



WASHINGTON STATE Department of Children, Youth, and Families



Report to the Washington State Legislature

FAMILIES AND YOUTH IN CRISIS

*In Coordination with the Washington State Department of Commerce
Office of Homeless Youth*

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INTRODUCTION

Family crisis is a common experience and is one that can have impacts that last a lifetime. While family conflict is one of the most commonly reported reasons that youth experience homelessness nationally,¹ very few services and interventions exist to strengthen family relationships and resolve crises in Washington State.

Without a public system clearly responsible for supporting youth and families experiencing a crisis, that crisis can intensify. In some cases, this can be serious: familial violence, court involvement and youth homelessness. Because there is no public system tasked with serving the needs of these families, these youth are at risk of falling through the cracks and their safety and well-being may be in jeopardy.

Due to the magnitude of the need for crisis resources for youth and their families, the legislature requested a joint report from the Department of Children, Youth, and Families (DCYF) and the Office of Homeless Youth (OHY) on the public system response to families and youth in crisis who are seeking services to address family conflict in the absence of child abuse and neglect (2018 Supplemental Budget, ESSB 6032, page 248).

Families and Youth in Need of Services

ESSB 6032

- (c) (i) \$150,000 of the general fund – state appropriation for fiscal year 2019 is provided solely for the department to conduct a study, jointly with the office of homeless youth prevention and protection programs within the department of commerce, on the public system response to families and youth in crisis who are seeking services to address family conflict in the absence of child abuse and neglect.
- (ii) In conducting the study required under this section, the department and the office shall involve stakeholders involved in advocating and providing services to truants and at-risk youth, and shall consult with local jurisdictions, the Washington administrative office of the courts, and other entities as appropriate. The study shall review the utilization of existing resources such as secure crisis residential centers, crisis residential centers, and HOPE beds and make recommendations to assure effective use or redeployment of these resources.
- (iii) The department and office shall develop recommendations to improve the delivery of services to youth and families in conflict which shall include a plan to provide community-based early intervention services as well as intensive interventions for families and youth facing crisis so severe that youth cannot continue to reside in the home or is at risk of experiencing homelessness. Recommendations may include changes to family reconciliation services, and revisions to the at-risk youth and child in need of services petition process, including consideration of a combined family in need of services petition process or a civil citation process.
- (iv) The department and the office shall jointly submit recommendations required by this section to the governor and the appropriate legislative committees no later than December 15, 2018.

¹ https://www.acf.hhs.gov/sites/default/files/fysb/rhy_congress_2010_11.pdf

Key Terms	
Family	Throughout this report, family is used to include parents and caregivers. While family can encompass other family members in and out of the home, for the purposes of targeted interventions the term is more narrowly defined.
Crisis	A disruption or breakdown in a person's or family's normal or usual pattern of functioning. A crisis cannot be resolved by a person's customary problem-solving resources/skills.
Youth	This report focuses specifically on the needs of youth (ages 13-24, with an emphasis on ages 13-18) and their families. To align with the proviso language, the term youth is used to refer to this group, though the newly developed DCYF unit focused on this population refers to them as "adolescents." Some of the solutions proposed here can be applied to a broader population (e.g. youth under the age of 13). While this proposal likely has application to a wider audience, for the sake of clarity this scope has been constrained.

As per the legislation, the development of this report relied on extensive stakeholder involvement including nine community listening sessions with more than 170 participants, youth advocate listening sessions, dozens of key informant interviews, surveys of stakeholders across the state and facilitated conversations with key policy leads. DCYF and OHY gathered feedback from advocates and stakeholders, many of whom parent or provide services to truant, at-risk and homeless youth. Stakeholders included representatives from a wide range of appropriate entities including local jurisdictions and the Washington Administrative Office of the Courts.

During a quarterly meeting of OHY and Youth Advocates Ending Homelessness (The Mockingbird Society), youth advocates developed the following guiding principles to shape OHY and DCYF work to respond to this proviso. These principles, expanded on further in Appendix A, have guided this work.

Guiding Principles	
Proactive Versus Reactive	Appropriately Resourced
Timely Access	Individualized Services
Court = Last Resort	Promote Family Resiliency and Unity
Culturally Responsive	Accessible in Every Community
Trauma-Informed	Involve the Voice of Youth and Parents
Data Driven	Prioritize Safety and Stability
Apply a Racial Equity Lens	Well-Advertised

The urgency to address the currently unmet needs of youth and families experiencing a crisis in the absence of abuse and neglect is evident in the focus of the legislature and youth advocates. There are currently at least four major statewide initiatives working to address various components of need. While each has a unique focus, all four share similar goals of improving services and outcomes for youth and families experiencing a crisis. Coordination of these efforts is ongoing and lessons learned from each have informed this report.

Figure 1: State Initiatives to Serve Youth in Need



WHAT DO CONFLICT AND CRISIS LOOK LIKE?

The generalist understanding of a crisis is “a time of intense difficulty, trouble or danger.”² Family crisis can be defined as a disruption or breakdown in a person’s or family’s normal or usual pattern of functioning. A person’s customary problem-solving resources/skills cannot resolve a crisis.³ When considering the needs of youth and their parents/caregivers, there are many forms of crisis and many needs that youth and families express. While crisis can occur at the individual, group, community or societal level, this report will address individual and group (familial) crisis.

Every family experiences stress that, if unaddressed, can escalate. The following three scenarios demonstrate the wide range of unmet needs youth and families in our communities are experiencing. In addition to the scenarios outlined, stressors that can result in crisis include a parent or youth’s mental illness or drug use, familial or intimate partner domestic violence, having an incarcerated parent or family member, a death in the family, teen pregnancy and lack of family acceptance of youth who identify as LGBTQ. Improving a system response that can be accessed at multiple entry points and at varying levels of conflict will allow for interventions and support to address family crisis as a strategy to keep youth and families safe, keep them out of the juvenile justice system and divert youth from experiencing homelessness or victimization.

Three Scenarios of Youth and Families Experiencing Crisis		
Lila is frustrated that she can’t connect with her 15-year-old son. He doesn’t seem engaged in school or their home life. None of Lila’s friends have children her son’s age and she doesn’t feel like she has anyone to turn to for advice.	Naomi’s dad was just hospitalized and her mom is working three jobs to make ends meet. They can’t afford child care for Naomi’s two little brothers, so 14-year-old Naomi has been staying home from school to watch them while her mom is at work.	Seventeen-year-old Jonah lives with his substance-abusing mother. She recently kicked him out for being a “burden.” He’d like to work it out with her but is most concerned about finding a place to stay for the night.

²Oxford English Dictionary

³WA Department of Social and Health Services <https://www.dshs.wa.gov/book/export/html/490>

This report focuses on improving system responses to addressing three distinct forms of adolescent and family crisis:

1. Family and Youth Conflict / Services for Everyone (Primary Prevention)
2. Familial Conflict That Could Result in Severe Crisis (Secondary Prevention)
3. Immediate Crisis / Intensive Intervention (Tertiary Prevention)

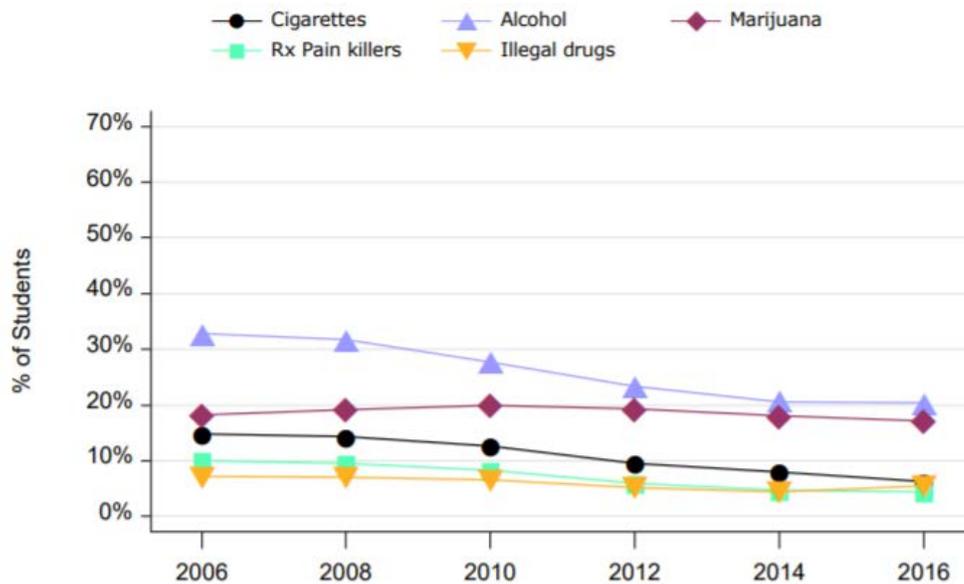
ADOLESCENT NEEDS CAN SIGNAL RISK FOR CRISIS

The Healthy Youth Survey (HYS)⁴ provides important insights into the health of youth in Washington State. Examining HYS results reveals statewide patterns regarding substance use, mental and physical health and relationships with peers, family and schools. This level of data can help inform the statewide population need for primary and secondary prevention services for youth experiencing a crisis.

Support for mental health needs is essential for many youths at risk of or experiencing a crisis. Survey results of 10th graders from 2016 show that 65 percent of respondents experienced anxiety and nervousness, 34 percent experienced depressive feelings, 21 percent had considered attempting suicide, 17 percent made a suicide plan and 10 percent attempted suicide.⁵

Another area of need that could signal a future crisis is substance abuse. Among 10th graders in Washington,⁶ the most commonly used substances are alcohol (20 percent of youth) and marijuana (17 percent of youth). Youth alcohol use has been on the decline since the early 2000s, dropping from 33 percent in 2006 to 20 percent in 2016 while the use of marijuana has stayed relatively constant (see Figure 2).

Figure 2: Current (Past 30-Days) Substance Use Trends, Grade 10



An indicator of youth and family crisis is school absence, otherwise referred to as truancy. School attendance is critical for academic success and is a key place for youth and families to access resources in their community. According to Washington State law (RCW 28A.22.010), all youth between the ages of 8 and 18 are required to attend school every day. When a youth has accumulated seven unexcused absences in one month or 10 unexcused absences in an

⁴ www.doh.wa.gov/DataandStatisticalReports/DataSystems/HealthyYouthSurvey

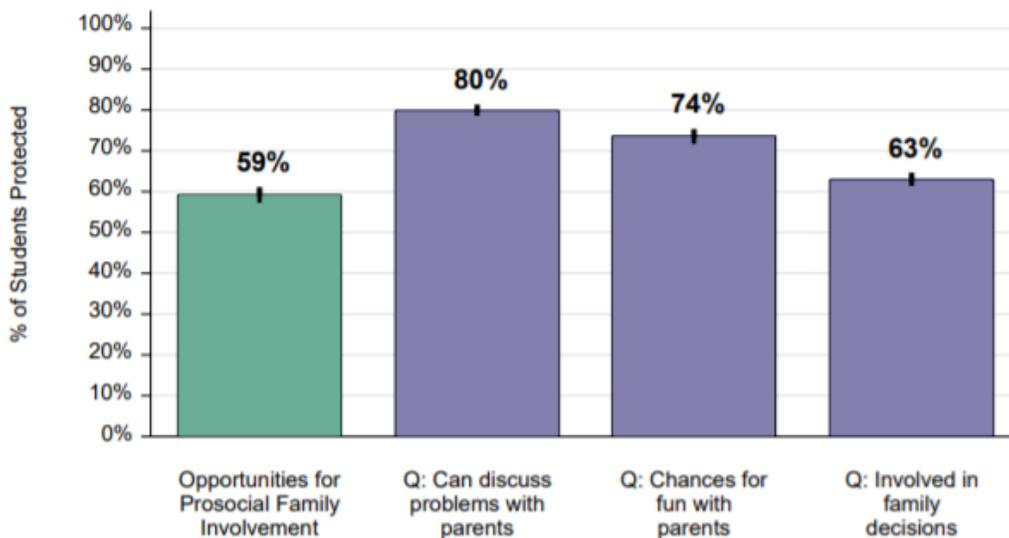
⁵ While not the focus of this report, suicide is the second leading cause of death among Washington teens ages 15-19 and can be a tragic consequence of unidentified or unmet needs in adolescents.

⁶ 2016 Healthy Youth Survey

academic year, the school district is required to file a truancy petition with the county juvenile court (RCW 28A.225.030). In the 2016-2017 academic year, there were 11,076 truancy petitions filed. Filing rates vary significantly between rural and urban school districts (17 per 1,000 juveniles compared to 12 per 1,000).⁷ The average age for youth receiving a truancy petition is 14 years old.

Familial protective factors are critical as youth transition through adolescence. Examples of protective factors include: being able to discuss problems with parents, chances to have fun with your family and being involved in family decision-making. Among youth that responded to the HYS, slightly more than half (59 percent) reported a high level of these familial protective factors. Still, many youths do not have the familial protective resources they need. One in five 10th graders (20 percent) report not being able to discuss problems with their parents (see Figure 3) and 15 percent said they had no adults to turn to when feeling sad or hopeless.

Figure 3: Protective Factor: Opportunities for Prosocial Family Involvement, Grade 10, 2016



THE IMPACTS OF FAMILY CRISIS

When family conflict and crisis escalates, parents may lack the tools and support to provide adequate supervision, youth may run away from home and the basic needs of youth may go unmet. Currently, in Washington State, the court is used to address the needs of these high-risk youth. Under RCW 13.32A, two different petition types exist to protect youth and reconcile families: Child in Need of Services (CHINS) and At-Risk Youth (ARY). The CHINS petition facilitates out-of-home placement for youth for up to six months while the family tries to address the conflict. A child, social worker or parent can initiate the CHINS petition. The ARY petition type is similar to the CHINS, except that only parents can initiate ARY petitions. In 2016, there were 1,258 ARY petitions in Washington State and 273 CHINS petitions. For details on the ARY and CHINS processes, see Appendix B.

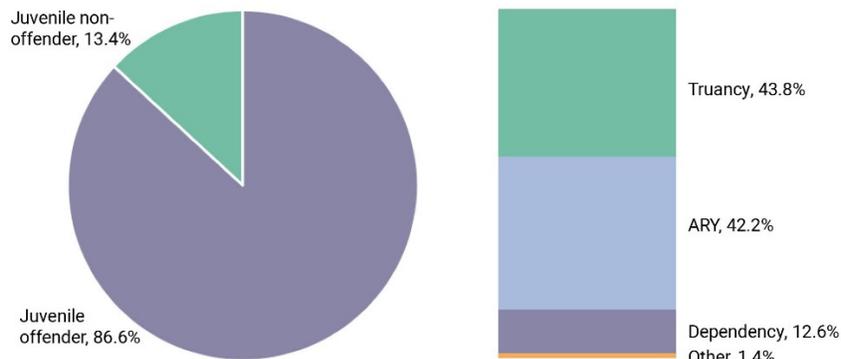
⁷<https://www.dshs.wa.gov/sites/default/files/RA/oij/WashingtonTaskforceMeetingAssessmentPresentationFINALpdfversion.pdf>

Table 1: Status Petitions Filed, 2012-2016⁸

	2012	2016	% Change
At-Risk Youth (ARY)	1,552	1,258	-19%
Child in Need of Services (CHINS)	257	273	+6%
Truancy	11,310	11,076	-2%
Total	13,119	12,607	-4%

While the court is identified as a resource for families experiencing a crisis, there are potentially serious consequences of petitioning the court for services for truant and at-risk youth. Two consequences, in particular, are the threat of confinement and detention. Although national standards and best practices literature have shown detention is not appropriate for non-offender youth (i.e. truants and those experiencing crisis), in 2016 13 percent of all detention admissions in Washington State were for non-offender matters. Of those, 44 percent were for truancy and 42 percent were for ARY petitions.⁹ While there may be a role for courts to support the placement of youth during contentious reconciliation, one of the Youth Advocates Ending Homelessness principles, and a phrase often heard in stakeholder interviews, was “court as the last resort.” There are concerns with courts being the only place where youth and families experiencing these needs can access services, primarily because of the risk of more serious court involvement or detention. Stakeholders across the state have been working to reimagine the ARY/CHINS process to embrace community-based service provision and reduce the risk of more serious court involvement.

Figure 4: Washington Juvenile Detention Admissions for Non-Offender Matters, 2016¹⁰



The DCYF Family Reconciliation Services (FRS) is a voluntary program serving runaway adolescents and youth in conflict with their families. The program targets adolescents between the ages of 12-17. FRS services are intended to resolve crisis situations and prevent unnecessary out-of-home placement. These are not long-term services. The service is designed to assess and stabilize the family's situation with the goal of returning the family to a pre-crisis state and to work with the family to identify alternative methods of handling similar conflicts. FRS services can be accessed through the ARY/CHINS petition process, or directly through self-referral. In 2017, more than 3,000 youth had an FRS intake (N=3,220).¹¹ While not all of these youth received services, the FRS intake population has clear risk factors. For example, one-quarter of youth with an FRS intake have had one or more screened-in CPS reports prior to

⁸<https://www.dshs.wa.gov/sites/default/files/RA/ojj/WashingtonTaskforceMeetingAssessmentPresentationFINALpdfversion.pdf>

⁹ A preliminary presentation to the legislature from the Administrative Office of the Courts indicate that these proportions have declined over the past year.

¹⁰ http://www.courts.wa.gov/subsite/wscrc/docs/Presentation%20to%20legislative%20committee%202012_2017.pdf

¹¹ DCYF internal analysis

their FRS intake. These youth also are at risk of removal from their home. In 2017, 262 youth (8 percent) were placed in out-of-home care within nine months of their FRS intake.

There are some scenarios where a youth cannot or will not be able to reside with their parent or guardian. Family conflict can lead youth to run away from home, resulting in homelessness and the need for crisis bed placements.¹² According to OHY, 90 percent of youth entering shelter care cite family conflict as the reason for housing instability.¹³ Crisis beds have historically been viewed in two ways, either as a way to protect runaway youth from harm, such as from substance abuse or commercial sexual exploitation or as a place for youth who are not or do not feel welcome in their homes to transition to independence or another stable residence. In both scenarios, crisis beds are essential to keeping youth safe and off the street.

OHY provides funding and oversight for three types of out-of-home options for youth in crisis: Crisis Residential Centers (CRS), Secure Crisis Residential Centers (SCRC) and HOPE Center beds, all of which are intended to provide temporary emergency housing for youth between the ages of 12-17, as well as assessment, referral, family reconciliation and permanent residency planning. Public or private contractors in counties around the state provide crisis bed programs. For additional details regarding eligibility and utilization of these bed types, see Appendix C.

In fiscal year 2019, the state funded 106 SCRS, CRC and HOPE beds for youth in crisis (Table 2). These are regional beds located in nine counties around the state. The remaining 30 counties do not have any beds. Youth in these counties in need of a crisis bed are either sent to a bed provider in another county, housed in the local juvenile detention center or simply do not receive a crisis bed. The vast majority (92 percent) of beds are semi-secure HOPE and CRC beds. Utilizing state funding administered through OHY, non-profit service providers provide all the HOPE and CRC beds.

Table 2: HOPE, CRC and SCRC Beds by County, 2019

	HOPE	HOPE/CRC	CRC	SCRC	Total
Chelan				4	4
Clallam				4	4
Clark		11			11
King	32				32
Pierce			6		6
Snohomish	4	8			12
Spokane		15			15
Thurston		12			12
Walla Walla	6				6
Whatcom	4				4
Total	46	46	6	8	106

¹² For more information on youth homelessness, please see the [Office of Homeless Youth 2016 report](#).

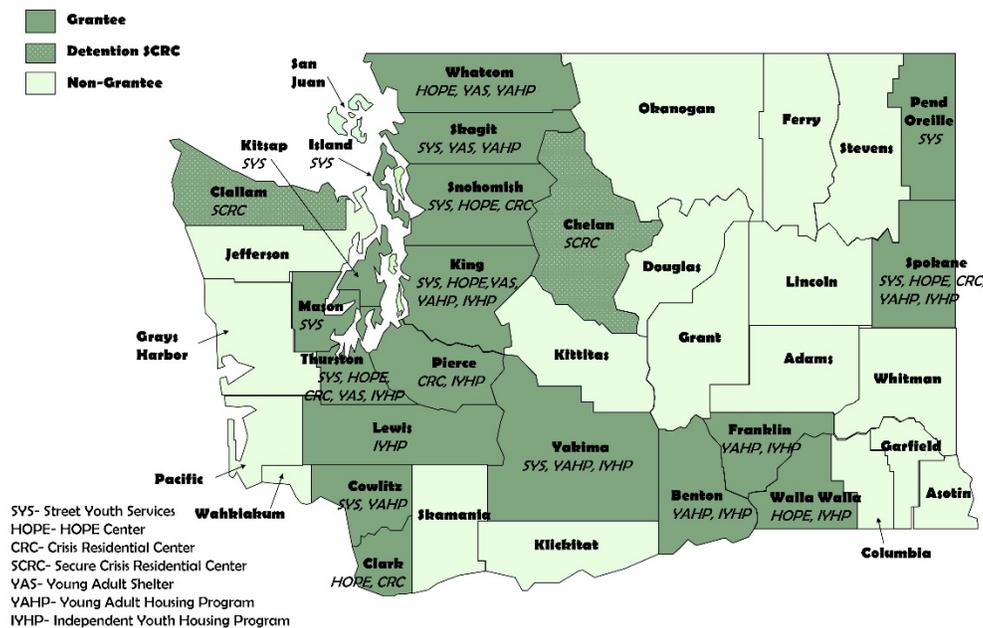
¹³ https://www.acf.hhs.gov/sites/default/files/fysb/rhy_congress_2010_11.pdf

The current utilization of HOPE, CRC and SCRC beds does not match the need seen in communities. According to data from OHY, in 2017 most counties/providers reported utilizing CRC beds at rates around 50 percent (Table 4). Of the four counties providing SCRC beds in 2017, utilization rates ranged from five to 24 percent and the range of HOPE bed utilization varied from 18 to 75 percent. Additional information on bed utilization can be found in Appendix C, including HOPE bed utilization rates for two providers who responded to a request for data, Cocoon House (Snohomish County) and Youth Care (King County). It should be noted that in the last year, OHY funded three new communities for HOPE beds and expanded bed capacity in some existing locations. It is typical to see a lower utilization as programs get off the ground.

Table 3: Statewide HOPE, CRC and SCRC Bed Utilization, 2017

Type of Bed	2017
HOPE Beds	45%
CRC Beds	51%
SCRC Beds	17%

Figure 5: OHY FV 18-19 HOPE, CRC and SCRC Grantees



As a result of restrictive eligibility requirements and limited access and utilization of HOPE, CRC and SCRC beds, alternatives such as juvenile detention, child welfare placements and homelessness are utilized. Youth currently detained for status offenses and youth assessed during FRS intake as high risk for removal from their homes should be prioritized for access to crisis beds. By serving these youth in crisis beds it would be possible to reduce the utilization of detention beds and out-of-home placements. According to an analysis by the Washington State Center for Court Research,¹⁴ 638 youth petitioned on a status offense in 2016 spent, on average, 6.1 days in detention during the year following their status petition. For FRS intakes, this would be approximately 262 youth placed in out-of-home care following their FRS intake. While crisis beds likely are not the appropriate solution to meet the needs of all these youth, this

¹⁴ www.courts.wa.gov/subsite/wscrr/docs/Presentation%20to%20legislative%20committee%202012_2017.pdf

is approximately 900 youth for whom crisis beds may have been a more appropriate resource. According to stakeholders, barriers that prevent these youth, as well as others who might benefit from utilizing HOPE, CRC and SCRC beds include:

1. Historically, HOPE and CRC placements have been restricted to youth who were placed directly by the former Children's Administration.
2. SCRC access is only granted through law enforcement or court order, making utilization low.
3. Parental consent is required for youth to remain in HOPE and CRC programs beyond 72 hours. Not all parents are willing, or accessible, to provide consent.
4. Delayed background checks to meet licensing standards can leave programs understaffed making available beds nonoperational.
5. Providers report increases in the placement of dependent youth with high behavioral needs. To compensate, beds are intentionally left vacant to ensure adequate staffing and a safe environment for other youth in the program.

While it would be useful to consider the utilization of crisis beds in Washington State in a national context, it is difficult to compare crisis bed need and utilization to other states. There is limited data and research nationally on community-based crisis beds, even when they are state-funded. States have a wide variety of approaches, definitions and terminology and decentralized processes for providing community-based housing and services for at-risk and status-offending youth.

MODELS FOR SERVING YOUTH AND FAMILIES IN CRISIS

When considering crisis services, policy and legislation often focus on the most severe forms of crisis, once a youth has been separated from family due to homelessness, child welfare engagement or involvement in the justice system. However, families should not have to wait for these severe consequences in order to get the help they need. Rather, upstream services should be broadly available to families in order to prevent more severe crisis and family separation. While it is essential to have effective emergency services readily available, the hope is that robust prevention and early intervention services will dramatically reduce the need for emergency services. When considering all the needs of youth and families in crisis, it is clear there is not a single intervention that can prevent or address every need. Still, through partnerships with state, local and non-profit entities in Washington State, it is possible to offer a robust menu of interventions and services for youth and families experiencing conflict and crisis.

When considering the provision of services to families experiencing conflict and crisis, it is essential to match the level of services to the needs of the youth and family. Using a "Many, Some and Few" model, it is clear that resources can, and should, be provided to meet the specific level of need expressed. There are some low-cost and low-investment interventions that can be beneficial at the population level (i.e. "many" youth and families could benefit from them). The majority of the populous can address familial crisis through natural supports, informal community resources or these lower intensity interventions. A small proportion of youth and families need resources that are more intensive. "Some" families will benefit from structured early interventions and an even smaller proportion ("few") will require intensive interventions. Using prevention science language, population-based interventions ("many") are primary prevention, interventions that address expressed needs in a population ("some") are secondary prevention and interventions that target the greatest level of need amongst the smallest population ("few") are tertiary prevention. This hierarchy is visualized in Figure 6.

Figure 6: Levels of Services to Youth and Families in Crisis



General population-level preventive interventions should be made available to “many” families who are at risk of crisis, more specific interventions that address expressed need should be provided to “some” youth and families and intensive interventions should be offered only to the “few” youth and family who require them. Youth and families should be able to access the level of service they need at any given time and be able to transition between the level of services based on their needs. For example, a family may utilize a primary prevention service such as a school counselor, utilize a tertiary service such as a crisis bed when a major family conflict occurs and then utilize no crisis services after the conflict is resolved. Access to specific levels of crisis services should not be contingent on participation in other services as long as the service is appropriately matched to meet the youth and families assessed need(s).

PRIMARY PREVENTION SERVICES FOR YOUTH AND FAMILIES AT RISK OF CRISIS: “MANY”

Primary prevention involves coordinated efforts to prevent problems before they become acute, to support families through predictable developmental challenges of adolescence, to protect existing states of healthy functioning and to promote desired goals for individuals and groups, while taking into consideration the physical and sociocultural environments that may encourage or discourage these efforts. Primary prevention resources should be easily and equitably accessible across the state. Examples of primary prevention strategies for youth and families at risk of a crisis include:

- After school programs
- Teen late night programs
- Parenting programs
- Family support offered through community/family support centers
- Phone/text/social media resources for youth and parents seeking help
- Innovation funds to implement and evaluate new strategies for early prevention

There are two common issues with expanding primary prevention interventions for conflict reduction. First, not all communities have the capacity to provide these services. A community’s capacity can be limited by factors such as the economy, workforce and geography. External support for the internal development and expansion of local services through training, technical assistance, quality assurance oversight and innovation grants will allow the menu of services to grow. Engaging key stakeholders such as schools is critical to ensure timely dissemination and application.

The second common barrier to expanding primary prevention service utilization is that even when services are available, community members and stakeholders may not be aware of their existence or how to access them. Ensuring the existence of up-to-date resource listings that are accessible in real-time through contemporary modalities will provide youth and families with a clear inventory of available resources and will allow service providers ease in referral without having to maintain internal lists of resources. Additionally, development and maintenance of local inventories will help to identify service gaps (i.e. areas of community need where services are not currently offered).

SECONDARY PREVENTION: “SOME”

When primary prevention services are not effective and there is a need for more focused secondary prevention efforts, families should have timely access to resources that are demonstrated effective and culturally appropriate. Supporting and strengthening families is a key strategy for reducing the number of youths who are at risk of child welfare, juvenile justice and other system involvement including homelessness. Currently, many interventions require system involvement to become eligible to access services. Families and youth should not have to wait until there is an allegation of child abuse or neglect, or the youth is arrested or has run away, to receive support. If such behaviors become present, local support should be readily available across the state. Examples of secondary prevention services include:

- Accessible mental health care
- Accessible substance abuse services
- Crisis and conflict resolution counseling
- Community truancy boards

There are multiple evidence-supported programs that are demonstrated to improve family climate, reduce family conflict, support reunification and reduce adolescent aggression. See Appendix D for a summary of effective programs for youth and families in crisis. The first, conducted by the Center for the Study of Advancement of Justice Effectiveness (SAJE), is a summary of effective family-based prevention programs to improve family conflict for adolescents. The second, compiled by the National Family Preservation Network is a list of research-informed intensive family reunification models.

TERTIARY PREVENTION: “FEW”

Following the model of “Many, Some and Few,” services that keep youth in their home community should be utilized prior to accessing secure beds. If primary and secondary prevention measures are effectively implemented this should result in only a small portion of youth utilizing crisis beds. Crisis beds create additional family separation and alienation, further hindering unification and successful family functioning. Even in situations where family unification is not possible due to limitations in the capabilities of families, secondary-prevention efforts focused on preparing youth to live independently and to construct robust support structures should be encouraged over crisis beds.

It is neither effective nor fiscally expedient to over- or under-provide services. Providing intensive services to families experiencing minor levels of conflict is an inefficient use of resources since these families are likely to resolve their conflict without the need for intensive services. Similarly, providing minimal services to families with high levels of conflict will save money in the short term but could result in much higher long-term expenses such as immediate crisis interventions if prevention does not occur. This is apparent when considering the crisis scenarios described on page 3 of this report. In Lila’s case, accessing a crisis bed for her son would be extreme, while a one-time counseling session would not be sufficient to address Jonah’s needs.

A holistic approach that incorporates services at all three levels of prevention will have the greatest impact on families in crisis in Washington State. Prevention sciences are explicit—this service model will only be effective if all three layers are supported and expanded. Prevention services that include assessment will help identify and serve families during the early stages of risk. The small remainder of families who cannot resolve their conflict with support from primary or secondary prevention services have tertiary prevention supports when an immediate crisis occurs.

EFFECTIVE SYSTEM STRUCTURES FOR SERVING YOUTH AND FAMILIES IN CRISIS

In envisioning the new DCYF, the legislature was clear about the department's role in restructuring the provision of services to better meet the needs of youth and families with a focus on prevention and early intervention. As stated in HB 1661:

The legislature finds that state services are not currently organized and delivered in a way that achieves the optimal outcomes for children, youth, and families. The legislature believes that, to improve service delivery and outcomes, existing services must be restructured into a comprehensive agency dedicated to the safety, development, and well-being of children that emphasizes prevention, early childhood development, and early intervention, and supporting parents to be their children's first and most important teachers.

Understanding the need for primary, secondary and tertiary prevention is crucial to developing a holistic solution to serving youth and families in crisis in the most effective and economical way possible. Though identifying and implementing programming in each of these three areas is essential, it is the administration and coordination of these services that are critical to the successful implementation and preservation of programming. Washington State has several systems that offer formal and informal resources to support families experiencing conflict and crisis. Examples of these include DCYF-based FRS facilitators, court ARY and CHINS petitions, OHY CRC and HOPE beds, juvenile court judges and probation services, Department of Health and the Office of Superintendent of Public Instruction. In addition, the state supports many community organizations who serve families experiencing conflict and crisis. However, there are few aligning tools designed to ensure the systematic unification of strategies across these systems to address issues related to family reconciliation. DCYF must fill this gap.

Similar to Washington State, other jurisdictions are exploring ways to provide more coordinated services to youth and families in crisis. While there is variability across models, the common structural characteristic is a lead entity that is responsible for funding and general oversight of local entities who provide direct services, and the assessment of needs and connection to services is the responsibility of local communities rather than the state agency. In some jurisdictions, the lead entity may also take a role in the dissemination of primary prevention services across their large geographic area. The local entities are frequently a sub-contractor of the lead entity and they in turn partner and contract with local service providers to form a strong network of resources to meet the needs of youth and families in crisis in their geographic area. Local providers are often more aware of existing resources, the needs of their communities and the resource gaps. This makes them better situated to identify where to focus local efforts. In addition, contracting assessment and referral services removes the stigma potentially associated with the state agency providing services and can help to normalize family access to services. By providing local entities the autonomy to identify and provide unique services to meet the needs of the community they serve, while also providing oversight and support to these contracts, the lead entity is able to expand the programmatic reach and better meet the needs of local communities. Allowing local communities to identify the specific resources needed in their communities and the most effective and efficient modality for providing these resources will result in better-utilized services and local communities' ownership.

While there is not an evidence-based model for organizing services for youth and families in crisis, a review of literature identified four well-developed best practice models that informed the proposed structure for DCYF’s response to youth and families in crisis.

Figure 7: Statewide Organizational Structure



The Rhode Island Family Care Community Partnership (FCCP)¹⁵

The FCCP model is a network of prevention-focused, community-based providers that serve geographically distinct areas covering the state of Rhode Island. This program is designed for families who are facing stresses and challenges in parenting and was designed with the aim of diverting families from formally becoming involved with child welfare and reducing the reliance on emergency beds, all within the home communities of young people and their families. The partnership brings families, their natural supports and community-based service providers together to support success. This program accepts referrals from any source, including self-referrals.

Guided by a state Logic Model, a request for proposals funds regional FCCP Networks. The FCCPs and Family Care Networks administer uniform functional assessments and create and maintain a network of service providers in their geographic region to serve the unique needs of family and youth in crisis. The functional assessments are administered at baseline, ongoing and at transition to provide data to measure and analyze child and family progress and outcomes.

The Miami-Dade County Juvenile Services Department¹⁶

The Miami-Dade County (Florida) Juvenile Services Department provides a continuum of services to at-risk and arrested juveniles and their families. The Juvenile Prevention Program includes the administration of an evidence-based assessment that results in referrals to locally run individual and family, substance abuse and psycho-educational counseling. The program provides case management, community services and assistance with monitoring educational goals. The program accepts referrals from schools, law enforcement and parent/guardians.

The Geelong Project (Australia)¹⁷

The Geelong Project is a nationwide program in Australia that integrates and delivers early intervention services through system development and service delivery reform. An evidence-based assessment tool is administered in school to every student who is 12 years of age or

¹⁵ <http://www.dcyf.ri.gov/FCCPTogetherRI/>

¹⁶ <https://www8.miamidade.gov/global/juvenileservices/home.page>

¹⁷ <http://www.thegeelongproject.com.au/>

older. This tool assesses both risks and assets. Combined with additional knowledge obtained about students from teachers, counselors and other sources, students deemed at risk of homelessness, dropping out or criminal involvement are provided with place-based case management support, including family mediation.

Clark County Truancy Project, Washington¹⁸

Clark County Juvenile Court has partnered with Educational Service District 112 and Clark County School Districts to provide services to reduce truancy and eliminate the use of detention to address truancy. Within the constraints of the current funding structure and legal requirements for addressing truancy in Washington, this program provides education and support services through a graduated response plan to increase school attendance and substantially reduce the need for the court to invoke contempt proceedings. This program includes a mandatory truancy workshop that provides information to the students and families about the truancy process and community resources. The school district partners with the families to develop an agreement to address school attendance and access resources. If attendance problems persist, youth are referred to the Clark County Community Truancy Boards, and if these resources are unable to resolve attendance problems, a Judge or Court Commissioner may formally order the youth to attend school. This graduated response reduces the risk for court engagement and focuses on addressing primary and secondary risks to encourage timely resolution of challenges youth and families are facing. This work has been refined and manualized through support from the John D. and Catherine T. MacArthur Foundation Models for Change initiative.

For a summary of additional service delivery models across the nation and internationally, see Appendix E.

THE ROLE OF DCYF IN SERVING YOUTH AND FAMILIES IN CRISIS

Informed by these existing systems, DCYF would be a statewide hub for services for prevention and intervention for youth and their families who are experiencing a crisis. The department would institute a three-tiered prevention model resourcing primary, secondary and tertiary prevention services to improve outcomes for youth and their families. In order to achieve this, DCYF would contract with local entities to develop networks of local service providers. DCYF would develop contracts through a well-crafted request for proposal (RFP) that allows for flexibility in communities while also ensuring statewide access to effective and economical services. Local entities would manage contracts within their communities to ensure that adequate, effective services for youth and families are accessible in their local communities. These services will be designed and selected to appropriately meet the unique needs of the residents of the community.

Primary and secondary prevention services should be offered utilizing DCYF as the statewide hub for services for prevention and intervention for youth and their families who are experiencing a crisis. Youth and families do not need to become system-involved to access services, although a validated assessment will need to be completed in order to match youth and families to appropriate services. For primary services, DCYF will identify and support the local lead entities. DCYF will also support the internal development and expansion of local services through training, technical assistance, quality assurance oversight and innovation grants that will allow the menu of locally provided services to grow

In addition to supporting and overseeing local entities' management of the provision of primary and secondary prevention services, DCYF will continue to provide and expand, with sufficient funding, voluntary short-term therapeutic treatment for youth and families. DCYF will increase

¹⁸ <https://www.clark.wa.gov/sites/default/files/dept/files/juvenile-court/Truancy%20Documents/Clark%20County%20Truancy%20Manual%202016.pdf>

specialization in addressing the needs of youth in crisis and will develop an adolescent unit focused on the unique needs of this age range. In addition to the work being done by DCYF, the legislature has identified the community truancy board model as an appropriate way to encourage school attendance and community support for families experiencing a crisis.

All client-service contracts at all three levels of prevention would be incorporated into DCYF's performance-based contracting framework, to support alignment with agency-wide goals and objectives and support continuous quality improvement.

Primary and secondary contracts would cover: mental health and substance abuse services for youth; employment and job training; support for health through safety, violence prevention and reproductive healthcare; improved family functioning through family therapy, mediation and conflict resolution; coordinated reentry needs of youth exiting the foster care and juvenile justice and rehabilitation systems; and supports to pregnant and parenting teens. All of these services will rely on close collaborations with the many state agencies already working toward these goals and will require strong partnerships with local entities. With adequate funding, DCYF will provide coordination, technical support, portions of the service model and statewide oversight of services for youth and families experiencing a crisis.

For the remaining youth ("few") where the need for crisis beds remains, the current model needs to be scrutinized and revised. Crucial barriers to accessing and utilizing crisis beds identified through stakeholder interviews and surveys must be addressed in a proposed solution. These barriers include:

- Inadequate bed supply
- Beds are not located in communities where needed. Thirty of 39 counties in Washington State do not have crisis beds resulting in youth being sent to a bed provider in another county, housed in the local juvenile detention center or not receiving a crisis bed
- Access to some types of crisis beds is restricted and cannot be done by non-profit agencies, youth self-referral or parents
- Difficulty prioritizing utilization due to a lack of clarity as to which population these beds are most suitable for
- Strict licensing regulations limit who can access crisis beds and may deter youth from staying
- Regulations about the length of stay, generally 30 or 60 days, can result in youth without other housing options being released to homelessness in order to be eligible to return to this bed. This transition can further destabilize youth

Crisis beds should be a last resort. When a youth is admitted to a crisis bed, community-based services should be expediently identified and offered through local service contracts.

RECOMMENDATIONS

DCYF Structural Recommendations to Respond to Youth and Families in Crisis in The Absence of Abuse or Neglect

A prevention model requires investment in primary, secondary and tertiary services in order to be successful. While service provision in isolation may have a modest impact, it is the availability of multiple types of services of varying intensity that will result in the greatest impact. This variability, as well as coordination, oversight and local investment, is crucial to change the way we serve youth and families experiencing a crisis.

The recommendations below are divided into overall system recommendations and then by primary, secondary and tertiary prevention (many, some, few). This is designed to highlight the intended scope, targeted population and impact for each recommendation.

RECOMMENDATIONS

1. Fund DCYF to further develop and adopt a model based on best practices for coordinating services for youth and families in crisis. House responsibility for model implementation within the DCYF Adolescent Division. Integrate current DCYF adolescent services into this model while expanding to oversee contracts with local entities and local service providers. Implement and evaluate this model in a limited number of high needs communities to determine effectiveness and replicability.
2. Expand the level of adolescent services provided by and supported by DCYF.
3. Fund DCYF to provide technical assistance and oversight to local service providers.

PRIMARY PREVENTION RECOMMENDATIONS

1. Fund community resources that provide responsive, appropriate, safe and effective supports to youth such as after-school programming and teen late night and drop-in programs.
 - a. Beginning with communities at highest risk and with the greatest need, support community stakeholders and leaders to use data to identify local needs and determine the most appropriate supports to resource.
 - b. Ensure efficacy through adequate funding, evaluation, technical assistance and ongoing continuous quality improvement.
2. Fund community resources that provide responsive, appropriate, safe and effective resources to adults parenting, raising and interacting with youth.
 - a. In addition to parenting supports, this would include training to educators, police, librarians, transit staff and adolescent stakeholders on best practices for appropriately addressing non-emergency adolescent crises.
 - b. Ensure access to timely and effective resources for quick and efficient referral by maintaining up-to-date resource lists and ensuring funding for interventions.
3. Increase funding for non-academic supports such as counseling, social workers, psychologists, health services and partnerships with family/community providers as outlined in OSPI's [Comprehensive Supports for All](#) funding request.
4. Provide all school personnel interacting with youth ongoing training on how to identify signs of adolescent and familial crisis. Ensure access to timely and effective resources for quick and efficient referral by maintaining up-to-date resource lists and full funding for effective resources.
5. Identify or develop a standardized assessment, such as the Washington Assessment of Risk and Needs (WARNS), that can be used by school staff throughout the state to screen for risk of family crisis.
 - a. Allow access to educational data for inclusion in assessment tool.
 - b. Develop research-based risk and strength profiles to appropriately refer youth and families to resources matched to their risk and need.
 - c. Ensure access to timely and effective resources for external referrals.
6. Designate a statewide entity to lead the development, maintenance, publication and dissemination of community-level inventories of resources for youth and families in crisis. To ensure efficiency and product standardization, coordination would occur at the state level but products will be produced at the community level.
7. Provide support to community groups to publicize/advertise existing resources designed to prevent early stages of a family crisis.
8. Increase funding for supports such as counseling, social workers, psychologists and health services within public libraries in high need areas of the state.
9. To reduce child welfare adoption disruptions caused by familial conflict, resource DCYF to provide ongoing elective therapeutic supports to adoptive parents and their children until the youth turns 18.

SECONDARY PREVENTION RECOMMENDATIONS – TRUANCY

1. Following the model outlined by the Washington State Partnership Council on Juvenile Justice (WSPCJJ-OJJDP) Juvenile Justice System Improvement Statewide Strategic Planning Grant, detention will no longer be an option for youth who are truant from school. See the [WSCPCJJ report](#) for the full proposal.
2. Fully fund community truancy boards without a requirement for schools to file a petition with the courts.
 - a. Strengthen the community truancy board model and provide training and financial resources to all districts to implement effective boards that can provide appropriate assessment, referral and access to critical services for families and youth.
 - b. Support the collection of [data necessary](#) for Washington State Institute for Public Policy (WSIPP) to complete the required 2021 evaluation of community truancy courts. Once the evaluation has been completed, apply findings from the WSIPP evaluation of the community truancy board model to improve service provision.
 - c. Identify or develop community truancy board best practices. Develop fidelity measures and provide technical assistance to ensure fidelity standards are met by all community truancy boards.
3. Develop a community truancy board model for small districts that are not currently required to provide community truancy boards. This model will meet the needs of the schools while also providing equitable access to truancy supports for students in smaller school districts.
 - a. Provide training and financial resources to districts that are currently not required to use truancy boards due to their small student body.

SECONDARY PREVENTION RECOMMENDATIONS – FAMILY CONFLICT, RUNAWAY

1. Revise the FRS assessment and referral process for families and youth so that it is expedient, research-based and supportive of an actionable family plan.
 - a. Eliminate delayed assessments as a barrier to accessing services by ensuring timely assessments conducted at a clearly identified location or through secure technological services that allow youth and family participation at a location of their choice. Ensure that adequate staff are trained in administering the assessment and that tool validity and reliability are assessed on a regular basis.
 - b. Ensure timely referral to eligible services and a “warm handoff” (i.e. ensure that DCYF staff connect clients to a service provider who can provide what the youth and family want and need. Ensure that barriers to accessing services are eliminated).
 - c. Expand service access by allowing for a third-party referral option.
2. Expand funding and access to adolescent substance abuse treatment, including but not limited to, utilizing resources through HB1713 (Ricky’s law).
3. Expand funding for effective adolescent mental health treatment, including but not limited to examining the expansion of Wraparound and Intensive Services (WISe) to eligible individuals.
4. Identify funding and technological opportunities to make same-day emergency and appointment-based short-term family counseling available and accessible.

TERTIARY PREVENTION RECOMMENDATIONS¹⁹

1. Consolidate CRC and HOPE Center shelters into a single HOPE Center model.
2. Allow longer lengths of stay in a HOPE Center paired with services.
3. Retain a clear, formal process for requesting emergency petitions from the court to grant short-term access to shelters.

¹⁹ See Appendix F for a detailed description of recommendations.

4. Establish a long-term/transitional housing model for youth who are unable to return home.
5. Reform detention-based and community-based SCRC in a diagnostic and therapeutic way to address the needs of high-risk youth.
6. Establish an intervention when parents are not reachable, do not consent to out-of-home placement or when families are unable to reconcile.
7. Identify and further develop options for short-term housing respite models that youth or parents can self-refer to. These may include, but are not limited to:
 - a. Resourcing kinship care for short-term respite
 - b. Center-based respite beds (e.g. Haven Community Respite in New Jersey)
 - c. Utilization of group home beds
 - d. Crisis stabilization centers (mental health and/or substance abuse)

The application of these recommendations would occur in three phases:

- Year One: develop necessary DCYF infrastructure, identify and partner with communities to identify primary prevention resources and resource gaps.
- Year Two: expand primary prevention and add contractual secondary prevention. Expand secondary prevention services within DCYF.
- Year Three: evaluate crisis bed needs and adjust accordingly.

CONCLUSION

While the primary, secondary and tertiary recommendations detailed in this report each have independent value, in order to make a meaningful change it is essential to have the coordination of these services, timely access to care and referral to the most appropriate and effective intervention. Designating and resourcing DCYF as the statewide lead to coordinate the implementation of statewide services for youth and families in crisis will help improve parity across the state, ensure the efficacy of the services being funded and will result in more cost-effective dissemination of effective practices.

Organized supports for families who are experiencing a crisis in the absence of abuse and neglect have been limited at the state level. Serving this population is crucial for DCYF to meet their child outcome goals and, more importantly, for youth and families of Washington State to thrive.

APPENDIX A

YOUTH ADVOCATES ENDING HOMELESSNESS GUIDING PRINCIPLES

Office of Homeless Youth and Youth Advocates Ending Homelessness (The Mockingbird Society), youth advocates guiding principles.

Principle	Belief/Value System
Proactive Versus Reactive	Families need support before a crisis leads to a youth leaving home, running away, or becoming homeless.
Timely Access	Families and youth in crisis have immediate needs that should be addressed with a sense of urgency and paramount concern.
Court = Last Resort	When feasible, interventions should rely on the families/youth natural support systems and community based services to avoid system involvement.
Culturally Responsive	Services for families and youth in crisis should be informed by and responsive to the cultural experiences, beliefs, values, and norms of each family/youth. Services should be culturally and linguistically accessible, and provide opportunities for families and youth to maintain cultural, social, and spiritual relationships with their community.
Trauma Informed	Services for families and youth in crisis should operate in a manner that is informed by the impact of trauma, actively resists re-traumatization, and supports family and youths own self-determination when utilizing and receiving services.
Data Driven	Services should be data driven and informed by system performance to ensure models of care are appropriate, accessible, and effective at resolving family and youth crisis.
Apply a Racial Equity Lens	Services for families and youth must be responsive to structural conditions that contribute to racial disproportionality amongst youth and families in crisis. Models of care should be informed by the needs and experiences of families and youth of color, working towards achieving racial equity across systems of care.
Appropriately Resourced	Families and youth in crisis who request help should receive the services they need such that no family or youth is turned away due to lack of resources or capacity.
Individualized Services (Services Available When Needed / As Many Times As Needed)	Services for families and youth in crisis are situationally and developmentally appropriate (i.e. meeting families and youth where they are at), available when needed (i.e. on demand), and for as long as necessary to resolve family crisis and ensure stability.
Promote Family Resiliency and Unity	Families and youth in crisis should have the appropriate resources, opportunities, and supports necessary for overcoming family and youth crisis in order to strengthen family resiliency and maintain unity.
Accessible In Every Community	Families and youth in crisis should not have to leave their existing community or support system to receive needed resources.
Involve The Voice Of Youth and Parents	Families and youth who have experienced crisis are the most qualified to inform services and models of care to address their needs.
Prioritize Safety and Stability	Services for families and youth in crisis should prioritize the safety and stability of youth in order to respond to the impact of trauma and reduce future harm.
Well-Advertised	Professionals and community members who are most likely to have contact with families and youth in crisis should know about and understand services in order to successfully connect youth and families.

APPENDIX B

**YOUTH & FAMILIES IN CONFLICT
ARY AND CHINS PETITION PROCESSES**

**Prepared by The Athena Group for the
Washington State
Department of Children, Youth, and Families**

October 17, 2018

PURPOSE

The purpose of this paper is to summarize the results of research conducted by The Athena Group in support of the following task: Describe the Washington State At-Risk Youth (ARY) and Child in Need of Services (CHINS) petition process and any variation in application across the juvenile courts.

To conduct this research we interviewed key stakeholders, researched documentation, and conducted a survey of each of the state's 33 Juvenile Courts. Most counties have a juvenile court, although a few counties with smaller populations have combined their services under management of one court. These include Benton/Franklin, Columbia/Walla Walla, Pacific/Wahkiakum and Stevens/Pend Oreille/Ferry. The survey of Washington State's Juvenile Courts was designed and distributed to all of the system's Juvenile Court Administrators (JCAs). Seven jurisdictions (about 30 percent) responded to the survey: Skagit, Douglas, Benton-Franklin, King, Kittitas, San Juan, and Klickitat. These responses inform this report. Additional sources of information can be found at the end of the document.

BACKGROUND

Under RCW 13.32A, two different petition types exist to help youth and guardians to protect youth and reconcile families – At-Risk Youth (ARY) and Child in Need of Services (CHINS). The CHINS petition is intended to facilitate out of home placement for youth for up to 6 months while the family tries to address the conflict. The CHINS petition can be initiated by a child, social worker or a parent. The ARY petition type is similar, however, ARY can only be initiated by a parent. The eligibility and processes for each type are described below.

AT-RISK YOUTH (ARY) PETITION PROCESS

ARY petitions are defined in RCW 13.32A.191, 192, 194, and 196. An at-risk youth is defined by statute as a child under the age of 18 who meets at least one of the following three requirements:

- Is absent from home for at least 72 consecutive hours without parental consent; **OR**
- Is beyond parental control such that his/her behavior endangers the health, safety, or welfare of the child or any other person; **OR**
- Has a substance abuse problem for which there are no pending criminal charges relating to the substance abuse.

The purpose of the ARY petition is to allow parents to obtain assistance and support from the court in maintaining the care, custody, and control of their child. Only the parent of the child may file the ARY petition. "Parent(s)" is defined as the person(s) having legal right to custody of the child and includes legal custodian (including custodial agency) or guardian. The ARY proceeding is a voluntary process and a parent may request a dismissal at any time.

ARY Court Process Defined

The court process for an ARY petition is described below. Process variations that can be attributed to a step are indicated in italics.

Step 1 – The parent contacts the Department of Children, Youth, and Families (DCYF) or their local Family Reconciliation Services (FRS) office (a division of DCYF) and requests a family assessment.

There is slight variation between courts and cases regarding how the petition is initiated, according to survey respondents. See details under Step 2.

Step 2 – The family fills out an ARY petition, attaches a copy of their family assessment, and files the petition at the County clerk's office.

There is slight variation in this step, according to survey respondents. Some courts let the parent file the petition without the family assessment, but a fact-finding hearing will not be scheduled until it is complete. In some cases, the court may allow DCYF to directly submit the family assessment to the court if a petition is already open. Most courts report having support on-hand to consult with families about the process and to help them fill out and file the petition, and some also provide translation services.

Step 3 – A fact-finding hearing is scheduled, and the youth is served with the petition and notice of initial fact-finding hearing. If the youth is on the run, a case manager will be contacted. An attorney can be provided at no cost to the youth; a parent always has a right to obtain an attorney at their expense.

Step 4 – If the court finds that the petitioner has proven that the youth meets the statutory requirements (as described above), then the court issues orders to the youth and sometimes the parents.

Typically, the disposition hearing is done at the same time as the fact-finding hearing, but not always. At the disposition hearing, the court will create certain orders for the youth and family to follow. Orders can include: individual or family counseling, anger management, drug/alcohol evaluation or treatment, psychological/psychiatric evaluation or treatment, establishing the youth’s residence, curfews and other family rules.

Step 5 - A review hearing will be scheduled, but a party need not wait for that hearing. A contempt motion may be filed by a parent or a child if any of the parties fail to comply with a court order. Additional review hearings will be scheduled throughout the duration of the case.

The duration between review hearings varies by court as does the number of times a youth may need to return to court. Several courts responded that the review hearing is scheduled for 30 days out and a couple of courts indicated that the review hearing could be scheduled for as far as 90 days out. One court responded that the review hearing is scheduled for 7-14 days after the disposition hearing. Most courts will see the youth and family at every review hearing (every 30 to 90 days) or contempt hearing for the duration of the case. Most ARY cases last 6 months with the potential for extension of up to 9 although one court responded an ARY case can last one year.

Other Areas of Variability

- Determining residence – Survey respondents were asked how the court determines, initially, where an ARY youth will be residentially placed. Some varied responses are below:
 - o The court gets input from DCYF, parent and Juvenile Probation Officer or other juvenile court representative.
 - o The judge will hear arguments in court from all parties (youth, parent or attorney) and will decide.
 - o The custodial parent will decide where the youth will reside.
 - o Reconciliation is the goal, so generally the youth will be placed with the parent. In some instances of serious conflict, the youth will be placed in a Hope bed.
 - o The table below indicates the average estimated percent that the court initially places youth into different residential situations, as reported by survey respondents:

ARY initial residence	Percent
At home with family	92%
With another relative or friend	9%
Secure bed in a juvenile detention center	6%
Refer to DCYF for placement	1%
SCRC, CRC, HOPE center	0%

FAMILIES AND YOUTH IN CRISIS

- Services ordered at the disposition hearing – Survey respondents were asked how the court determines, initially, what services/interventions are initially ordered for the youth and family. This varies widely depending upon the specific needs of the case. The table below indicates the average estimated percent that the court initially orders for different interventions, as reported by survey respondents:

ARY interventions ordered	Percent
Substance abuse assessment	67%
Mental health assessment	61%
Family reconciliation services	57%
Individual mental/behavioral health treatment	41%
Drug testing	40%
Drug or alcohol treatment	37%
Conflict resolution services	16%
Domestic violence program	6%

Additionally, two courts order ARY youth to attend school and one court orders the youth to adhere to a curfew and home rules.

CHILD IN NEED OF SERVICES (CHINS) PETITION

Child in Need of Services (CHINS) petitions are defined in RCW 13.32A.140, 150, 152, 160. A child in need of services is defined by statute as a child under the age of 18 who meets at least one of the following three requirements:

- Is beyond parental control such that the child's behavior endangers the health, safety, or welfare of the child or other person; **OR**
- Has been reported to law enforcement as absent without consent for at least 24 consecutive hours (from the parent's home, a crisis residential center, an out-of-home placement, or a court-ordered placement) on two or more separate occasions **and** has exhibited a serious substance abuse problem or behaviors that create a serious risk to the health, safety, or welfare of the child or any other person; **OR**
- Is in need of necessary services (including food, shelter health care, clothing, educational) or services designed to maintain or reunite the family and lacks access to or has declined to utilize these services, **and** whose parents have evidence of continuing but unsuccessful efforts to maintain the family structure **or** are unable or unwilling to continue efforts to maintain the family structure.

The purpose of the CHINS petition is to obtain a court order mandating temporary placement (for up to six months) of a child in a residence other than the home of the parent. The need for the placement must be based on a serious conflict between the parent and child that cannot be resolved by delivery of services to the family while the child remains at home. A child, parent, or DCYF may file a CHINS petition. A "parent" is defined as the person(s) having legal right to custody of the child and includes custodian or guardian.

Once a CHINS petition has been filed, the child may be temporarily placed (if not already placed) by DCYF in a crisis residential center, foster family home, licensed group home facility, or any other suitable residence to be determined by the court and DCYF.

CHINS Court Process Defined

The court process for a CHINS petition is described on the following pages. In many ways, it is quite similar to the ARY petition process. Process variations that can be attributed to a step are indicated in italics.

Step 1 – The parent, social worker, or child contacts DCYF or their local FRS office (a division of DCYF) and requests a family assessment.

There is slight variation between courts and cases regarding how the petition is initiated according to survey respondents. See details under Step 2.

Step 2 – The family fills out a CHINS petition, attaches a copy of their family assessment, and files the petition at the County clerk’s office.

There is slight variation in this step, according to survey respondents. Some courts let the filer file the petition without the family assessment, but a fact-finding hearing will not be scheduled until it is complete. In some cases, the court may allow DCYF to directly submit the family assessment to the court if a petition is already open. Most courts report having support on-hand to consult with families about the process and to help them fill out and file the petition, and some also provide translation services.

Step 3 – A fact-finding hearing is scheduled and the youth is served with the petition and notice of initial fact-finding hearing. If the youth is on the run, a case manager will be contacted.

Step 4 – If the court finds that the petitioner has proven that the youth meets the statutory requirements (as described above), then the court issues orders to the youth and sometimes the parents.

Typically, the disposition hearing is done at the same time as the fact-finding hearing, but not always. At the disposition hearing, the court will create certain orders for the youth and family to follow. Orders can include: individual or family counseling, anger management, drug/alcohol evaluation or treatment, psychological/psychiatric evaluation or treatment, establishing the youth’s residence, curfews and other family rules.

Step 5 - A review hearing will be scheduled, but a party need not wait for that hearing. A contempt motion may be filed by a parent or a child if any of the parties fail to comply with a court order. Additional review hearings will be scheduled throughout the duration of the case. The youth is automatically assigned a court-appointed attorney for all hearings. The parent may be entitled to a court-appointed attorney, if the Office of Public Defense (OPD) determines that they meet the financial need requirements. A parent always has a right to obtain an attorney at his/her expense.

The duration between review hearings varies by court as does the number of times a youth may need to return to court. Two courts responded that the review hearing is scheduled for 30 days out, one court indicated that the review hearing is scheduled for 7-14 days out, and one court responded that the review hearing is scheduled for 90 days out. Most courts will see the youth and family at every review hearing (every 30 to 90 days) or contempt hearing for the duration of the case. Most CHINS cases last 6 months with the potential for extension of up to 9 although one court responded a CHINS case can last one year.

Other Areas of Variability

- Determining residence – Survey respondents were asked how the court determines, initially, where a CHINS youth will be residentially placed. Some varied responses are below:
 - o Placement is left up to the DCYF.
 - o DCYF will always argue that they have no suitable placement for a CHINS youth, so there is a process during fact finding and at review hearings where the court may consider placement with a relative or other safe residence.
 - o When there is no clear solution, DCYF is requested or ordered by the court to provide placement feedback. The Court experiences a varied response.
 - o The table below indicates the average estimated percent that the court initially places youth into different residential situations, as reported by survey respondents.

CHINS initial residence	Percent
With another relative or friend	54%
At home with family	25%
Refer to DCYF for placement	19%
Hope center	2%
CRC	1%
SCRC	0%
Secure bed in a juvenile detention center	0%

It is worth noting that, while the purpose of the CHINS is to find a temporary place (other than the parent’s home) for the youth to reside, 25% of the time (this can be as high as 50-90%, depending upon the court) the youth is placed back in the home.

- Services ordered at the disposition hearing – Survey respondents were asked how the court determines, initially, what services/interventions are ordered for the youth and family. This varies widely depending upon the specific needs of the case, but some themes emerged. See the table below:

CHINS interventions ordered	Percent
Family reconciliation services	69%
Mental health assessment	50%
Substance abuse assessment	45%
Family therapy	27%
Drug or alcohol treatment	23%
Individual mental/behavioral health treatment	21%
Conflict resolution services	12%
Drug testing	8%
Domestic violence program	4%

OTHER FACTORS

Case Management

Most courts indicated that DCYF closes ARY and CHINS cases as soon as the petition is filed with the court, meaning that no case management is provided the youth or family after the family assessment is conducted. One respondent noted an exception being if the family specifically requests services through FRS (which was reported to be rare, as those services are extremely limited). The burden of case management then falls on the court, if it is done at all. Most courts surveyed indicated that they provide some level of case management for youth and families involved in ARY and CHINS cases. However, it

was surfaced that this type of case management is not funded by the state (as, say, supervised probation is funded for criminal youth). Some courts have been able to leverage local funding to support case management, but some have no resources for case management. Kittitas County, for example, responded that they provide no case management or supportive court programs due to a lack of funding. The table below shows the number of dedicated staff each respondent court has to support ARY, CHINS and truant youth:

Court	# of Staff
Skagit	3
Benton-Franklin	3
Douglas	1
Klickitat	1
Kittitas	0

Court Programs and Referrals for Service

Most courts responded that that they do not receive any funding to create or fund programs that would help youth in their communities. Some have been proactive in finding local sources of revenue (e.g. Benton County’s public safety sales tax or San Juan County’s mental health tax) and have created gap programs like GED workshops or to provide funding for mental health services. Many have formed collaborations with other community partners (e.g. Skagit County’s Parks & Rec work crew partnership) and program providers (e.g. Catholic Family Services). Some court- provided programs that are offered to at-risk youth include: Functional Family Therapy (Skagit), truancy workshops & Step Up program for reducing domestic violence (King), truancy clinics and a Personal Values and Leadership motivational workshop (Benton-Franklin).

It was universally reported in the survey that Becca Coordinators or other Juvenile Probation Counselors (JPC) are responsible for connecting the youth and families with services in the community as ordered by the court. Depending on the court or case, these JPCs a) help families to find services that meet the needs of the court order and/or b) directly refer families for services. It is customary for the JPC to review the family assessment and meet with the family to determine which programs/providers will best fit the family’s needs. Of course, this is dependent upon the community having such programs and program capacity. Some JPCs utilize other assessment tools like GAINS SS, Trauma Screen, WARNS, and/or a modified risk assessment to better assess the youth. One court mentioned that it can refer for everything except family therapy. Regarding residential service referral, only King County reported that it has the ability to directly refer youth to temporary residential housing (CRC/HOPE or SCRC). Other respondents either responded that they cannot directly refer youth to residential services or that there are no such facilities in their community.

Contempt Interventions

All survey respondents agreed that detention should be used as a last resort in trying to get youth to comply with court orders. The courts utilized numerous alternative sanctions to avoid detention. The table below indicates the sanctions utilized and the percent of responding courts who use that sanction:

Imposed Sanctions	ARY %	CHINS %
Assigning research paper or book report	86%	29%
Assigning community service	86%	14%
Placing on a work crew	43%	0%
Electronic residential monitoring	29%	29%
Other (interviews, design public service announcement, workbook and/or journal		

FAMILIES AND YOUTH IN CRISIS

The table below indicates the programs and services that each court utilizes (and funding source if known) to support these court-involved youth and to increase their compliance with court orders:

County	Programs and Services
Skagit	FFT, Substance Abuse Interventions, Mental Health Interventions and other positive youth engagement programs such as the Community
Douglas	The court does not refer to particular services. It is up to the probation department and parents to choose community programs that match the requirements of the court order.
Benton-Franklin	The court funds family crisis counseling and Functional Family Therapy slots for truant and ARY youth. This is funded through the counties' Public Safety sales tax. They refer to mental health/WISe and other community services.
King	If Project; Workshops for Truancy; I-Empathize; Choose 180; Mentors; WRAP Team; WISe
Kittitas	Referrals are made to local available community resources that may meet identified needs.
San Juan	WISe; 24/7 Hot Line; transportation; medical support; individual counseling; peer counseling and family support; SUD Evaluations; Public Mental Health; Family Resource Center, United Way; Mentor Program; Parenting Classes; Dream Builders; Prevention Coalition; Division of Vocational Rehabilitation; Transitional Independent Living Services; employment support; tutoring programs; psychiatric evaluations, counseling and case aid services (Mental Health Tax)
Klickitat	Refer to mental health for evaluation + follow recommendations (Medicaid); Refer for drug/alcohol evaluation + follow recommendations (Medicaid); Individual counseling (Medicaid); Family Counseling (DCYF); WISe (Medicaid); Refer to WorkSource

Court Capacity

It is difficult to determine what the court's case capacity is, but it can be reasoned that, if funding stays the same, that the courts can continue to handle the same volume of cases as in 2017. The number of cases filed and dismissed are listed by county in the table below.

County	CHINS Filed	CHINS Dismissed	ARY Filed	ARY Dismissed
Adams	0	0	0	0
Asotin	0	0	3	1
Benton	1	2	55	48
Chelan	1	0	18	4
Clallam	5	4	34	9
Clark	0	1	2	2
Columbia	0	0	1	1
Cowlitz	2	2	37	24
Douglas	0	0	30	1
Ferry	0	0	1	1
Franklin	0	0	22	18
Garfield	0	0	0	0
Grant	1	1	7	4
Grays Harbor	0	0	37	5
Island	2	1	8	2
Jefferson	1	0	2	0
King	27	30	153	110

FAMILIES AND YOUTH IN CRISIS

Kitsap	0	0	21	5
Kittitas	1	0	5	6
Klickitat	5	1	5	3
Lewis	0	0	16	4
Lincoln	4	0	1	0
Mason	7	1	15	2
Okanogan	0	0	2	3
Pacific	4	0	4	2
Pend Oreille	2	2	11	2
Pierce	6	4	140	46
San Juan	1	1	1	0
Skagit	8	0	26	10
Skamania	0	0	0	0
Snohomish	7	2	146	45
Spokane	78	35	181	64
Stevens	2	0	34	3
Thurston	17	12	65	25
Wahkiakum	0	0	1	0
Walla Walla	0	0	7	2
Whatcom	23	3	39	8
Whitman	1	1	1	4
Yakima	0	0	65	18
Totals	206	103	1,196	482

Source: Washington State Center for Court Research (WSCCR), 2017

Sources:

Eggers, T. Z. (1998). The Becca Bill Would Not Have Saved Becca: Washington State's Treatment of Young Female Offenders). Retrieved from

<https://scholarship.law.umn.edu/cgi/viewcontent.cgi?article=1404&context=lawineq>.

Homeless Youth Handbook - Legal Issues and Options, Washington State; Columbia Legal Services, 2014.

Has the legal definitions of eligibility. <https://www.wliha.org/blog/homeless-youth-handbook>

<https://www.kingcounty.gov/courts/superior-court/becca.aspx>. This King County website has the definitions of eligibility by petition type (ARY, CHINS, as well as Truancy).

Washington State Legislature. Chapter 13.32A RCW. Retrieved from

<http://app.leg.wa.gov/rcw/default.aspx?cite=13.32a>.

APPENDIX C

CRISIS BED UTILIZATION

**Prepared by The Athena Group for the
Washington State
Department of Children, Youth, and Families**

October 25, 2018

PURPOSE AND SCOPE

This paper summarizes the results of research conducted by the Athena Group to complete the following task: Report on the utilization of secure crisis residential centers, crisis residential centers. To conduct this research we interviewed key stakeholders, conducted an in-state and national literature review, discussed the topic in listening sessions around the state, and conducted a survey of the state's contracted SCRC, CRC and HOPE bed providers. The results of this outreach and research inform this report. Additional sources of information can be found at the end of the document.

PROGRAM BACKGROUND

There are three types of out-of-home bed placement options for youth in crisis funded and administered by Washington State. These include Crisis Residential Centers (CRS), Secure Crisis Residential Centers (SCRC), and HOPE Center beds, all of which are intended to provide temporary emergency housing for youth between the ages of 12 and 17, as well as assessment, referral, family reconciliation, and permanent residency planning. These programs are managed by the Office of Homeless Youth within the Department of Commerce as authorized by statute RCW 43.185C. The crisis bed programs are provided by public or private contractors in counties around the state (see sub-appendix A). All are funded by the Crisis Residential Center (CRC) and/or HOPE Center grant.

[Secure Crisis Residential Centers](#)

The Becca Bill established secure crisis residential centers (SCRCs) for runaway youth. SCRCs are designated for youth ages 12-17 who are in conflict with their family, have run away from home, or whose health and safety is at risk. SCRCs are either located in or adjacent to a secure juvenile detention center.

Law enforcement is authorized to pick up runaway youth, or youth found in "dangerous circumstances" and place them in physically secure, short-term residential facilities. Youth brought in by law enforcement must meet one or more of the following criteria for entrance into an SCRC, per RCW 43.185C

- Absent from parental custody without consent
- In circumstances which constitute a danger to the youth's safety
- In violation of a local curfew ordinance
- A runaway from placement
- In violation of a court placement order or because the court issued an order for law enforcement pick up of the youth
- Being unlawfully harbored without knowledge of parent (RCW 13.32A.080)

Other ways in which youth may enter an SCRC include:

- Youth may be transferred to an SCRC from a semi secure CRC or HOPE Center if the facility is unable to provide appropriate treatment, supervision, and structure
- SCRCs may accept a court ordered placement of truant youth

Youth admitted to a detention-based SCRC facility must remain for at least 24 hours, but no longer than 5 consecutive days. Youth admitted to a non-detention based SCRC may not remain longer than 15 days.

Youth may transfer between an SCRC and a CRC, but the total length of stay may not exceed 15 consecutive days.

SCRC counselors work with families to resolve the immediate conflict, facilitate a reconciliation between parent and youth, and provide referral to additional services. Detention-based SCRC are expected at

minimum to provide services to address family reconciliation and safe and stable housing. Additional services should be provided as time and resources allow.

Crisis Residential Centers

Crisis residential centers (CRCs) are voluntary short-term, semi-secure facilities for youth ages 12-17 who are in conflict with their family, have run away from home, or whose health and safety is at risk. They are provided by community-based non-profit or private service providers and are less secure than SCRCs.

Youth may enter these facilities in one of several ways:

- Law enforcement brings in a youth who ran away from home without parental consent, is in circumstances that are endangering the youth's safety, is violating a local curfew or a court order, or being unlawfully harbored without parent permission. CRC providers must not accept placement from law enforcement that does not meet these circumstances.
- Youth requests admittance to a facility, including youth eligible for a HOPE bed where HOPE beds are unavailable
- Court ordered placement for a truant youth
- DCYF or the court requests placement of a youth for whom an out-of-home placement has been approved through a CHINS or ARY petition or for a youth who has been placed in protective custody due to safety concerns.
- DCYF or the Court may order placement for state-dependent youth
- HOPE and CRC providers may accept placements directly from Tribes

Youth can reside in a CRC for no longer than 72 hours unless they have parental permission, in which case they can reside there up to 15 consecutive days. Counselors at the CRC (typically, in collaboration with a family reconciliation services social worker) work with the family to resolve the immediate conflict. Counselors will also help the youth and family develop better ways of dealing with conflict in the future. The goal is to reunite the family and youth wherever possible. The family will also be referred for additional services if other needs are identified.

HOPE CENTERS

The HOPE Act legislation, passed in 1999, created two new programs to address the needs of street youth; Homeless Youth Prevention/Protection and Education (HOPE) Centers, and Responsible Living Skills Programs.

HOPE Centers provide temporary residential placements for street youth under the age of 18. These are youth who are living on the street, outdoors, or in other unsafe locations, as well as youth for whom placement in a HOPE center will help prevent risky behavior. Entering a HOPE Center is voluntary, and in most cases, youth must self-refer, according to the following criteria:

- Youth must voluntarily refer to HOPE Centers. They may also receive assistance with self-referral by friends, family, schools, shelter and outreach programs, law enforcement, Tribes, other CRCs/SCRCs, and social workers.
- Exceptions are made for youth for whom DCYF or the courts have approved an out of home placement.
- HOPE Center providers may not accept placement directly from law enforcement unless law enforcement is transporting a youth who is self-referring.

FAMILIES AND YOUTH IN CRISIS

Youth may stay in a HOPE Center for up to 30 consecutive days for each admission, and longer than this if a long-term placement is not available. If a long-term living placement is not identified the HOPE Center must review the youth’s case every 15 days, up to an additional 30 days.

The state funded up to 75 HOPE beds across the state with a phase-in plan of achieving 75 beds by July 1, 2019. The beds are required to be geographically situated so that they are available across the state, and the volume of truancy petitions must be one of the considerations for assessing their need and geographic location.

CURRENT AVAILABILITY OF YOUTH CRISIS BEDS

The state is funding 106 SCRS, CRC, and HOPE beds for youth in crisis in FY18-19. These are regional beds located in nine counties around the state. The remaining 30 counties do not have any state-funded crisis beds; however, youth from other counties may be transferred in or have access to them. The table below summarizes the number of beds under contract with OHY by type and county for fiscal year 2018-19.

Exhibit 1

HOPE, CRC and SCRC beds by County, 2018

County	HOPE	HOPE/CRC	CRC	SCRS	Total
Chelan				4	4
Clallam				4	4
Clark		11			11
King	32				32
Pierce			6		6
Snohomish	4	8			12
Spokane		15			15
Thurston		12			12
Walla Walla	6				6
Whatcom	4				4
Total	46	46	6	8	106

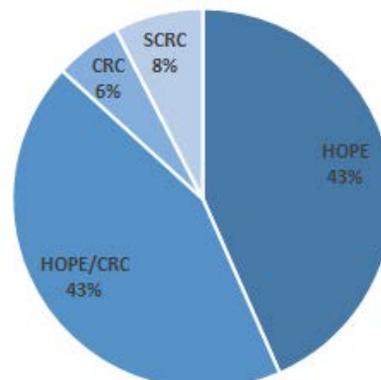
Source: Office of Homeless Youth 2018-19 Provider List

As shown in Exhibit 2 below, most beds (92 percent) are semi-secure HOPE or CRC beds, and the remaining are SCRC beds (eight percent). All the HOPE and CRS beds are provided by non-profit service providers. The eight secure crisis residential center beds in Chelan and Clallam Counties are located within their juvenile detention facilities.

Exhibit 2

Percent of crisis beds by type, 2017 – June 2018

Source: Office of Homeless Youth 2018-19 Provider List



FAMILIES AND YOUTH IN CRISIS

Most counties with beds have only one state-funded crisis bed provider, although King and Snohomish Counties have more than one. Sub-appendix B provides detailed information for the service providers in each county, and the types and numbers of beds they provide. Some of the local crisis bed contractors provided information on other emergency beds available for youth in their communities. This information will be included in the Local Services summary report.

As mentioned earlier in this summary, 30 of Washington’s 39 counties do not have state-funded crisis beds for youth. The results of the Athena Group’s stakeholder interviews, listening sessions, and surveys indicate that youth residing in the counties who are in need of a temporary secure or semi-secure out of home placement are either housed in the local juvenile detention center, sent to a crisis bed in another county, or simply do not receive a crisis bed.

According to the Washington State Center for Court Research Juvenile Detention 2016 Annual Report, 13.4 percent of all admissions to juvenile detention centers that year were for status offenses or a non-offender matter. Truancy and ARY petitions were the most common reasons for these placements. These rates varied widely by county, from a high of 47.9 percent in Grays Harbor County to a low of 1.1 percent in Clark County. Additionally, 34 percent of the youth admitted for non-offender reasons were admitted multiple time during that same year. While it is not possible to determine whether the youth were admitted to connect them with services or punish them for their status offenses, the counties with the highest rates of admissions are counties that lack crisis beds; and the counties that do have some crisis beds available have among the lowest rates of admission.

HISTORICAL BED AVAILABILITY AND UTILIZATION

The Athena Group conducted research into the historical availability and utilization of crisis beds for youth. We found that there is no central repository for this information, state agency responsibility for managing crisis beds has changed over time, and reporting practices were varied and inconsistent. As a result, the research team used many different sources of information to piece together a picture of how the availability beds has changed over the previous 10 years. Despite efforts to research data and request information from key stakeholders, some gaps in the data remain and there are several years for which we could not locate any data.

[Trends in bed availability over last 5-10 years at state and county level](#)

The table below shows the data the research team was able to obtain on the number of beds provided by bed type. As noted in the table, data is missing or incomplete for several years.

[Exhibit 3](#)

SCRC, CRC and HOPE bed capacity, 2008 – June 2018

BED TYPE	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
SCRC	60	40			33		34	25	19	19	8
CRC					29		32	45	47	48	52
HOPE	27	27			23		22	NA	46	57	46
TOTAL	87	67	NA	NA	85	NA	88	70	112	124	106

Despite the missing data, the table illustrates how the total number of beds declined after 2008, increased again in 2012 to close to previous levels, and by 2017 had increased substantially. Another change to note is the significant decrease in SCRC beds, and marked increase in both CRC and HOPE beds.

Trends in utilization over last 5-10 years at state and county level

OHY provided complete utilization data for 2017 and 2018 to-date, the two full fiscal years for which the Department of Commerce has held responsibility for managing the state’s crisis beds. However, complete bed utilization data prior to that proved difficult to obtain. The research team was able to obtain historical utilization data from only two of the state’s current youth crisis bed providers. The remainder did not respond to the bed utilization survey, phone calls, or email requests.

Overall, in fiscal year 2017 HOPE and CRC beds were in use approximately half of the time, and SCRC beds less than a quarter of the time. As shown in the table below, on average the utilization of HOPE beds was 45 percent and utilization of CRC beds was 51 percent. SCRC beds were only used 17 percent of the time.

Average bed utilization by type, 2017 – June 2018

Type of Bed	2016	2017	2018 (Jan-June)
HOPE Beds	55%	45%	77%
HOPE/CRC*	NA	NA	53%
CRC	56%	51%	38%
SCRC Beds	24%	17%	11%

Source: All data from Office of Homeless Youth Fiscal Year 2017 annual report. *Note - the bed category “HOPE/CRC” was not a separate category in the 2017 report.

The utilization rates varied somewhat by county and type of bed. CRC beds were used consistently with most counties/providers reporting rates around 50 percent. The highest CRC utilization occurred in Thurston and Pierce Counties which averaged 65 and 64 percent respectively. The lowest CRC utilization rate occurred in Benton County, with a 32 percent average. Four counties were providing SCRC beds in 2017. The lowest utilization was five percent in Chelan County, and the highest 24 percent in Clark County. The range of utilization for HOPE beds was varied, ranging from 18 percent in Clark County to 75 percent in King County (Friends of Youth provider).

Two HOPE bed providers responded to requests from the research team for bed utilization. These included Cocoon House (Snohomish County) and Youth Care (King County). Cocoon House reported a 100 percent utilization rate over the last six months, with rates above 80 percent since mid-2016. YouthCare’s bed utilization has been just under 50 percent since 2016, and somewhat lower before that (see sub-appendix C for details).

National context

In researching the availability and utilization of similar types of youth crisis beds in other states the research team experienced difficulty in finding comparable information. While extensive data and research exists on youth status offenders held in juvenile detention, this same level of centralized research does not appear to have been done for community-based crisis beds, even when they are state funded. States have a wide variety of approaches, definitions and terminologies, and decentralized processes for providing community-based housing and services for at-risk and status offending youth. A separate research effort that includes individual state case studies is needed to more fully understand how other states are utilizing community-based crisis beds.

The research team was able to locate numbers of state-funded short-term emergency and shelter beds for a few states, which are summarized in the table below. However, because of differing practices and definitions it is not clear if these beds are for all at-risk youth and status offenders, or specifically for street youth.

FAMILIES AND YOUTH IN CRISIS

Youth crisis and shelter beds in other states

Jurisdiction	Number of Youth Beds	Year
Minnesota	118 emergency shelter beds 625 transitional beds for homeless youth	2015
Philadelphia	70-90 emergency shelter beds	2014
Alaska	177 youth crisis beds	2018

Out of home placements for youth who have committed a status offense

According to research conducted by the National Center for Juvenile Justice, court-ordered out-of-home placements for status offending youth has been declining significantly. The number of adjudicated status offense cases resulting in out-of-home placement declined 68 percent between 2005 and 2016. These trends reflect an underlying decline in the overall adjudication rates of youth who have committed a status offense, which declined 59 percent from 2008 through 2016, and a similar decline in the number of youth sent to juvenile detention for a status offense.

Family reunification in other states

The table on the following page shows a range of intensive family reunification practices and programs in other states. Item 11 includes information on timeframes that different states have for reuniting children with their families. Although the data is from 2003, it may provide some insight into different practices and other states DCYF may want contact for further information.

Attachment A

INTENSIVE FAMILY REUNIFICATION MODELS

1. State	NJ	AL	PA	WA	KY	MO	AZ	IN
2. Geographical area covered:	Statewide	Statewide	Dauphin Co.	Statewide/ Two models	Statewide	Statewide	Pima Co.	Marion Co.
3. Meet face-to-face with family within 24 hours of referral? If not within 24 hours, please specify the maximum number of hours prior to first meeting.	Yes	Yes	No	Yes	No	No	Yes	No
4. Family has access to their worker 24/7:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Workers meet routinely with families on evenings and weekends:	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6. Maximum number of families per worker (caseload):	3	3	4-5	2: 30-day model 5: 90-day model	6 maximum, 4 standard	3	4	2
7. Average number of total direct service hours (face-to-face/telephone):	9-10 per week	8 per week	5-7 per week	40-50 per total intervention	At least 2 per week	5-7 per week	30-35 per total intervention	Up to 20 per week
8. Workers are: Full-time State Full-time Private Agency Part-time Private Agency Contract Workers	Full-time pvt. agency	Full-time state/ Full-time pvt/ Contract workers	Full-time pvt. agency	Full-time pvt. agency; Part-time pvt.; Contract	Full-time and Part-time pvt. agency	Full-time state; Full-time pvt.	Full-time pvt.	Full-time pvt.; Part-time pvt.; Contract workers
9. Maximum length of services (number of days or weeks):	3-5 months	12 weeks	3-5 months	40 days or 90 days	6 months	60-90 days	90-120 days	4-6 weeks
10. Ratio of supervisors to full-time employees (FTE's):	1:4-5	1:4	1:4	1:4-5	1:6	1:4	1:8	Not specified
11. Does the referring agency specify a time frame for returning the child to the family?	28 days	4 weeks	Varies	7 days: 30-day model 30 days: 90-day model	Within a timely fashion	2 weeks	Within 3 months	Maximum 42 days
12. What are the criteria that a family must meet in order to be eligible for reunification services?	Willing adult; no physical/sexual abuse	8 criteria	Willing adult; no physical/sexual abuse	Approval by state gatekeeper	Family willing; children not out of home more than 15 of past 22 months	Parent of child willing; regular visits; court in agreement; safe environment	Willing adult; safe environment; no physical/sexual abuse	Family willing; visits occurring

Source: National Family Preservation Network, Intensive Family Reunification Services Protocol, March 2003.

BARRIERS TO ACCESSING AND UTILIZING CRISIS BEDS

The project team conducted numerous stakeholder interviews and several surveys as part of this project. Through these research efforts several common themes emerged related to accessing and utilizing crisis beds. These are summarized below.

Preventive services are needed and preferred over crisis beds. Many listening session participants voiced that using crisis beds creates additional family separation and alienation, whereas prevention services could eliminate the need for crisis beds. Statewide, participants are seeking increased access to therapy and counseling for parents, children, youth and whole families, focused on substance use, self-management and eliminating the alienation of young people from their families.

From a service perspective, stakeholders said there is an educational barrier to maintaining family unity and suggested a variety of learning opportunities for parents on communication, child safety, parenting capacity building, and systems navigation. Each of these approaches are seen as protective factors against family separation, and by educating parents the state could prevent or reduce the need for crisis beds.

Bed supply is inadequate and not located in communities where needed. As mentioned earlier, only nine of Washington's 39 counties have state-funded crisis beds for youth. Youth in these counties in need of a crisis bed are either sent to a bed provider in another county, housed in the local juvenile detention center, or simply do not receive a crisis bed. According to the feedback the research team received from discussion groups and surveys, none of these scenarios is desirable or effectively supports the needs of the youth and their families. Families want fewer barriers to accessing beds, and more beds available in more geographic locations.

Accessing beds is too difficult. A number of different access issues were raised by survey respondents and discussion group participants:

- Providers and families want alternate entryways that aren't reliant on law enforcement, nonprofit agencies or even parents. Obtaining permission from parents/guardians can sometimes be a barrier.
- Many participants statewide suggested youth themselves should be able to wholly self-determine when, where and how long they need to stay in crisis beds, within reason.
- Juvenile courts need the ability/authority to refer youth for residential placement. Youth who have run away or been truant, or status offenders who have violated non-criminal court orders, are typically first brought to their county's juvenile detention facility to be processed. According to the Athena interviews and survey of the ARY/CHINS processes, only King County's Juvenile Court responded that it can make direct referrals for residential placement of youth.
- Per the listening sessions, there was low awareness about what crisis beds exist, where they are, who can access them, and how.

Utilization is complicated by multiple factors.

- One HOPE bed provider indicated that low referral numbers from DCYF have been the reason for declining utilization, and that most of the DCYF youth currently needing housing are under the age of 12 or are needing a CRC level shelter.
- One CRC/HOPE bed provider reported that their shelter is "...used heavily by DCYF for dependent youth in care. This includes youth in Behavioral Rehabilitation Services (BRS), and registered sex offenders/ sexually aggressive youth (RSO/SAY). Meeting the needs of these youth is challenging due to advanced behavioral, mental health, supervision and developmental needs. Rather than providing preventative and family focused services staff are spending the majority of their time managing very challenging youth behavior, filing run reports, contacting law enforcement and social workers regarding challenging dependent youth. Our facility has 5 bedrooms and 15 beds, youth share rooms. Often if we have an

RSO/SAY youth we room them alone reducing our bed capacity. These youth are usually dependent.”

- Another CRC/HOPE bed provider shared that “We serve a wide spectrum of youth, from a kiddo having difficulty with chores at home all the way to youth in JRA, BRS, and other types of treatment facilities. CRC/HOPE programs are for family reconciliation and shouldn't be used as step down programs for those programs. These types of youth fill our beds which reduce our capacity to take youth we are prioritized for, families in conflict, runaways, and non-dependent youth. We need to run a more focused program aimed at the runaway and homeless youth (RHY) population with more flexible licensing standards that are more developmentally appropriate to engage RHY. Youth in state care should be referred to programs where their needs can be met by programs who have the ability to manage the populations challenges.”
- Short stays are sometimes a barrier. Many youth have nowhere else to go, but cannot stay in the program for longer than 30 or 60 days. Thus, they are exiting elsewhere and coming back. If longer stays were allowed they could assist in further stabilizing youth.
- Voluntary/Homeless youth are unwilling to stay due to strict DLR licensing requiring rigid group care standards and supervision.

[Quality and training of staff and services.](#) Respondents shared several barriers and issues related to staffing:

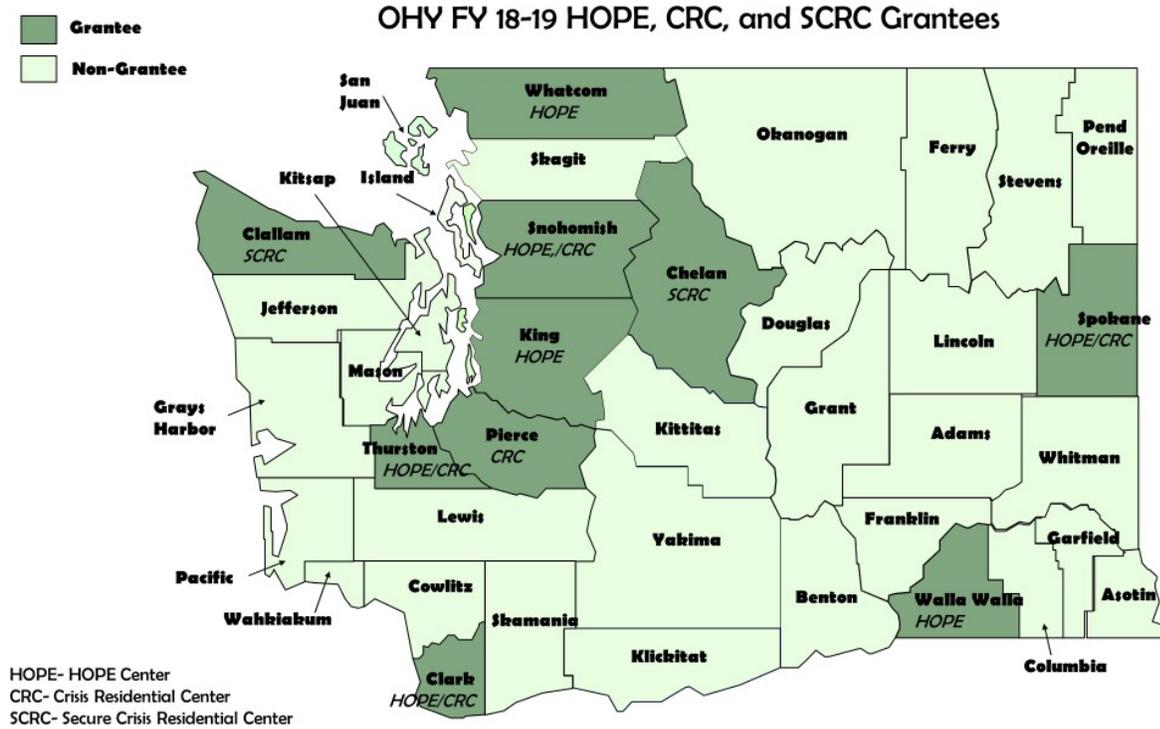
- Listening session participants saw a lot of educational barriers among the staff at crisis centers, and want more relevant training for workers, including learning about cultural sensitivity, adolescent development, mental healthcare, and the needs and interests of LGBTQ (lesbian, gay, bisexual, transsexual, transgender, queer and questioning) youth. They also saw that crisis center staff need to be trained as it relates to working with youth of color; facilitating trauma-informed service delivery; and engaging youth from low-income households.
- Beds outside of juvenile detention settings are needed, but it is important to have at least the same or better staffing and services at an SCRS or CRC, including a case manager, nursing staff, social workers, etc.
- The ability to hire enough skilled staff has been a barrier for providers to accept as many youth as they have beds for.

[Funding was widely identified as a barrier.](#) This includes support for individual types of beds as well as the overall structure of the crisis bed system in Washington. This was seen as affecting the number of beds; the amount and types of staff positions supporting youth in those beds; promotion and access to crisis beds; service provision within the nonprofits providing beds; long-range sustainability and appropriate adjustments to the number of crisis beds throughout the state; the geographic isolation and limitations of beds, and; the ongoing isolation of crisis beds from family reconciliation beds, too.

[Capacity of families to support youth in healthy ways.](#) Finally, one of the greatest barriers to success repeated throughout the listening sessions was identified as the capacities of families to support youth in healthy ways in the first place, and whether the abilities of these families are being supported before youth are reunified with them. One participant remarked that “instead of pushing for family reunification, sometimes we need to be preparing these youth to live independently, and sometimes we need to teach them how to construct new families, rather than send them back to their families of origin that harmed them in the first place.” This type of concern was repeated in almost every listening session as a barrier presented in Washington's approach to crisis beds.

FAMILIES AND YOUTH IN CRISIS

SUB-APPENDIX A: COUNTIES WITH HOPE, CRC, AND/OR SCRC CRISIS BEDS



SUB-APPENDIX B: BED PROVIDERS UNDER CONTRACT WITH OFFICE OF HOMELESS YOUTH, FISCAL YEAR 2018-19

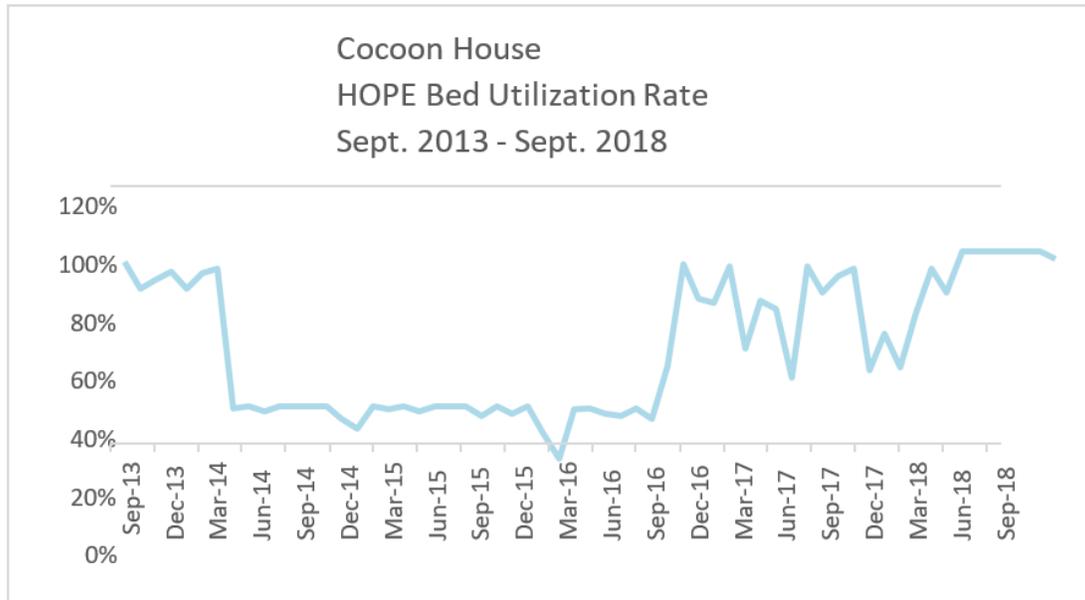
County	Agency	Phone	Website	Address	Type of Center			
					HOPE	HOPE/ CRC	CRC	SCRC
Chelan	Chelan County Juvenile Detention	509.667.6350	www.co.chelan.wa.us	316 Washington St #202 Wenatchee, WA				4
Clallam	Clallam County Juvenile Detention	360.417.2282	www.clallam.net	1912 W 18th St. Port Angeles, WA				4
Clark	Janus Youth Programs	503.233.6090	www.janusyouth.org	707 NE Couch S Portland, OR		11		
King	Nexus Youth and Families	253.939.2202 or 253.350.2802	www.ayr4kids.org	1000 Auburn Way South Auburn, WA 98002	6			
King	Friends of Youth	425.869.6490	www.friendsofyouth.org	13116 NE132nd St. Kirkland, WA 98034	4			
King	YouthCare	206.694.4500 or 800.495.7802	www.youthcare.org	2500 NE 54th St Seattle, WA	22			
Snohomish	Cocoon House	425.259.5802	www.cocoonhouse.org	2929 Pine St. Everett, WA	4			
Snohomish	Service Alternatives	360.652.6830	www.servalt.com	210 N Oak St Burlington, WA		8		

FAMILIES AND YOUTH IN CRISIS

Spokane	YFA Connections	509.624.2868	www.yfaconnections.org	22 S Thor St. Spokane, WA		15			
Thurston	Community Youth Services	360.943.0780 or 888.698.1816	www.communityyouthservices.org	711 State Ave NE Olympia, WA		12			
Pierce	Community Youth Services	253.212.3432	www.communityyouthservices.org	711 State Ave NE Olympia, WA			6		
Walla Walla	Catholic Charities: Spokane	509.525.0572	https://www.catholiccharitiesspokane.org/walla-walla-regional-office	408 W Poplar St. Walla Walla, WA	6				
Whatcom	Northwest Youth Services	360.734.9862	www.nwys.org	1020 N State St Bellingham, WA	4				
Total Number of Beds						46	46	6	8

SUB-APPENDIX C: UTILIZATION DATA FROM BED PROVIDERS

Cocoon House, HOPE bed provider, Snohomish County



YouthCare, HOPE/CRC bed provider, King County

YouthCare reported that it has had eight HOPE beds from 2012 through September 2016. The utilization rates for these beds are in the table below. However, the rates reported are based on a 12 bed rather than an 8-bed shelter, so the utilization rates are actually higher than shown.

- 2012 – 25.77%
- 2013 – 25.64%
- 2014 – 29.13%
- 2015 – 33.74%
- 2016 – 48.66% (began billing for 10 beds in September 2016)
- 2017 – 47.67% (back down to 8 beds in May 2017 due to our second shelter opening)

In addition, YouthCare opened a 14 bed HOPE Center on May 22, 2017. Due to staffing limitations and clearance issues only 8 beds were available during this time. Utilization from that date through end of 2017 was 58.93 percent.

SOURCES AND OTHER RESOURCES

HOPE, CRC, and SCRC Information

Bed type definitions and FRS services for at-risk and runaway youth.:

<https://www.dcyf.wa.gov/services/at-risk-youth/frs>

HOPE bed authorization. <http://app.leg.wa.gov/RCW/default.aspx?cite=43.185C.315>

Guidelines for Crisis Residential and HOPE Centers, January 2018 – June 30, 2019, Department of Commerce, Office of Homeless Youth.

CRC guidelines: <http://www.commerce.wa.gov/wp-content/uploads/2015/11/hau-ohy-crcguidelines-3-15-17.pdf>

OHY Grantee Map: Slide 4 has a graphic map of where CRC, SCRC, and HOPE beds are offered in the state.

External research sources

Washington State Juvenile Detention 2016 Annual Report Washington State Center for Court Research
2014 Washington State Homeless Youth Handbook Columbia Legal Services.

<https://www.vera.org/when-misbehaving-is-a-crime#decriminalizing-adolescent-behavior>

Hockenberry, Sarah, and Puzanchera, Charles. 2018. Juvenile Court Statistics 2016. Pittsburgh, PA:

National Center for Juvenile Justice. <https://www.ojjdp.gov/ojstatbb/njcda/pdf/jcs2016.pdf>. (National data on adjudication and out of home placement for status offenders.)

Marten, Priscilla. 2003. Intensive Family Reunification Services Protocol. Buhl, ID: National Family Preservation Network.

<http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/teleconferences/IFRS-Protocol.pdf>

Trupin, Eric, and Puertolas, Mara Lucia. 2017. Working to Reduce the Use of Secure Confinement: A Review of King County's Children and Family Justice Center. Seattle, WA: UW Medicine, Department of Psychiatry and Behavioral Sciences.

[https://www.kingcounty.gov/elected/executive/constantine/news/release/2017/September/~media/elected/executive/constantine/news/documents/CFJC_Report_8,-d-,17_FINAL.ashx?la=en](https://www.kingcounty.gov/elected/executive/constantine/news/release/2017/September/~/media/elected/executive/constantine/news/documents/CFJC_Report_8,-d-,17_FINAL.ashx?la=en)

APPENDIX D

PROGRAM REVIEW FOR EFFECTIVE FAMILY-BASED PREVENTION PROGRAMS FOR ADOLESCENTS

Program	Target Population	Outcome		
		Rating	Prevention Level	Research
Brief Strategic Family Therapy	8 to 18 years	Blueprints: Promising NREPP: OJJDP/Crime solutions: Effective	Indicated Prevention, Intervention	Aggression, Substance use, Family functioning
Creating Lasting Family Connections	9 to 17	NREPP: 3.0-3.5 Blueprints: Promising OJJDP/Crime Solutions: Effective	Universal, Selective	Substance use, Family functioning
Functional Family Therapy	12 to 17 years	Blueprints: Model. Crime Solutions: Effective OJJDP: Effective	Indicated Prevention; Intervention	Aggression, Family functioning, Substance use
Guiding Good Choices	12 to 14 years	Blueprints: Promising Crime Solutions: Effective SAMHSA: 2.6-3.1 out of 5	Universal Prevention	Substance use, Family functioning
MultiSystemic Therapy	12 to 17 years	Blueprints: Model Plus. Crime Solutions: Effective OJJDP: Effective SAMSHA: 2.90-3.2	Indicated Prevention. Intervention	Aggression, Out of home placement, Delinquency
Parent Management Training	3 to 12 years	Model Program	Selective Prevention Indicated Prevention	Aggression, Internalizing
Raising Healthy Children	5 to 18 years (different modules for childhood, early and late adolescence)	Blueprints: Promising Crime Solutions: Promising	Universal Prevention	Substance use, Educational outcomes
Staying Connected with Your Teen	12 to 14 years	OJJDP: Promising	Universal	Aggression
Step Up	12 to 17 years	None (unpublished studies show promising effects in reducing arrests for youth on probation)	Indicated Prevention, Intervention	Recidivism
Strengthening families (ages 10-14)	10 to 14 years	Blueprints: Promising Crime Solutions: Effective SAMHSA: 2.8- 3.3 out of 5	Universal Prevention	Substance use, Aggression, Delinquency
Strengthening Multi-Ethnic Families and Communities	Birth to 18 years. No specific teen version.	Rated as promising in a 1999 matrix from OJJDP/SAMHSA *But has a Washington Evaluation	Universal Prevention	Family functioning
Strong African American Families	Adolescent	Blueprints: Promising Crime Solutions: Effective OJJDP: Effective NREPP: 3.6-3.8	Universal Prevention	Delinquency

Walker, S., Valencia, E., & Vick, K. (2018). Report of a Research to Practice Partnership to Develop the Youth Housing Stability Model for Juvenile Courts. Seattle, WA: Center for the Study and Advancement of Justice Effectiveness (SAJE).

SAJE; The study and advancement of justice effectiveness

APPENDIX E

**NATIONAL AND INTERNATIONAL ADOLESCENT
SERVICE DELIVERY MODELS**

**Prepared by The Athena Group for the
Washington State
Department of Children, Youth, and Families**

October 17, 2018

PURPOSE

This document is intended to summarize systems for organizing services outside of WA to address family conflict for families who go through a family in need of services petition process or a civil citation process.

However, research has shown there is a remarkable dearth of literature demonstrating these findings. Following is a short summary of several states which appear to have specific systems. However, further examination is necessary in order to complete a full report.

The following findings reflect three primary models for organizing services: a continuum of care; wraparound services, and; a coordinated system of care.

A continuum of care is an array of meaningful non-residential community-based programs, supports, resources and services specifically designed to meet the individual needs of young people and their families in their homes. Continuum of care cultivate the strengths of youth and families and provide them with what they might need at different stages of intensity in order to keep young people out of the juvenile justice system and confinement.

Wraparound is a team of professionals, collaborating with a family to develop a personalized, coordinated care plan that surrounds the family with services that address the issues confronting the family - from basic needs, to mental health and behavioral counseling, to healthcare, educational needs and much more.

A coordinated network of community-based services and support is characterized by a wide array of services, individualized care, and services provided within the least restrictive environment, full participation and partnerships with families and youth, coordination among child-serving agencies and programs, and cultural and linguistic competence.

FINDINGS

Arkansas

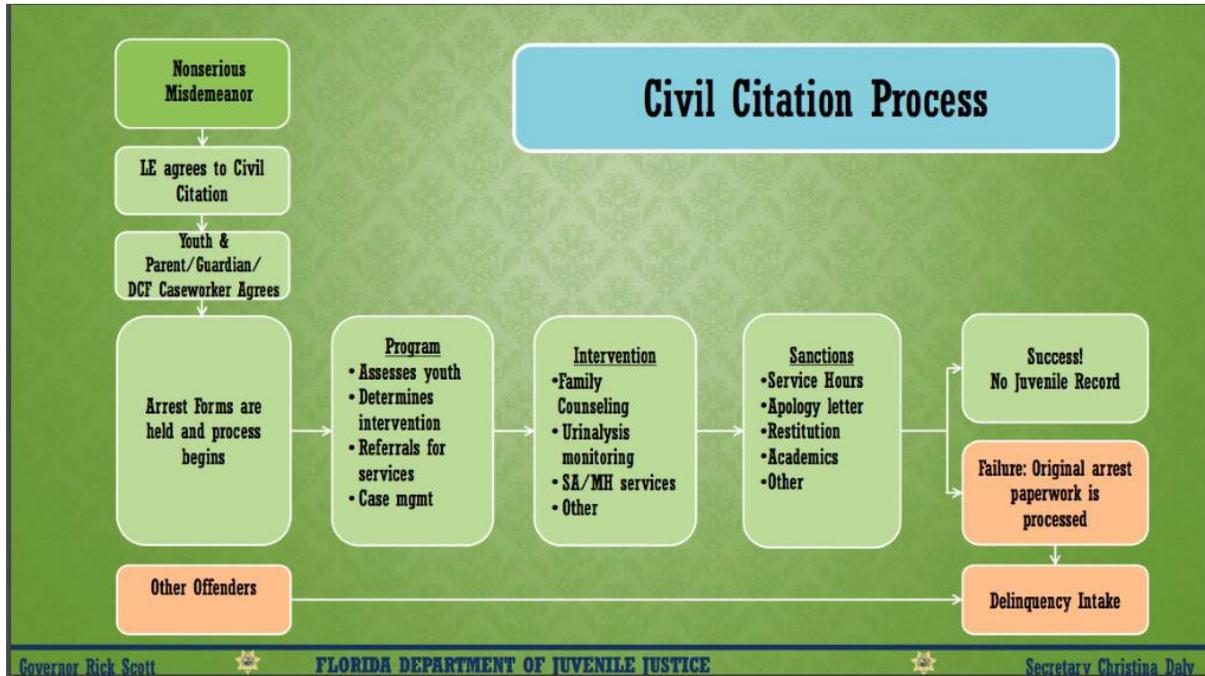
Once a delinquency petition is filed by the District Attorney, it can be converted to a 'family in need of services petition or case' which could be considered a statutory provision for diversion from delinquency. A delinquency petition can be converted to a 'family in need of services petition or case,' which may result in longer (consecutive) periods of diversion. There is no apparent system in place in Arkansas for organizing services.

Delaware

The Department of Services for Children, Youth and their Families (DSCYF), Division of Youth Rehabilitative Services (DYRS) has implemented the Juvenile Civil Citation Program. This is a wraparound program that addresses juvenile first-time misdemeanor offenses for violations of disorderly conduct, loitering, shoplifting, alcohol offenses (underage consumption and possession), possession of marijuana (less than 1 ounce), and criminal trespass. Delaware convened work groups with statewide representatives involved in juvenile justice to look at alternative methods of arrest for low level first-time misdemeanor juveniles.

Florida

Florida first authorized civil citation programs legislatively in 1990. Begun as a voluntary program for localities, the law was amended in 2011 to require that each locality establish a civil citation or similar diversion program.



“Civil Citation Process” by the Florida Department of Juvenile Justice.

As of 2012, Florida uses “Family in Need of Services,” or FINS, to recognize that when young people leave home, the stability and health of the entire family requires attention. They use the term to describe runaway youth. The organizing system is apparently evolving, and reflects a wraparound approach.

- FINS youth cannot be placed in detention facilities under any circumstances.
- Services must be provided to young people and their families and must increase as needed.
- A court must not become involved with the youth or family until after all appropriate services, including family mediation, have been tried and have not solved the problem.
- The court must then order family services, counseling, and can place the youth with another adult or with a service provider.
- Florida’s law recognizes the role of the family, provides extensive services, and limits the court’s involvement in a young person’s life.
- Statute generally permits civil citation initiatives for misdemeanors, but if the youth fails to comply or commits a 3rd misdemeanor, the officer must send a complaint alleging delinquency to the (executive branch) Department of Juvenile Justice or designee (JPO) to initiate court intervention.

Florida (Miami)

In Florida, the Miami-Dade County Juvenile Services Department headed an effort to reform a dysfunctional system and create an evidence-based, community supported juvenile justice model. This is a coordinated system of care model.

FAMILIES AND YOUTH IN CRISIS

- A collaborative effort of juvenile justice partners and national researchers assisted in the development of a benchmark continuum of care including five innovative, targeted, and customized diversion programs.
- By utilizing a variety of gender and age specific evidence-based screening and assessment tools, Miami-Dade County has achieved a system that allows the county to organize and manage the population allowing the juvenile and his/her family to be treated as individuals.
- Youth now have the opportunity to attain complete treatment services outside of the systems that currently exist without shame of a criminal record with the implementation of the Civil Citation Initiative.

Outcomes of this model include:

- Juvenile arrests decreased by 41 percent
- Re-offending declined 78 percent
- Detention population dropped 66 percent
- Over \$50 million in system savings have been generated through efficiencies
- In 2008, an economic study concluded that the reformed juvenile justice system saves the community over \$30 million each year

Nebraska

In Nebraska, a county attorney, a county attorney representing multiple counties, or a city attorney with concurrence of governing bodies may establish civil citation juvenile diversion programs. This is a sort of wraparound approach in which:

- Juveniles may be required to participate in community service, family counseling, urinalysis, substance abuse, mental health, or other services.
- Pre-hearing diversions can be monitored for up to 6 months before the matter must go before the judge for 'reasonable' extensions.

New Mexico

As of 2012, New Mexico's statute also uses the term FINS to refer to runaway youth. Their continuum of services includes the following features:

- New Mexico law expressly permits a young person to request services independently.
- Although police can take runaway youth into custody, they must explain to the youth why he/she is in custody, and can only bring the young person home, to a foster home, to a relative, or to a community-based shelter.
- New Mexico law also explicitly limits custody to 48 hours without a court order
- The law states that runaway youth cannot be transported in a police car unless necessary for their immediate safety.
- One of the most compelling elements of New Mexico's law is that it authorizes the court to join the local school district as a party if there are unmet educational needs.

Rhode Island

The Family Care Community Partnership, or FCCP model, is "available for youth exiting juvenile justice, youth at risk of homelessness, as well as youth experiencing conflict, and youth locked out as a result of family conflict." Using a continuum of family-focused services for at-risk children and families and required state services to engage in a comprehensive planning process, the goal is "to develop more responsive family support and preservation strategies."

- The Child and Family Service Review process provides opportunities to be more responsive to the multiple, and often complex, needs of children and families.
- Reaffirms the need to forge linkages between the child welfare agency and other critical systems of support for families.
- Reaffirms the need to link the child welfare agency and the courts in order to ensure child safety and permanency and promote child and family well-being.
- Starting to see small gains in regards to reducing reliance on congregate care.
- Seeing increased support for the reunification of children with their families in their home and communities.
- Seeing increased access to independent living supports for youth involved with child welfare system.
- Seeing increased support for preserving and strengthening families in their homes and communities.

SOURCES

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- Juvenile Justice, Geography, Policy, Practice & Statistics, a project from the National Center for Juvenile Justice (JJGPS) at <http://www.jjgps.org>
- Snapshot: Civil Citations (2016) from National Juvenile Justice Network at www.njjn.org/our-work/snapshot-civil-citations
- "Civil Citation Process" is from Civil Citation -- Keeping Kids out of the Juvenile Justice System" by the Florida Department of Juvenile Justice at <http://www.centerforchildwelfare.org/Training/2016cpsummit/Civil%20Citations.pdf>
- "The Division of Youth Rehabilitative Services in cooperation with the Criminal Justice Council announce the Statewide Juvenile Civil Citation Program Beginning" (2015) from <https://news.delaware.gov/2015/07/15/the-division-of-youth-rehabilitative-services-in-cooperation-with-the-criminal-justice-council-announce-the-statewide-juvenile-civil-citation-program-beginning/>
- "Miami-Dade County, Florida Juvenile Justice Model" by Wansley Walters in the National Criminal Justice Reference Service database (2008) at <https://www.ncjrs.gov/App/publications/abstract.aspx?ID=247561>
- "Cross-Systems Sequential Intercept Mapping" in Broward County, FL by facilitated by the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at Florida Mental Health Institute of the University of South Florida at <https://www.usf.edu/cbcs/mhlp/tac/documents/mapping/sim-reports/broward-juv-2016.pdf>
- "System Transformation in Child Welfare: Integrating System of Care Principles and Wraparound to Improve Safety, Permanency, and Well-being" by Lisa Conlan Lewis and Janice DeFrances (2014) www.cmhconference.com/files/27/presentations/s37-3d.pdf
- "Family Care Community Partnership (FCCP) Working Together to Strengthen Families" by the Rhode Island Department of Children, Youth and Families at www.dcyf.ri.gov/FCCPTogetherRI/

APPENDIX F

Expanded Recommendations for Tertiary/Crisis Housing

Recommendations on Office of Homeless Youth shelter programs

Background:

The 2018 Supplemental Budget (ESSB 6032) directed the Department of Children, Youth, and Families (DCYF) to work jointly with the Office of Homeless Youth (OHY) to conduct a study and make recommendations to improve the delivery of services to families and youth in crisis. The budget language also directs that, “The study shall review the utilization of existing resources such as secure crisis residential centers, crisis residential centers, and HOPE beds and make recommendations to assure effective use or redeployment of these resources.”

The following are proposed recommendations to OHY shelter programs that serve youth under the age of 18, centered on the goal of improving safety and housing stability.

These recommendations were shaped and informed by the Washington Coalition of Homeless Youth Advocates, young people part of the Youth Advocates Ending Homelessness chapter of The Mockingbird Society, and HOPE/ CRC service providers. The recommendations should be used as jumping off point for further discussion and refinement.

Recommendation 1: Consolidate the Crisis Residential Center (CRC) shelter and HOPE Center shelter into a single HOPE Center model

Data show that youth access HOPE and CRC programs for similar reasons including family conflict, safety/rejection, runaway, and emergency placement for state dependent youth. Currently, HOPE and CRC programs can operate within the same facility and nearly half of all beds are within a combined HOPE/CRC model. Confusion exists among some youth and providers about the differences between the two models, with a general perception that CRCs are not a place that youth voluntarily self-refer or would choose as a housing option. This recommendation proposes to consolidate the two program types into one HOPE model in order to streamline the programs, establish a welcoming, youth-friendly culture, and make beds available to youth under consistent entry criteria.

Features of the model include:

- Youth access the HOPE Center voluntarily
- The culture of a HOPE Center is youth-friendly and a place that young people feel safe and welcomed
- Facilities are non-secure settings
- Law enforcement has an important role to play in identifying and supporting youth experiencing homelessness, yet young people describe that engagement by law enforcement can have traumatic and triggering effects. Flexibility should be allowed to try innovative approaches to law enforcement engagement, including the use of an intermediary to serve as a warm hand-off between law enforcement and a HOPE Center, or the strengthening of law enforcement’s knowledge and skills in working with youth in a supportive manner.
- Initial length of stay in a HOPE Center would be 30 days, with the ability to stay an additional 60 days based on certain conditions (see recommendation 2).

- A youth's needs are assessed and appropriate services and interventions are identified at entry. This sets the stage for transition planning into safe and stable housing upon exit.
- Services focus heavily on youth exiting to family, with family being inclusive of bio, kin, and chosen.
- HOPE Center staff help youth obtain their birth certificate, ID, and health insurance before they exit.
- Hope Centers serve a broad population including runaway, street youth, youth in need of respite from family conflict, and state dependents.

Recommendation 2: Allow longer lengths of stay in a HOPE Center paired with services

Current data show that 20 percent of youth are exiting HOPE Centers into another emergency shelter and another 10 percent exit into temporary housing situations. A longer length of stay may provide time for families to engage in services and work on reconciliation so that youth can exit to safe and stable housing.

Under this recommendation, youth would be allowed to stay in a HOPE Center up to 90 days (current limit is 30 days with the ability to extend to 60 days) to provide services and support a safe return home. If it is determined that a youth will not be able to return home within 30 days, HOPE Center staff would facilitate an intervention, such as a meeting with the parents, youth, and community supports. A family engagement specialist could be embedded within the staffing structure of a HOPE Center to facilitate this support.

Appropriate services/ interventions need to be funded and available, and should incorporate the following components:

- Flexible to allow participation in a variety of ways such as onsite, in-home, and online.
- Driven by the youth and family
- Involve the whole community of support in a young person's life. "Family" should be broadly defined to include chosen family and whomever the natural supports are in a youth's life.
- The state should consider compensating families for their time participating in services such as counseling and treatment, acknowledging that lack of resources, transportation costs, and time spent away from a job can be barriers to participation.
- Include an after-care component to provide follow-up support to families for six months after a youth exits the program.

Recommendation 3: Establish a long-term/ transitional housing model for youth who are not returning home

In some cases, youth "shelter hop" because returning home is not an option, yet there are few options for longer-term housing. The OHY and DCYF recommend adding capacity for longer-term transitional housing to the existing menu of housing models supported at OHY. Any long term housing model must provide **housing and independent living skill support**. The model should include the following elements:

- Available across the state
- Include community-based support
- Incentivize and reward participation in skill building education
- Mirror a home-like environment and provide normalizing adolescent experiences that you would find in a healthy family home

- Provide a variety of services on a monthly basis, giving youth a choice on what they want to participate in. Monthly services also give youth more opportunities to participate, accounting for turn over or transition of youth in and out of the program.
- Supports should remain voluntary but staff would be allowed to encourage youth to participate. If a youth has demonstrated mastery of a skill, the youth could be offered an opportunity to test out of the class/support.
- Parents or guardians may engage/re-engage in family reconciliation efforts at any time while the youth receives longer-term housing, and if successful, the youth may return home. While in the program, youth may maintain contact with parents or other appropriate family members as determined by the youth, family, social worker and/or housing provider.

Independent living skills offered should include:

- Access to technology/ support technical skills
- Access to support for high school completion and higher education/ participation in college orientations
- Financial Literacy
- Medical insurance Information, including how to get access to medical insurance if you are on your parents' plan
- Support securing state identification, driver's license, birth certificates and Social Security cards
- Career development skills
- Support locating and securing apprenticeship opportunities
- Car maintenance and repair
- Home care and maintenance, including how to contact landlords to make repair requests.
- Landlord tenant right classes
- Civic duties for individuals not born in the United States and open to those who were born in the United States. Specific focus on registering to vote, voting, and serving on a jury.

Recommendation 4: Reform detention-based and community-based secure crisis residential centers

Secure Crisis Residential Centers (SCRCs) are secure placements that can be co-located with a juvenile detention center or located in communities. There are currently 2 SCRCs co-located with detention facilities (Chelan and Clallam Counties) and no community based SCRCs. The average utilization rate of the 2 SCRCs was 11 percent in fiscal year 2018.

The research is strong that confinement can be very harmful to youth, particularly those who are already facing challenges at home. Detainment is not a solution to homelessness. The OHY and DCYF recommend that secure settings be limited to circumstances where there is a threat of immediate harm to a youth's safety or health. A new model needs to take shape to address the needs of high-risk youth that is diagnostic and therapeutic. Partners working on addressing the needs of commercially sexually exploited youth and youth with severe behavioral health issues should lead the way in defining a new model.

Input from youth indicates that the setting should protect the individual autonomy of youth, including the ability to access their own clothes, phone, and belongings; minimal searches; a home-like environment; the presence of a mentor or peer; and culturally relevant spaces and services. Lengths of stays should be short and focused on moving the youth into a stable environment.

Recommendation 5: Establish an intervention when parents are not reachable, do not consent to out of home placement, or when families are unable to reconcile

A common theme in discussions with young people and service providers is that the legal requirement to obtain parental consent to stay in a shelter beyond 72 hours poses a significant barrier for some young people. If home is unsafe, youth may avoid accessing any services for fear of retaliation from parents. In some cases, parental consent cannot be obtained because a parent cannot be found. They may be experiencing homelessness themselves, in jail, or not reachable for other reasons. Parents may also refuse to grant consent to stay at a shelter but also refuse to let their child return home. In these types of situations, youth fall between the cracks—they are unable to return home but also unable to legally stay in a shelter or other safe space. They often end up on the street where they are exposed to victimization and violence.

Youth need legal protection in these circumstances. The OHY and DCYF recommend that an authorizing entity (the juvenile courts or DCYF) intervene in these situations to grant youth the ability to remain safely in a shelter.

Additionally, it may not be possible for some families to reconcile despite receiving services and support. A more intensive intervention is needed for these families, through DCYF and/or the courts, to ensure that youth can maintain safety and stability. In these cases, youth may need an authorizing entity to approve placement in long-term, transitional living, as described in recommendation 3.