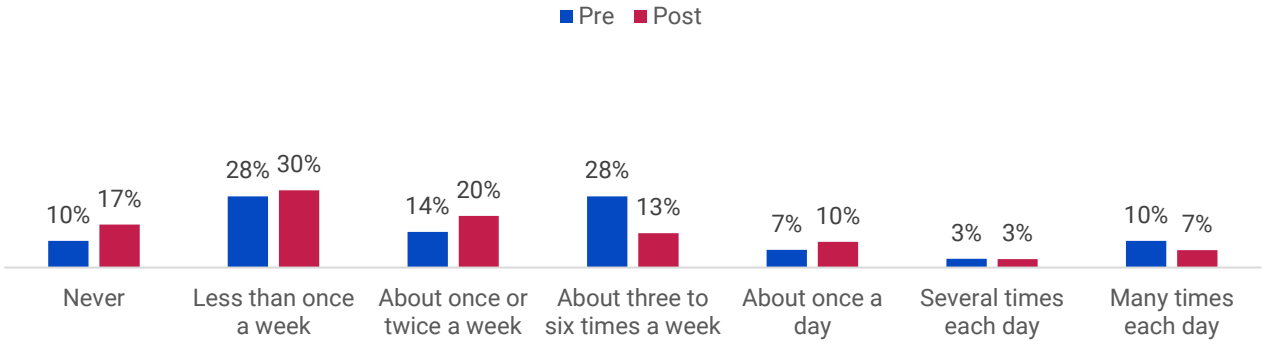
Q27. How often do you tell your child you may leave him or her, or get him or her to leave, if he or she doesn't behave better?



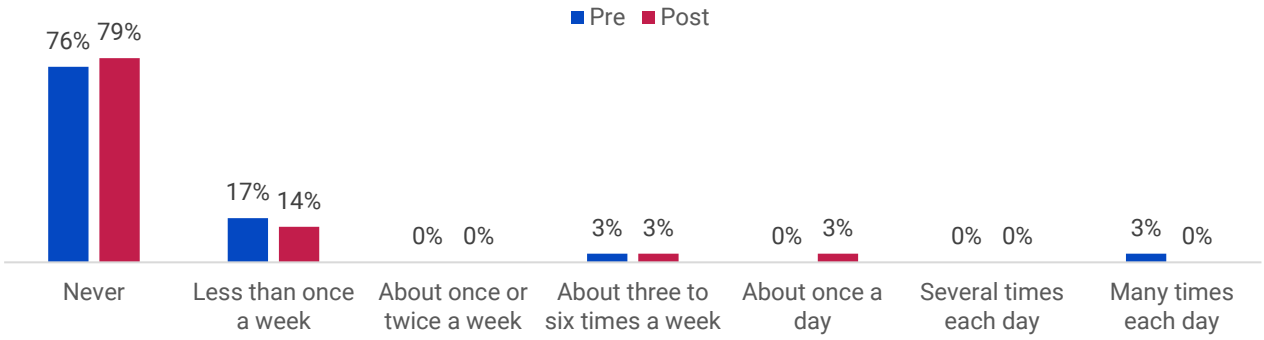
Q28. How often do you uses an "active listening" or "reflection" response that reflects back to the child what you heard him or her to be communicating: for example, "so you're saying that you'd like to go, but you're a little too nervous to?"



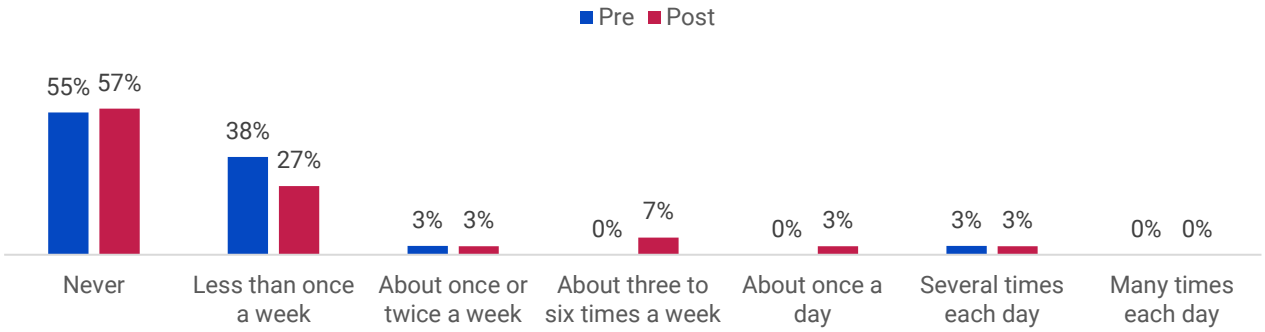
Q29. How often do you conduct or help conduct, in the home, planned teachings for your family about ethics or values or how to live well, for example religious or philosophical readings or discussions? (Lectures given to the child in response to his or her misbehavior do not count.)



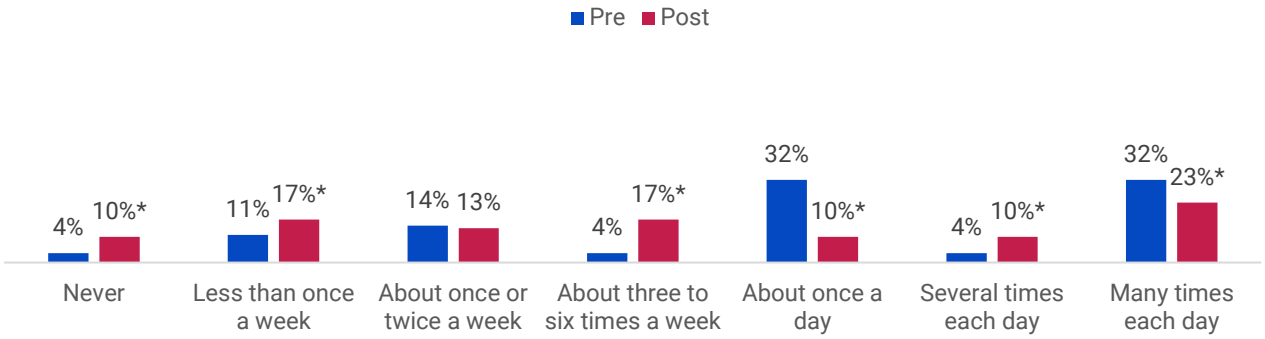
Q30. How often do you or does someone else tell the child that he is bad or that he is not as good as someone else?



Q31. How often does the child see an adult in the house raise his voice in anger at some other adult in the house?

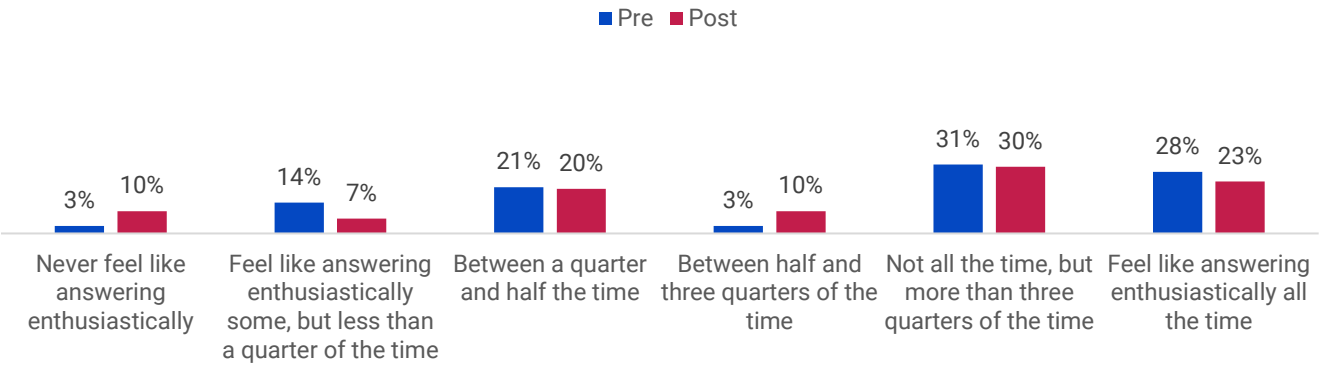


Q32. How often does the child see an adult in the house do something kind, friendly or very much appreciated by another adult in the house?*

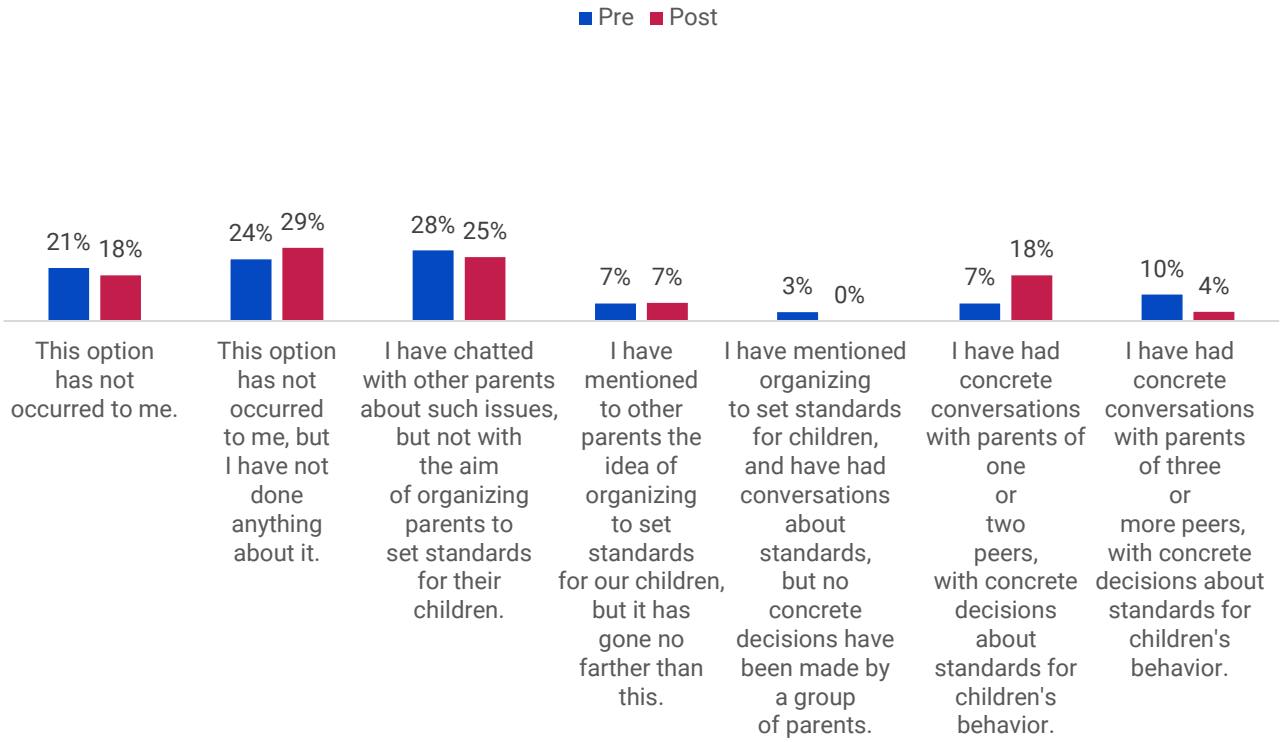


**Statistically Significant*

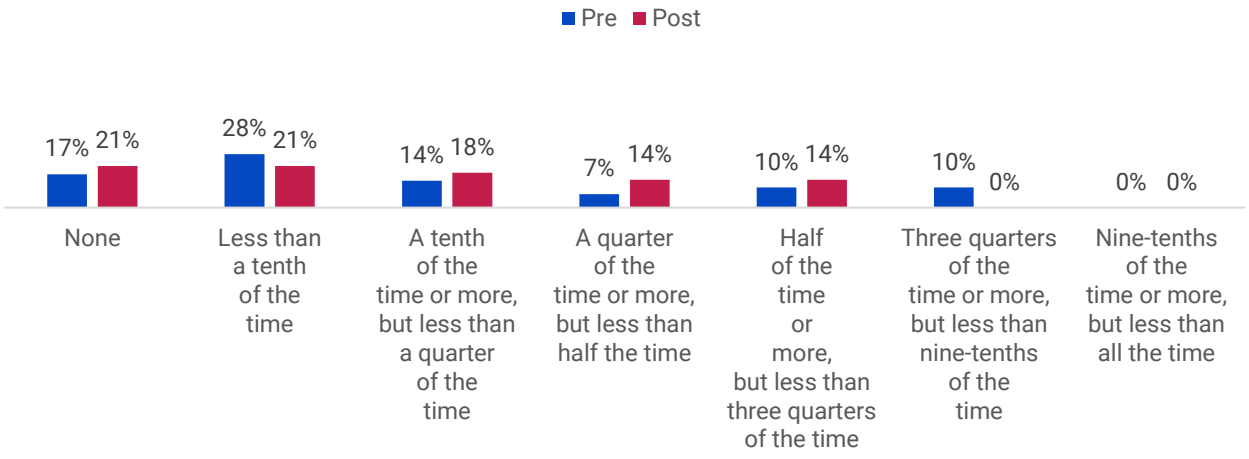
Q33. When your child asks you a question, what fraction of the time do you feel like answering it in an enthusiastic and interested way, rather than feeling irritated that your child is bothering you?



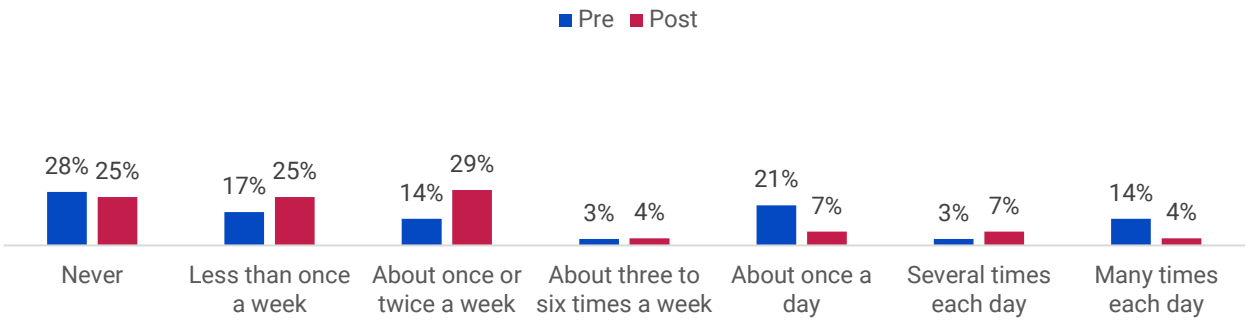
Q34. To what extent have you made any effort to communicate with parents of your children's peers regarding standards for behavior for the peer group as a while, regarding such issues as alcohol or drug use, sexuality, and so forth?



Q35. What fraction of the total time you spend with the child is spent in a room with a television on?



Q36. How often do you sing, dance, or play music with your child?



Appendix E – Parent Program Survey Results (Only Closing)