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ABSTRACT

This report reviews the effectiveness of Washington's HOPE Centers and Responsible Living Skills Programs (RLSPs) and reports findings and recommendations. In 1999, state legislators enacted the HOPE Act, which created these two services. HOPE Centers are temporary residential facilities where street youth can stay for 30 days while being evaluated for appropriate placement, education, and treatment services, including family reconciliation. RLSPs provide residential placement and transitional living services to state dependent youth age 16-18 years whose other foster care placements were unsuccessful. The report provides the following information about HOPE Centers and RLSPs: legislative intent; implementation update; characteristics of youth served (preliminary findings); and services provided (preliminary findings). Data come from research on the effectiveness of these two efforts. The research investigates number and characteristics of youth served, services offered, success of permanent placements, and participant outcomes. Data come from state data systems regarding participants' education, juvenile court involvement, history with child welfare and treatment services, and employment. Data also come from site visits and interviews with programs and participants. Four appendixes describe: temporary residential programs for runaway youth; contracted service providers for the HOPE Act; Division of Alcohol and Substance Abuse allocations for HOPE Center services; and transitional living programs for older adolescents. (SM)

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**Evaluation of the HOPE Act:
New State Services for Street Youth**

INTERIM REPORT

Barbara McLain

January 2001

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**Evaluation of the HOPE Act:
*New State Services for Street Youth***

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Barbara McLain

January 2001

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The Institute wishes to thank the staff of HOPE Centers, Crisis Residential Centers, Responsible Living Skills Programs, and selected Independent Living Programs for their many hours of contribution to this evaluation. Information from the records and forms they prepare each month forms the basis for this report, which would not have been possible without their assistance.

EXECUTIVE SUMMARY

In 1999, the Legislature enacted the HOPE Act,¹ which created two new state services for “street youth.” Street youth are defined in statute as older adolescents who live outdoors or in an unsafe location.

- **HOPE Centers** are temporary residential facilities where youth can stay up to 30 days while being evaluated for appropriate placement, education, and treatment services, including family reconciliation if possible.
- **Responsible Living Skills Programs (RLSP)** provide both residential placement and transitional living services to state dependent youth aged 16 to 18 whose other foster care placements have been unsuccessful.

Funding was provided in the 1999–2001 biennial budget to begin phased-in implementation of 75 HOPE and 75 RLSP beds between 2000 and 2003 (\$2.6 million), as well as chemical dependency assessment services (\$106,000).

The Washington State Institute for Public Policy (Institute) was directed to review the effectiveness of HOPE Centers and RLSPs and report findings and recommendations by December 1, 2001. The Institute’s study is organized around three questions:

- What are the characteristics of youth served by HOPE Centers and RLSPs?
- What services are provided through HOPE Centers and RLSPs?
- What outcomes result from participation in a HOPE Center or RLSP?

Interim Report

This interim report covers the following about HOPE Centers and RLSPs:

- A) Legislative Intent**
- B) Implementation Update**
- C) Characteristics of Youth Served: Preliminary Findings**
- D) Services Provided: Preliminary Findings**

¹ Chapter 267, Laws of 1999.

HOPE Centers

A) Legislative Intent: Questions for policymakers include whether HOPE Centers are reaching their target population (street youth) and to what extent they differ from existing programs for runaway youth.

B) Implementation Update: The phase-in of HOPE Centers is proceeding more slowly than established in statute.

- Five HOPE Centers opened during 2000, and an additional three are scheduled to open in January 2001. A total of 58 youth had entered a HOPE Center as of October 2000.
- Occupancy at the first three HOPE Centers was 50 percent for the first seven full months of operation (April through October 2000).

C) Characteristics of Youth Served: To date, HOPE youth do not appear to have as much street experience as typical street youth, but they do have similarly high rates of involvement with the child welfare and criminal justice systems. Furthermore, HOPE youth appear more at-risk than youth in Crisis Residential Centers (CRCs).²

- 64 percent of HOPE youth had one month or less of recent street experience, and 71 percent had been away from home less than one month. HOPE youth have approximately twice as much recent street experience as CRC youth.
- 53 percent of HOPE youth spent the week prior to entering a HOPE Center in some form of temporary living situation, 81 percent had previously been placed by DSHS outside their home, and 36 percent had been in a CRC more than once in recent months. A higher proportion of HOPE youth have these risk factors than CRC youth.
- HOPE youth are similar to street youth in their rates of state dependency (33 percent), previous criminal records (60 percent), and need for assistance with drug, alcohol and mental health services (58 percent). Most HOPE youth are enrolled in school (73 percent), and approximately one fourth need special education.

D) Services Provided: To date, HOPE Centers are being used as a planned (rather than crisis) placement for youth who are motivated to participate in the program. Several issues should be monitored over time to determine whether policy changes are needed.

- Placements should be monitored to determine whether additional street youth enter HOPE Centers. It is not clear how street youth might self-refer to HOPE Centers. The state may want to consider supporting outreach efforts.
- Most youth are staying in HOPE Centers an appropriate length of time for an assessment-focused program (65 percent stayed between one week and one month), but this should be monitored to ensure the program is used as intended.

² Due to the relatively small number of youth in HOPE Centers, the information in this report should be considered preliminary. No tests of significance were made on the statistics in this report.

- Special assessment services funded by the Division of Alcohol and Substance Abuse (DASA) have seen low utilization, which is inconsistent with the number of youth who reportedly would benefit from these services. HOPE Center staff report difficulty in accessing mental health services and suggest special funding for psychological assessments.
- Limited placement opportunities for youth after they leave a HOPE Center is the biggest concern expressed by service providers and the Department of Social and Health Services (DSHS). Several potential barriers for HOPE Center youth to enter RLSP have been identified. The most significant barrier appears to be overall reluctance to initiate state dependency proceedings on older adolescents; only one third of HOPE youth are already state dependents.

Responsible Living Skills Programs (RLSP)

- A) Legislative Intent: It remains to be seen whether the combination of services offered by RLSPs improves the educational, housing, and employment outcomes of youth compared with other transitional living programs.**
- B) Implementation Update: The phase-in of RLSPs is also proceeding more slowly than established in statute.**
- Four RLSPs opened during 2000, and an additional two are scheduled to open in January 2001.
 - Nineteen youth had been placed in RLSPs as of October 1, 2000, and seven had left.
 - Occupancy at the first two RLSP sites was 59 percent and 75 percent for the first two quarters of operation.
- C) Characteristics of Youth Served: To date, RLSP youth appear to fit the profile of youth who have been unsuccessful in previous foster care placements and need transitional living skills. It is not known to what extent they were street youth.**
- The first 13 RLSP youth had been in out-of-home placement an average of just under four years. Sixty-four percent of these youth had been placed in more than ten different living arrangements by DSHS during that time.
 - RLSP youth need to concentrate most on the following skills: family planning and parenting, housing, job-seeking and job maintenance, and knowledge of community resources.
 - Most youth are enrolled in or have completed school when they enter an RLSP (84 percent); only one youth had a job when beginning the program.

D) Services Provided: RLSPs are not yet a companion program to HOPE Centers. RLSPs are still sorting out what type of youth are best suited for the program and how best to provide the transitional living curriculum.

- Relatively few youth meet both statutory and practical criteria for this program. For example, youth must be state dependent and unsuccessful in previous placements. At the same time, RLSP providers stress the importance of youth being motivated to acquire independent living skills (including completing school and getting a job) and having the ability to behave responsibly and independently.
- RLSP placement should be monitored to determine whether policy changes should be considered.
- DSHS could facilitate collaboration among RLSPs to develop curriculum and strategies for youth to gain independent living skills.

Next Steps

The final report will concentrate on the outcomes of youth who participate in HOPE Centers and RLSPs. The Institute plans to examine several outcomes, including youths' education, receipt of child welfare, alcohol, drug, and mental health services, employment, and history with juvenile court, both before and after participation in the programs.

It is important to note that the Institute's proposed analysis for the final report has some limitations:

- **Potentially low numbers of participants.** By the time the final report on these programs is due from the Institute, there may still be relatively few youth participating, and many of the programs will still be working through the start-up phases of implementation.
- **Not enough time to evaluate outcomes for youth who complete RLSPs.** Within the time frame of the study, it may not be possible to examine outcomes for RLSP youth after they complete the program.

I. BACKGROUND

New State Services for Street Youth

In 1999, the Legislature enacted the HOPE Act,³ which created two new state services for “street youth,” defined in statute as older adolescents who live outdoors or in an unsafe location.

- **HOPE Centers** are *temporary residential facilities* where youth can stay for up to 30 days while being evaluated for appropriate long-term placement, education, and treatment services. Centers must employ a Placement and Liaison Specialist (an individual with advanced education and experience in social work with street youth) available to assist the youth and oversee a series of assessments. The objective of a HOPE Center stay is to provide needs assessments, referrals to other services, and a transition to a more suitable living situation, including family reconciliation if possible.
- **Responsible Living Skills Programs (RLSP)** provide both *residential placement* and *transitional living services* to state dependent youth aged 16 to 18 whose other foster care placements have been unsuccessful, causing them to become street youth. RLSPs are expected to assist these youth with educational training, employment, and acquiring life skills. The objective of RLSPs is to help these youth gain competency to live independently as adults. Youth can stay in an RLSP until age 18.

The 1999–2001 biennial budget for the Department of Social and Health Services (DSHS) included \$2.6 million to begin a phased-in implementation of 75 HOPE and 75 RLSP beds between 2000 and 2003, as well as \$106,000 for chemical dependency assessment services for HOPE Center clients. The statutory implementation schedule is shown in Exhibit 1.

Exhibit 1
Statutory Implementation Schedule for HOPE Centers and RLSPs

Implementation Date	New HOPE Beds	New RLSP Beds	Cumulative HOPE Beds	Cumulative RLSP Beds
January 2000*	10	10	10	10
July 2000*	9	9	19	19
January 2001*	10	10	29	29
July 2001	9	9	38	38
January 2002	10	10	48	48
July 2002	9	9	57	57
January 2003	10	10	67	67
July 2003	8	8	75	75

* Funding for 1999–2001 supports the number of beds in the shaded boxes.

³ Chapter 267, Laws of 1999.

Institute Study

Research Questions. The Washington State Institute for Public Policy (Institute) was directed to review the effectiveness of HOPE Centers and RLSPs and report findings and recommendations by December 1, 2001.⁴ The Institute is to examine the number and characteristics of youth served, services offered, success of permanent placement, and outcomes for youth participating in the programs.

The Institute has organized the study around three research questions:

1) What are the characteristics of youth served by HOPE Centers and RLSP?

How are these youth the same or different from other runaway or state dependent youth?

2) What services are provided through HOPE Centers and RLSP?

How are these services the same or different from other similar state or federal programs?

3) What outcomes result from participation in a HOPE Center or RLSP?

How are outcomes the same or different from similar youth in other programs?

Methods. Service providers under contract with DSHS are collecting information about each youth who enters a HOPE Center, an RLSP, and other similar programs. The Institute received approval from the DSHS Human Research Review Board to access confidential information from other state data systems regarding the youths' education, juvenile court involvement, history with DSHS child welfare and treatment services, and employment. As a condition of this approval, the Institute must take steps to protect the privacy and assure confidentiality of youth who participate in the programs under review. The study also includes site visits and interviews with each program and follow-up interviews with a sample of youth and their families.

Interim Report

This interim report provides the following information about HOPE Centers and RLSPs:

A) Legislative Intent

B) Implementation Update

C) Characteristics of Youth Served: Preliminary Findings

D) Services Provided: Preliminary Findings

The report also summarizes the next steps planned for the Institute's study and the final report due in December 2001.

⁴ Section 24, Chapter 267, Laws of 1999 (E2SHB 1493).

II. HOPE CENTERS

A. Legislative Intent

HOPE Centers were created to encourage youth to stop living on the street by providing them with temporary housing and assistance with identifying long-term housing options, including return to their families if possible. Other services include assessment and referral to education, health, and treatment services.⁵

Target Population: Street Youth. Nationally, it has been estimated that 15 percent of youth aged 12 to 17 have run away from home at least once in the previous year.⁶ Youth who live outdoors or in an unsafe location—street youth—are a subset of all runaway youth. It has been estimated that between 3 and 5 percent of all youth aged 12 to 17 in the United States might have met this definition at least one night during the previous year.⁷ As illustrated in Exhibit 2, there is a continuum of possible behavior distinguishing runaway youth from street youth. The HOPE Act targets youth with multiple or long-term episodes of living on the street or in other unsuitable temporary locations. One question raised by this evaluation is: Are HOPE Centers serving the target population? To answer this question, this report compares the characteristics of HOPE Center youth with other runaway youth placed in CRCs as well as with characteristics of street youth reported by other researchers.

Exhibit 2
Who Are "Street Youth"?

Continuum of Behavior: Runaways and Street Youth			Descriptions of Youth
<i>WHERE</i> has the youth been living?	<i>HOW OFTEN</i> has the youth run away?	<i>HOW LONG</i> has the youth been away from home?	
Family/Friends	Once	One Night	
On the Street	Numerous Times	Weeks or Months	

⁵ RCW 74.15.220.

⁶ U.S. Department of Health and Human Services, *Youth with Runaway, Throwaway, and Homeless Experiences: Prevalence, Drug Use, and Other At-Risk Behaviors, Volume I: Final Report*, (Washington, D.C., February 1995), 3-11. Data is from the 1992 National Health Interview Survey, Youth Risk Behavior Supplement. The commonly used definition of "runaway" is a youth who has stayed overnight away from home without the parents' knowledge or permission.

⁷ *Youth with Runaway, Throwaway, and Homeless Experiences*, 3-11; Christopher Ringwalt et al., "The Prevalence of Homelessness Among Adolescents in the United States," *American Journal of Public Health* 88, no. 9 (September 1998): 1327. These figures underestimate the number of youth meeting the definition because youth living on the street at the time of the survey were not counted.

HOPE Centers: Duplication or Expansion of Services for Youth? In addition to HOPE Centers, other state and federal programs provide temporary housing and services for runaway youth, but each was designed with a slightly different target population or purpose.⁸

- **Semi-Secure Crisis Residential Centers (CRCs)** are state programs that provide very short-term (less than five days) placement for runaway youth or youth in conflict with their families, including foster families. Youth can be placed in a CRC by DSHS, law enforcement, or the youth's parents. DSHS staff must approve a placement.
- **Secure Crisis Residential Centers (SCRCs)** are state-funded, locked, short-term shelters intended to protect chronic runaways whose behavior puts them in danger and to provide assistance to parents in regaining control over their children.⁹ Youth can only be placed in a SCRC by law enforcement.¹⁰
- **Federal Basic Center Grants**, along with community funds, support nine short-term shelter programs for non-state dependent youth in Washington. Youth can stay in a group facility or foster home for up to 15 days.¹¹ The purpose of the programs is to reconcile runaway or homeless youth with their families or a caring home and provide counseling and crisis intervention.

In contrast to these programs, HOPE Centers provide an opportunity for youth to come to a center voluntarily¹² and stay for a longer period (up to 30 days with proper legal authorization). HOPE Centers have a mandate to provide comprehensive needs assessments for the youth;¹³ this is also the mission of other state and federal programs for runaways.

In practice, the same facility might contain multiple programs for runaway youth: crisis residential center beds, federally funded shelter beds, HOPE beds, and other DSHS services. Co-location of services can raise the question whether HOPE Centers are used as a new placement option or whether they duplicate existing services for runaway youth.

⁸ See Appendix A for a detailed explanation of these various programs. Local communities also support shelters and programs for runaway and homeless youth using Community Development Block Grants and combinations of county, city, and donated funds. Cataloging each available community resource was beyond the scope of this report.

⁹ RCW 13.32A.010: Legislative findings and intent.

¹⁰ RCW 13.32A.130 and 160 also allow a youth to be placed in a secure facility under other limited circumstances, including if the youth is at risk to run away from a semi-secure CRC. As of 2000, youth in custody for violation of a court placement order can be placed in a secure CRC that is part of a juvenile detention facility rather than in detention (RCW 13.32A.065).

¹¹ U.S. Code Title 42, The Public Health and Welfare, Chapter 72; The Juvenile Justice and Delinquency Prevention Act, 1974, Subchapter 3 Part A. The 1984 amendment provided funds for Basic Center programs.

¹² Although the legislative intent allowing youth to self-refer to a HOPE Center is not explicitly stated in statute, the contract between DSHS and service providers gives priority for placement to youth who self-refer to a HOPE Center.

¹³ RCW 74.15.220.

B. Implementation Update

Location of HOPE Centers. Exhibit 3 shows the current and planned allocation of HOPE Centers across the state through January 2001.

Exhibit 3
Implementation of HOPE Centers¹⁴

Location ¹⁵	Number of Beds	Date Beds Available	Total Intakes (November 1, 2000)
Spokane	5	March 2000	35
Vancouver	3	March 2000	11
Olympia	2	March 2000	8
Seattle A	5	July 2000	4
Seattle B	4	November 2000	NA
	1	January 2001*	
Yakima	5	January 2001*	NA
Tacoma	2	January 2001*	NA
Everett	2	January 2001*	NA
TOTAL	29	---	58

WSIPP Data Extract: December 2000

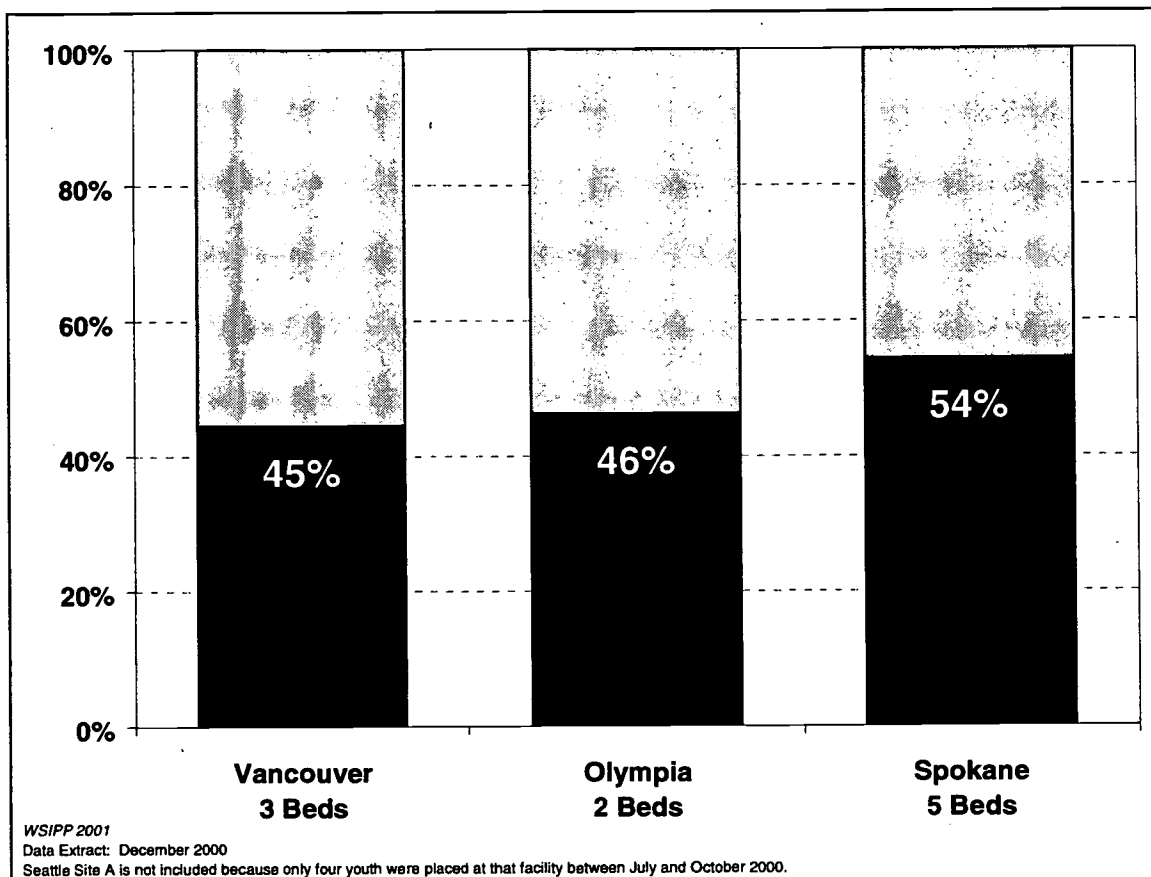
**Projected*

¹⁴ Information in this report is from records submitted by HOPE Centers and CRCs. Data from the December extract include 45 records for youth entering and exiting a HOPE Center prior to November 1, 2000, and 2,812 records for youth placed in CRCs between January and September 2000. The CRC records represent approximately 82 percent of the total number of CRC intakes during this period. Unless otherwise noted, these records represent a duplicated count of youth (i.e., an individual youth could have more than one record).

¹⁵ See Appendix B for a list of the contracted community providers at each location.

Occupancy. Occupancy for the first three HOPE Center sites was 50 percent for the first seven full months of operation (April through October 2000). An occupancy rate of 100 percent would mean every bed was full every night. As Exhibit 4 shows, the occupancy rate varied slightly by center.¹⁶

Exhibit 4
Occupancy Rate at First Three HOPE Center Sites
April–October 2000



The occupancy rate for the first three HOPE Centers was similar to that of semi-secure CRCs. Semi-secure CRCs averaged a 53 percent occupancy between February and August 2000, ranging from 19 percent to 79 percent occupancy depending on the facility.¹⁷ Similar to most CRCs, HOPE Centers are reimbursed by the state on a per-bed basis, regardless of occupancy.¹⁸

¹⁶ Occupancy rate is calculated by dividing the total number of “bed nights” occupied by the total number of bed nights available during the period.

¹⁷ Secure CRCs averaged 41 percent occupancy over the same period, ranging from 6 percent to 84 percent depending on the facility. However, three of those facilities opened for the first time in 2000.

¹⁸ The HOPE Center reimbursement rate is \$3,250 per month for each bed. Secure CRC beds are reimbursed at \$5,400 per month, and 85 percent of semi-secure CRC beds are reimbursed at \$5,200 per month, both regardless of utilization. The remaining semi-secure beds are reimbursed at \$3,350 per month and only for nights the beds are used.

HOPE Center staff have stated that the purpose and availability of this new program is apparently not well known among local DSHS staff, particularly outside the county where the center is located.

C. Characteristics of Youth Served: Preliminary Findings

What Are the Limitations to This Analysis? Relatively few youth had been placed in a HOPE Center at the time of this interim report, and records had been received on an even smaller number who exited a program. Much of the information in this section is based only on the 45 youth who had exited a HOPE Center as of November 1, 2000. Some information is based only on youth who exited as of September 1, 2000.¹⁹

When HOPE Centers are in operation for a longer period of time, they will draw more youth and youth from different communities. Therefore, these preliminary findings may not provide an accurate description of youth served by HOPE Centers. Furthermore, no tests of statistical significance are reported for any of the comparisons that follow; the number of youth in HOPE Centers and RLSPs is too small to permit any meaningful conclusions. Statistical tests will be used in the final report to help answer the study's research questions.

Finally, the following data describe the backgrounds of youth before they entered a HOPE Center or CRC. What happens after they leave will be analyzed in the final report.

What Is the Age, Gender, and Ethnicity of HOPE Center Youth? On average, HOPE Center youth are approximately one year older than youth in CRCs and slightly more likely to be female. The females in HOPE Centers are slightly younger than the males, on average (see Exhibit 5).

Exhibit 5
**Gender and Average Age of Youth
in HOPE Centers and CRCs**

		Percent of Youth	Average Age
HOPE	Females	60	15.4
	Males	40	15.9
CRCs	Females	56	14.7
	Males	44	14.6

WSIPP Data Extract: December 2000.

¹⁹ The September 2000 data extract contains 32 HOPE records and 2,398 CRC records. This September extract was used to match to database systems at DSHS, the Office of the Superintendent of Public Instruction (OSPI), and the Office of the Administrator for the Courts (OAC).

In most respects, the racial/ethnic makeup of HOPE Center youth is similar to the overall population of youth aged 15 to 19 in Washington: 76 percent of the youth in HOPE Centers are Caucasian, 9 percent are Hispanic, and 2 percent are Native American.²⁰ African-American youth are slightly over-represented in HOPE Centers (7 percent in HOPE; 4 percent in overall population) and Asian-American youth are under-represented (none to date in HOPE; 8 percent in overall population). An additional 4 percent of HOPE youth are reported as "Multi-ethnic."

What Is the Street Experience and Recent Living Situation of HOPE Center Youth? It can be difficult to distinguish between youth who are temporarily away from home (runaways) and youth who are living on the street or some other unsuitable place (street youth). Some researchers rely on the number of nights spent on the street, others on how long the youth has been away from home.²¹ Homeless youth not only sleep outside in parks or doorways, but also move from place to place, sleeping on couches and floors temporarily until they have to move again. This behavior is common among street youth, who refer to it as "couch-surfing."²²

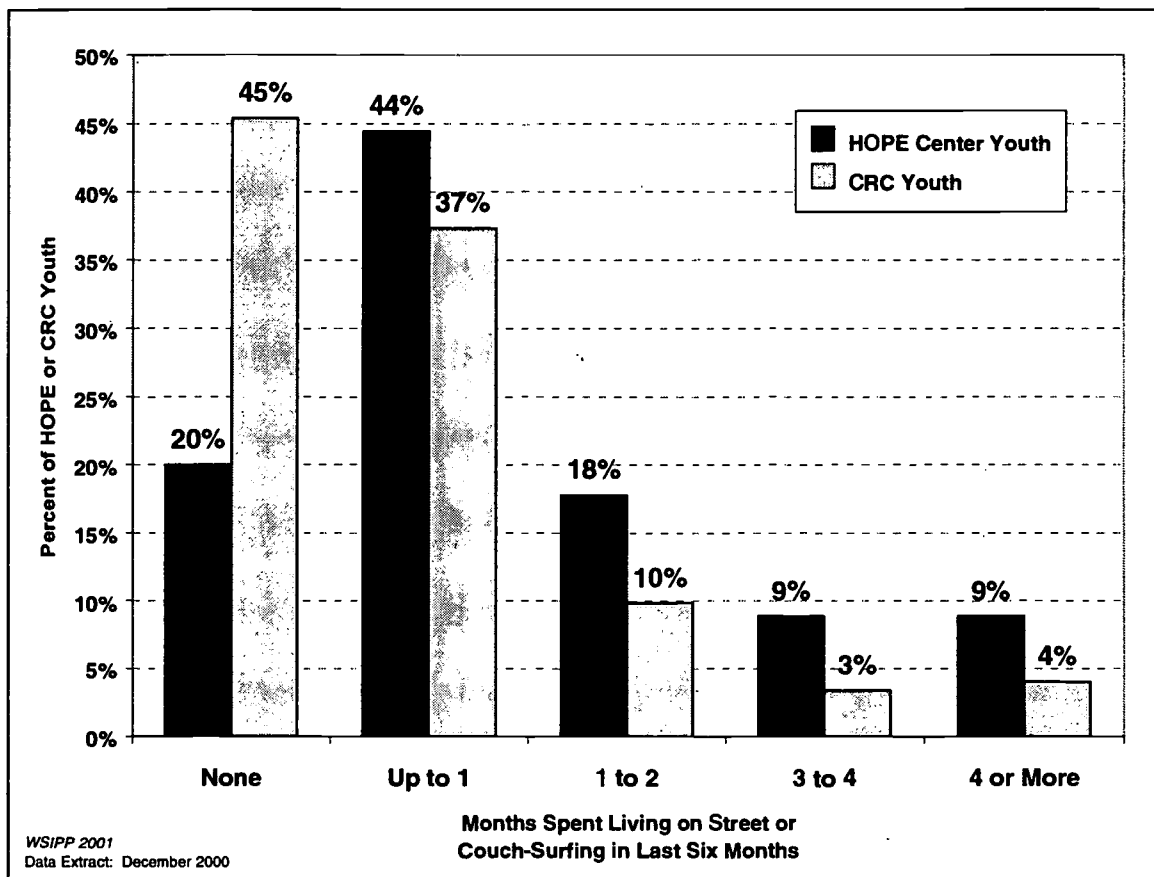
- **Prior Street Experience.** To date, youth in HOPE Centers had a somewhat limited experience with living on the street and temporary sleeping arrangements before entering a center. As Exhibit 6 shows, 20 percent of youth spent no time, and 44 percent spent only up to one month living on the street or couch-surfing in the six months prior to entering a HOPE Center. Nevertheless, on average, youth in HOPE Centers have approximately twice as much recent street experience as CRC youth. HOPE Center youth on average spent approximately one month living on the street or couch-surfing in the previous six months; while CRC youth average two weeks.

²⁰ Office of Financial Management, *County Population Estimates by Race/Ethnicity, Age and Sex: October 1998 (updated March 1999)*, <<http://www.ofm.wa.gov/reas9598/reas9598toc.htm>>. In the overall population of youth aged 15 to 19 in Washington, 77 percent are Caucasian, 9 percent are Hispanic, and 2 percent are Native American. The OFM forecast does not have a category for "Multi-ethnic."

²¹ Jan Van der Ploeg, *Homeless Youth*, (London: SAGE Publications, 1997), 2, 10.

²² *Ibid.*, 1.

Exhibit 6
Most Youth Spent One Month or Less Living on the Street or Couch-Surfing Prior to Entering a HOPE Center or CRC



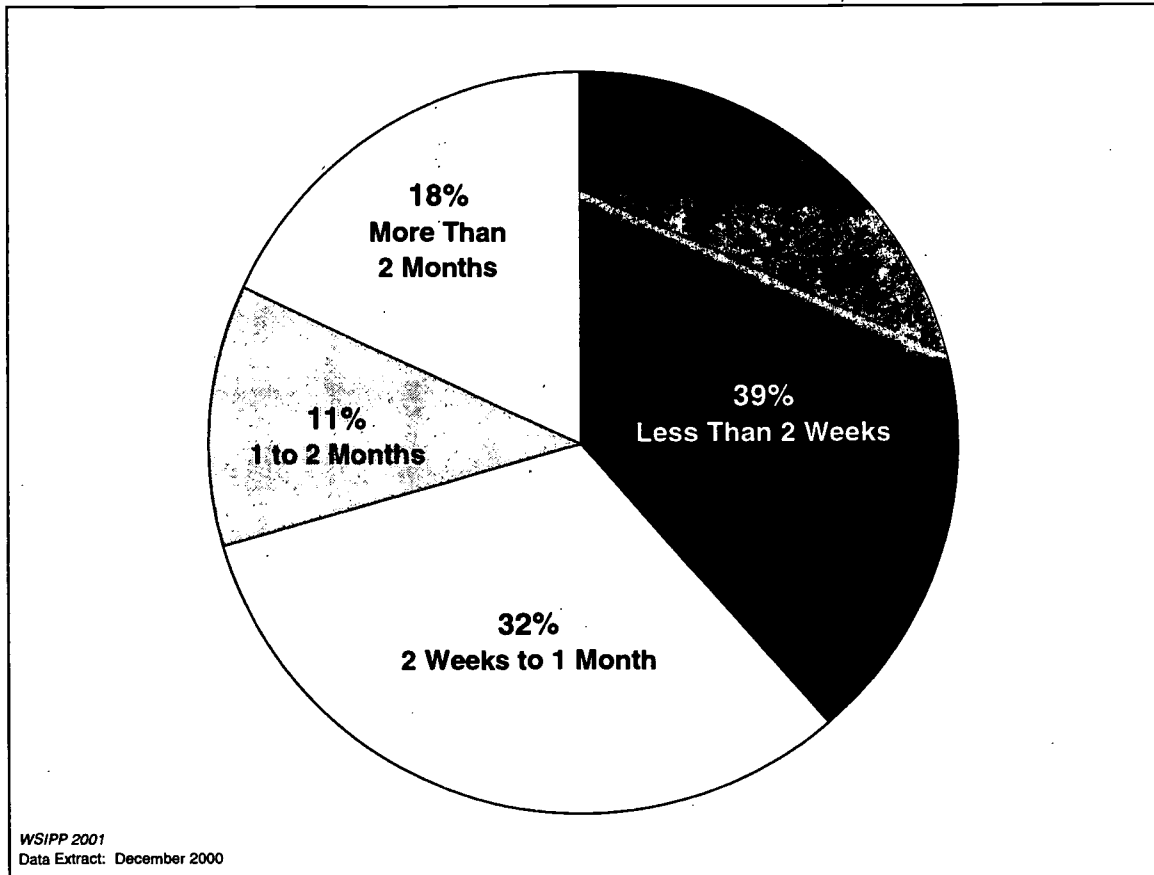
- Time Away From Home Environment.** Research suggests that, on average, street youth have been away from their homes longer than other runaway youth. One federal study found a median length of time away of two weeks for street youth aged 14 to 15 and three months for youth aged 16 to 17.²³ HOPE Center youth are asked when they last lived with someone responsible for raising them in a home or family environment (which could include foster care).

As Exhibit 7 shows, 71 percent of the youth had been away from home less than one month (39 percent for less than two weeks).

²³ *Youth with Runaway, Throwaway, and Homeless Experiences*, 4-21.

Exhibit 7

How Long Had HOPE Youth Been Away From a Home Environment?



To date, most HOPE youth appear to differ from street youth surveyed by other researchers in terms of recent street experience and amount of time they have been away from home. Some HOPE Center providers suggest that street youth may be difficult to reach, and HOPE Centers may be more effective in preventing chronic runaways from becoming street youth than in trying to encourage long-term street youth to come off the streets.

What Previous Living Situations Have HOPE Center Youth Experienced? One researcher has found evidence that youth who experience repeated instability in their living situations are at risk of becoming street youth. Instability, such as living with different family members, being placed outside their home, or running away from home, causes youth to become more detached from their families and less able or willing to live in a family environment.²⁴

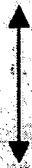
- **Recent Living Situation.** Most youth (64 percent) spent the week prior to entering a HOPE Center in some type of temporary living situation, such as a shelter, CRC, couch-surfing, or living in an institution. Thirty-six percent of youth moved from a CRC into the HOPE Center. As Exhibit 8 shows, this is in contrast to CRC youth, the

²⁴ Les Whitbeck and Dan Hoyt, *Nowhere to Grow: Homeless and Runaway Adolescents and Their Families* (New York: Aldine de Gruyter, 1999), 37.

majority of whom (61 percent) spent most of the week prior to entry living with their parents or in a foster home.

Exhibit 8

Where Were Youth Living for Most of the Week Prior to Entry?

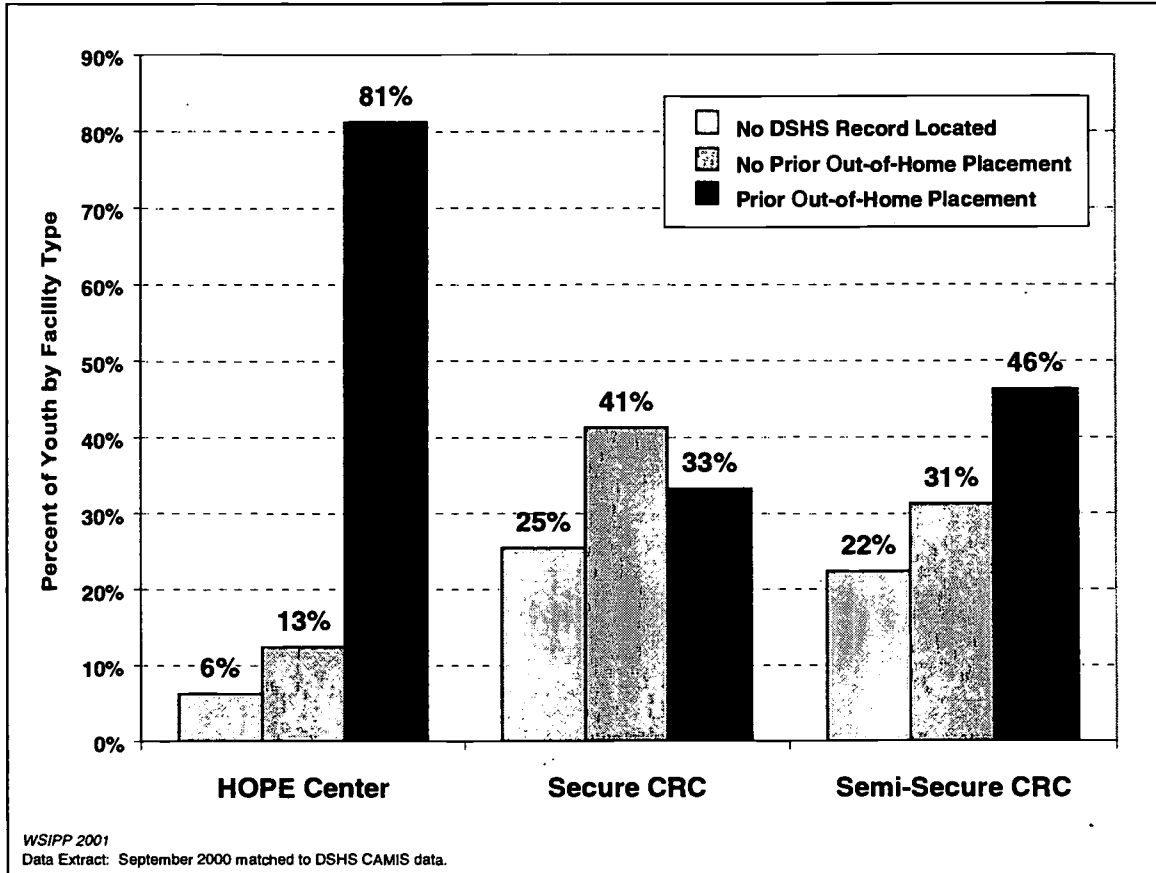
		HOPE Center Youth	CRC Youth
Permanent  Temporary	Reported Living Situations		
	Parents or Relatives	13%	41%
	Foster Care or Group Home	13%	20%
	Friends	9%	16%
	Institution (Treatment, Detention)	11%	9%
	Other (Shelter, CRC, Street, Couch-Surfing)	53%	14%

WSIPP Data Extract: December 2000.

- History of Out-of-Home Placements.** Data obtained from DSHS shows that HOPE Center youth appear more likely than CRC youth to have been placed outside their home by the state prior to entering a facility: 81 percent of HOPE Center youth had experienced at least one previous out-of-home placement (see Exhibit 9). However, DSHS records could not be located for a large number of CRC youth, which could mean either the youth have no record of receiving DSHS services or the youths' records are under a different name.²⁵

²⁵ Information regarding out-of-home placements and family reconciliation services was obtained by matching WSIPP September 2000 data to DSHS CAMIS and SSPS data. Analysis is based on unduplicated records for 30 HOPE, 797 secure CRC, and 1,045 semi-secure CRC youth.

Exhibit 9
Youth With DSHS Out-of-Home Placements
Prior to Entering a HOPE Center or CRC



During the period youth are placed outside their homes, they may experience a variety of living situations or location changes, such as moving between foster homes, group homes, CRCs, or respite care. These location changes are called “placement events.” HOPE Center youth previously placed outside their homes experienced an average of 11 different DSHS placement events. However, 19 percent of these youth experienced 21 or more placement events prior to coming to a HOPE Center.²⁶

- **Repeated Disruptions.** A higher proportion of HOPE Center youth had a recent history of running away or being temporarily placed outside their homes on multiple occasions. Thirty-six percent of HOPE Center youth, compared with 25 percent of CRC youth, were in a CRC more than once between February and September of 2000.

If instability in living situations is a risk factor for becoming a street youth, most HOPE Center youth to date fit this profile.

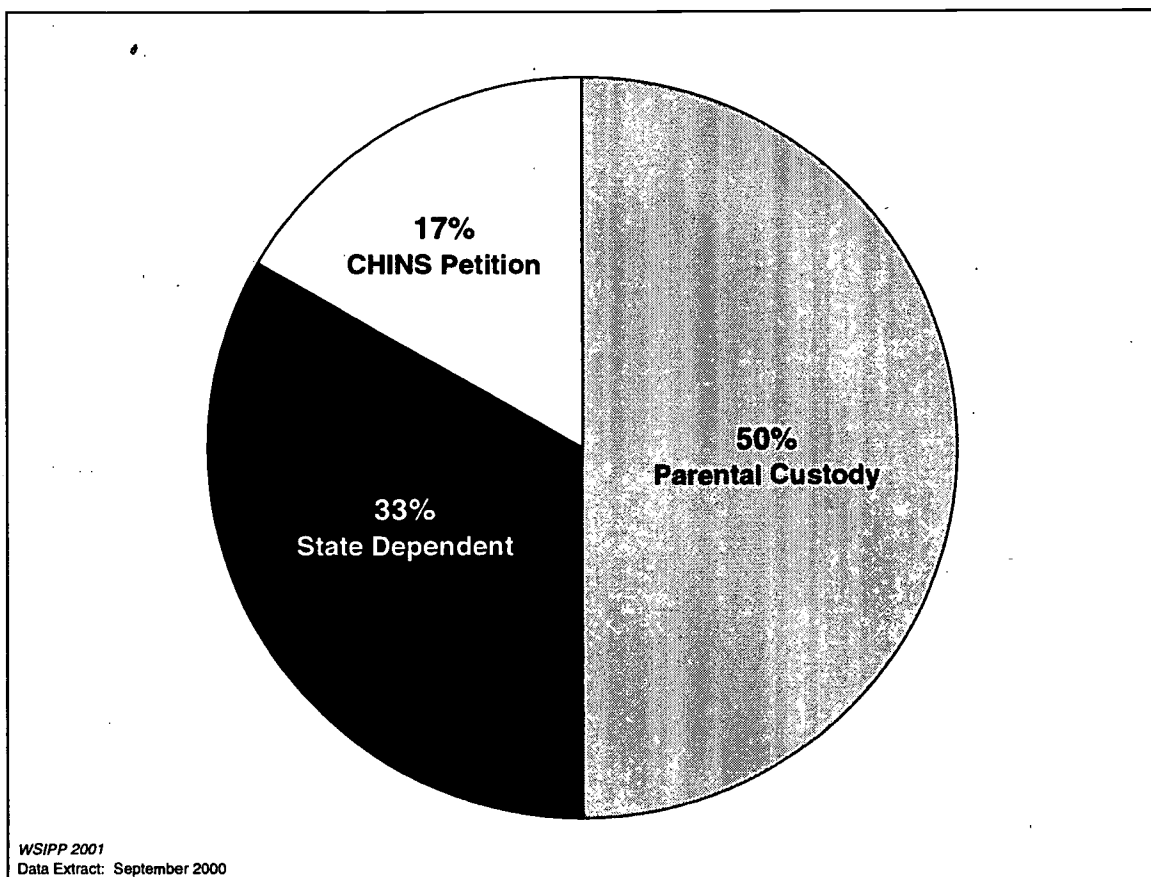
What Backgrounds Do the Youth Have With State Child Welfare and Legal Systems?
One reason for the creation of HOPE Centers was a perception by legislators and service

²⁶ HOPE Center youth previously experienced between one and 46 different placement events.

providers that many street youth are state dependents who have been unsuccessful in foster care placement. Researchers found that one third of Seattle street youth reported a history of foster care.²⁷ A federal study of runaway and homeless youth also found one third of street youth had previously been placed in either a group home or foster home.²⁸

- **Legal Custody at Entry.** To date, the custody experiences of HOPE youth mirror the experience of street youth, with 33 percent reported as state dependents at the time they came to the HOPE Center (see Exhibit 10).²⁹

Exhibit 10
Reported Legal Custody of Youth at Entry to HOPE Center



²⁷ Ana Mari Cauce, et al. "The Characteristics of Mental Health of Homeless Adolescents: Age and Gender Differences." Unpublished paper based on research conducted through SHARP (Seattle Homeless Adolescent Research Project, 1993).

²⁸ *Youth with Runaway, Throwaway, and Homeless Experiences*, 4-25

²⁹ Information regarding dependency, Child in Need of Services (CHINS), At Risk Youth (ARY), and truancy petitions was obtained by matching WSIPP September 2000 data to DSHS CAMIS data and Office of the Administrator for the Courts (OAC) JUVIS and SCOMIS data. Analysis is based on unduplicated records for 30 HOPE, 797 Secure CRC, and 1,045 Semi-Secure CRC youth.

In comparison, a slightly higher proportion of youth in semi-secure CRCs (37 percent) were found to be state dependents, and a somewhat lower proportion of youth in secure CRCs were confirmed as state dependents (22 percent).

Few CHINS (Child in Need of Services) petitions could be confirmed as filed prior to youth entering a CRC: only 3 percent for youth in secure facilities and 7 percent for youth in semi-secure facilities. No records were found of At Risk Youth (ARY) petitions filed prior to youth entering either HOPE Centers or CRCs.

- **Criminal Records.** Research on street youth also shows high rates of participation in illegal activities. A federal study found 80 percent of street youth aged 12 to 17 had committed property crimes (usually theft), 41 percent had assaulted other individuals, and nearly 44 percent reported criminal activity related to buying or selling drugs.³⁰

Sixty percent of youth entering a HOPE Center before October 2000 had a prior criminal record (a confirmed conviction or diversion to juvenile court), again mirroring the high rates of criminal activities found in research on runaway and homeless youth. Fewer CRC youth (44 percent in secure facilities, and 47 percent in semi-secure facilities) had confirmed criminal records.³¹ Most crimes for which HOPE and CRC youth were convicted were property-related (approximately 50 percent). Few youth had records of committing drug-related crimes (less than 10 percent).

What Services and Assistance Do HOPE Center Youth Need? Research on street youth in Seattle indicates that many come from troubled backgrounds with low enrollment in school, high rates of prior abuse, frequent drug and alcohol use, and history of mental disorders.³² Although truancy, physical and substance abuse, and mental illness are also problems for runaway youth and youth in foster care, some studies indicate these problems occur even more often with street youth.³³

Exhibit 11 shows the services and assistance needed by youth as identified by HOPE Center staff.

³⁰ *Youth with Runaway, Throwaway, and Homeless Experiences*, 9-7.

³¹ Information regarding criminal convictions and diversion was established by matching WSIPP September 2000 data to OAC JUVIS and SCOMIS data. The analysis is based on unduplicated records for 30 HOPE, 777 secure, and 996 semi-secure youth.

³² Ana Mari Cauce et al., 8-12.

³³ Jo Ensign et al., "Shelter-Based Homeless Youth: Health and Access to Care," *Archives of Pediatric Adolescent Medicine* 151 (August 1997): 820.

Exhibit 11
Services and Assistance Needed by Youth,
as Identified by HOPE Center Staff

Type of Service	Percent of HOPE Youth Needing Assistance
Alcohol/Substance Abuse Services—Outpatient	58%
Mental Health Services—Outpatient	58%
Family Reconciliation Services	53%
Employment Assistance	44%
Physical Exam or Treatment	36%
Education Assistance	36%
Dental Exam or Treatment	22%
Transitional Living Skills Program	18%

WSIPP Data Extract: December 2000

- **Alcohol and Substance Abuse Services.** According to DSHS Division of Alcohol and Substance Abuse (DASA) records, 37 percent of the youth entering a HOPE Center before October 2000 had received either assessment or treatment services prior to coming to the HOPE Center. Twenty-seven percent had previously been enrolled in treatment for alcohol or substance abuse, with 10 percent previously admitted for intensive inpatient services.³⁴
- **Family Reconciliation Services.** Nearly 69 percent of HOPE youth had been referred to Family Reconciliation Services (FRS) before coming to a HOPE Center. Fifty-three percent were referred within six months prior to entry. It is not clear from the available data whether these youth and their families actually received services from FRS, but the fact that most had a case file with DSHS indicates they probably participated in some form of family counseling.³⁵
- **Education.** Most youth reported being enrolled in school at the time they entered a HOPE Center (73 percent). Examination of school enrollment records confirmed that 85 percent of HOPE youth had been enrolled in public school the previous school year (1998–99), but some had dropped out.³⁶ Fewer than 10 percent had a legal history of truancy, but 20 percent reported being absent from school more than seven times a month, which would make them truant if they were absent for most of the school day.

³⁴ Information regarding alcohol and substance abuse services was obtained by matching WSIPP September 2000 data to DASA target data.

³⁵ Sixty-nine percent of the HOPE youth had been referred to FRS, but 66 percent also had an FRS case file.

³⁶ Information regarding school enrollment was obtained from OSPI P210 data for the 1998–99 school year.

Between 23 and 29 percent of HOPE youth need special education.³⁷ In contrast, only 8 percent of all public high school students were enrolled in special education during the 1998–99 school year.

D. Services Provided: Preliminary Findings³⁸

Referral to Program

- **To date, most youth have been referred to a HOPE Center by DSHS social workers, but more outreach is planned.** As of November 2000, DSHS social workers served as the primary point of referral for 69 percent of youth. The remaining youth were identified by the placement and liaison specialist working at the HOPE Center. Over time, HOPE Center staff expect to increase the number of youth identified through their outreach efforts. If their efforts prove successful, the state may want to consider whether outreach to street youth should be a required (and funded) aspect of a HOPE Center contract.
- **In making HOPE Center placements, DSHS and HOPE Center staff are trying to plan rather than react to a crisis.** DSHS and HOPE Center staff are making a concerted effort *not* to use HOPE Centers as a short-term, crisis placement for runaway or state dependent youth who are having difficulty with foster care. Prior to placement, DSHS regional staff and HOPE Center staff must first reach a consensus that a youth would benefit from a stay in the center.³⁹
- **Youth are expected to want to enter the program, which makes a HOPE Center stay different from other DSHS placements.** HOPE Center staff interview each youth prior to placement to explain the rules and program objectives. Each youth is expected to be an active and willing participant in the program. Staff believe that involving the youth in decision-making is a first step in having them make positive changes in their lives. Staff consider this aspect of the HOPE program not only essential but also unique compared with other DSHS residential placements.
- **It is not yet clear how youth self-refer to a HOPE Center.** Although 20 percent of youth reported that they referred themselves to a HOPE Center, it is not clear how this concept works in practice. According to DSHS policies and procedures, youth cannot drop into a HOPE Center and stay without first being approved for placement by both DSHS and HOPE Center staff. The HOPE Act neither explicitly allows nor prohibits youth to enter a center without prior DSHS approval, but DSHS and HOPE Center providers are concerned about their legal authority and legal liability to provide temporary shelter for these youth. This issue could be resolved through a change to

³⁷ Twenty-three percent of HOPE youth self-reported having an Individual Education Plan (IEP) for special education; OSPI enrollment data for 1998–99 showed 29 percent of the youth enrolled in special education.

³⁸ These findings are based primarily on site visits and interviews with program managers and staff of the first three HOPE Centers, regional DSHS staff, and county-designated drug and alcohol coordinators.

³⁹ DSHS Client Service Contract for HOPE Centers, January 1, 2000.

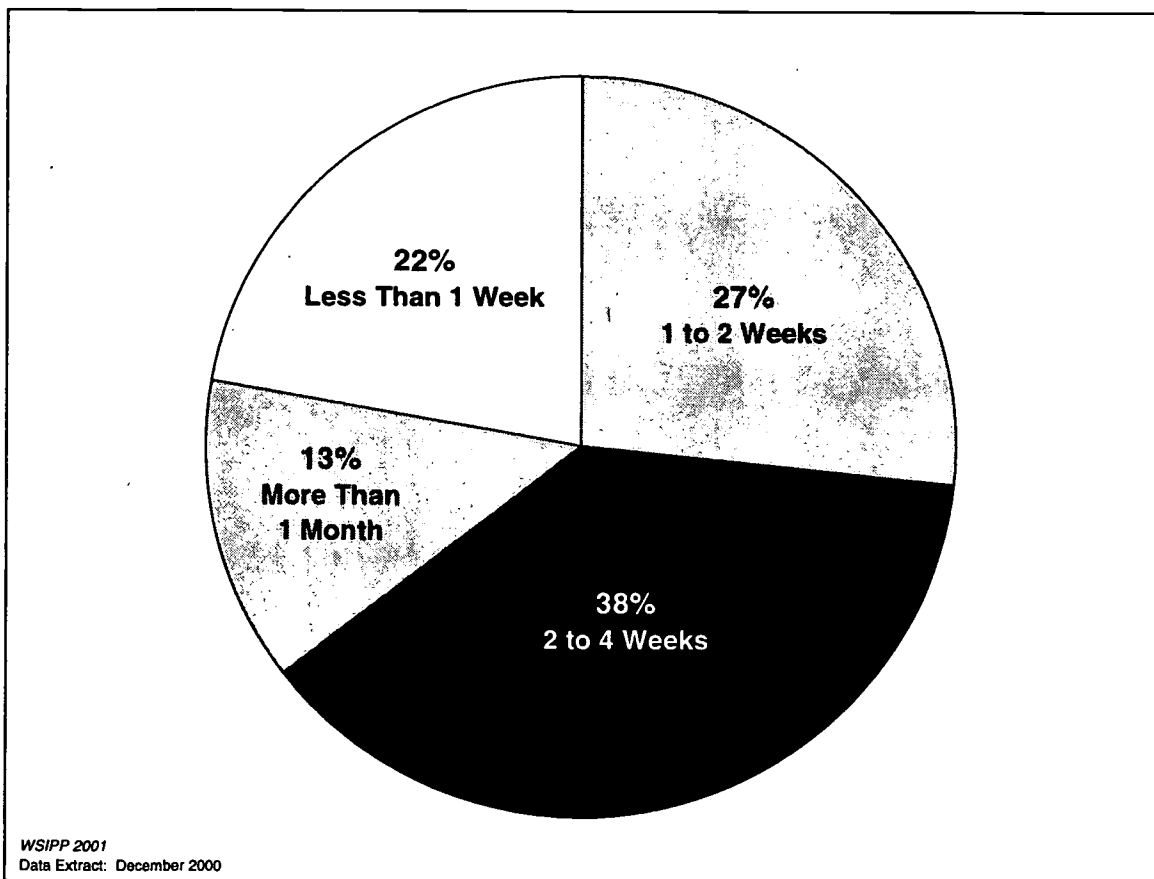
DSHS policies and procedures, or the legislature could amend the HOPE Act to clarify the self-referral process.

- **DSHS and HOPE Center staff are still determining what type of youth are appropriate for a HOPE Center.** Discussion is ongoing about how and to what extent street youth should be distinguished from other troubled youth needing assessment and a permanent placement. At minimum, DSHS and HOPE Center staff are trying to target chronic runaways, but most admit to limited success encouraging youth who have been living on the street to enter the program. These issues should be monitored but may be resolved with more experience or the development of standard policies and procedures for referrals.

Assessment/Case Management

- **The length of time most youth have stayed in a HOPE Center is consistent with a planned, rather than crisis, placement.** Exhibit 12 shows that 65 percent of youth stay in a HOPE Center between one week and one month.

Exhibit 12
How Long do Youth Stay in HOPE Centers?



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Most DSHS and HOPE Center staff believe progress with youth can occur within a 30-day time frame, including stabilization, needs assessment, relationship building, intensive counseling and family reconciliation, and goal-setting. At the same time, all believe that the 30-day limit should remain flexible. They indicate that if youth have extensive problems, it takes time not only to stabilize the youth but also to find appropriate placement. The length of time youth stay in HOPE Centers should continue to be monitored, since both very short and very long stays could indicate inappropriate use of the program.

- **Most HOPE Center staff report mental health services are the most difficult to access.** HOPE Centers have staff trained in counseling and social work who perform initial mental health assessments. However, staff at all centers report waiting lists between three weeks and three months for outpatient counseling at community mental health agencies. In particular, staff are concerned about the difficulty of obtaining psychological evaluations and medication management when necessary. Some suggest that funding for psychological evaluations be provided directly through the HOPE Center contract.
- **Drug and alcohol services specially funded through DASA have rarely been used.** The DSHS Division of Alcohol and Substance Abuse (DASA) allocated a special appropriation for drug and alcohol services through its regional network of county alcohol and drug coordinators.⁴⁰ Counties contract with outpatient chemical dependency agencies to provide assessments and, within available funding, offer treatment services including individual and group counseling, case consultation and referral to services, and staff training and education. If HOPE Center staff believe an assessment is needed, they can request that a chemical dependency counselor come to the center. The counselor may also assist with case management. Youth needing outpatient treatment would be referred on a priority basis to county-contracted providers, with services paid through other DASA funds and local funds.

However, Exhibit 13 shows that, except for Thurston County, only a handful of assessments were requested under the HOPE Center contracts for the first six months of operation.

Exhibit 13
**Utilization of HOPE Center DASA Services
 Through September 2000⁴¹**

County (HOPE Center)	Services Requested by HOPE Center
Spokane	1 assessment
Clark (Vancouver)	5 assessments 2 hours of staff training 3 hours of consultation
Thurston (Olympia)	120 hours of service (assessments)

⁴⁰ See Appendix C for contract amounts and description.

⁴¹ Information provided by Spokane, Clark, and Thurston County alcohol and drug coordinators.

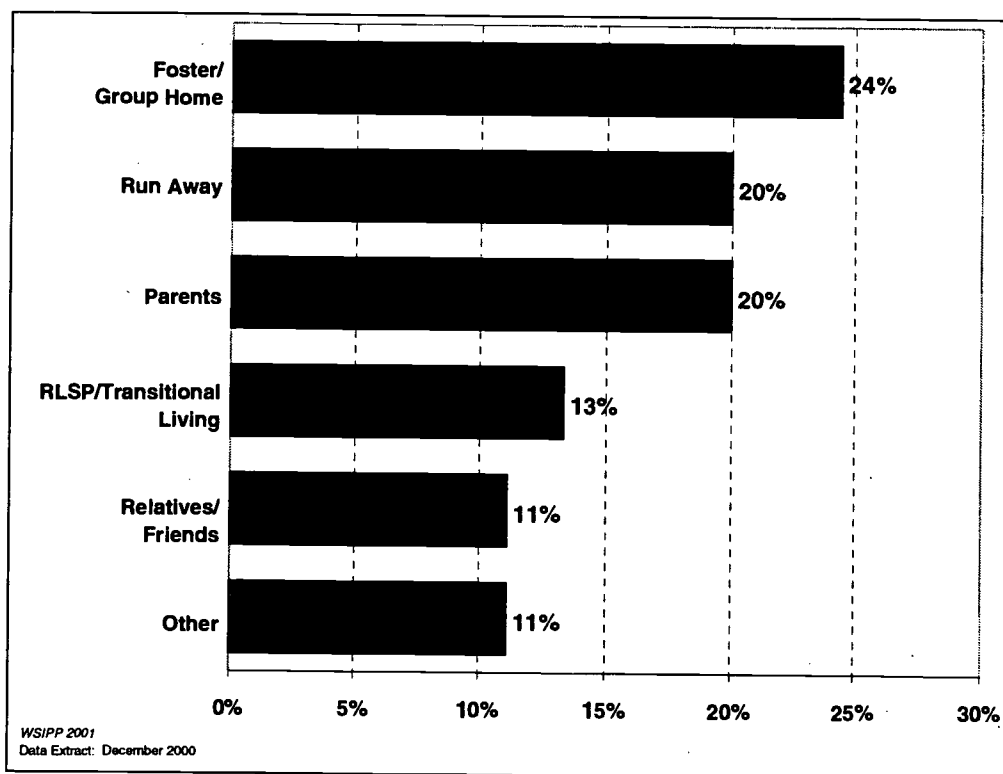
In contrast, HOPE Center staff report that 58 percent of their youth could benefit from outpatient drug and alcohol services. The mismatch between the expected need for services and early utilization should be monitored carefully. DASA, county drug and alcohol coordinators, and HOPE Centers are working to improve staff training and coordination, increase the identification of youth needing assessments, and respond in a timely manner to youths' needs for outpatient services.

Placement Options After HOPE

- Limited options for placing youth after they leave a HOPE Center is the biggest concern expressed by both DSHS and HOPE Center staff.** To date, slightly less than one third of youth have been able to go home with parents, relatives, or friends after leaving a HOPE Center (see Exhibit 14). If family reconciliation is not successful, few options exist for placing older adolescents in out-of-home care.

Almost one fourth of the youth to date have been placed in a foster or group home, but these options have not been successful in the past for many HOPE Center youth who, by definition, have had trouble living at home or in foster care. DSHS and HOPE Center staff point out that if long-term street youth enter HOPE Centers in the future, their backgrounds are likely to make them even harder to place.

Exhibit 14
Where Do Youth Go After Leaving a HOPE Center?⁴²



⁴² The 20 percent runaway rate from HOPE Centers is slightly higher than semi-secure CRCs, where 16 percent of youth placed between January and September 2000 ran away.

- **HOPE Center youth have limited access to transitional living programs, such as RLSPs.** One third of the youth cited a desire to enter a transitional living skills program as their primary reason for coming to a HOPE Center. HOPE Center staff believe the opportunity to access such a program might be a key factor in encouraging street youth to enter a HOPE Center. The Legislature anticipated that street youth who did not return home could move into an RLSP. However, access to this resource is limited by three factors:
 - 1) **Lack of an RLSP in the same community.** Only one of the first three HOPE Centers has an RLSP located in the same community (Spokane). Not surprisingly, this program has referred more youth to a transitional living program than the others. DSHS has made a point of co-locating HOPE Centers and RLSPs in subsequent contract awards.
 - 2) **Mismatch in capacity.** State statute calls for an equal number of HOPE Center and RLSP beds. However, over the course of a year, 12 or more youth could stay in a HOPE Center bed, while a single youth could occupy an RLSP bed for a year or more.
 - 3) **RLSP restricted to state dependent youth.** As noted previously, only one third of youth were state dependents when they entered a HOPE Center. Both DSHS and HOPE Center staff cite a strong reluctance to initiate dependency proceedings for older adolescents. They also report that many youth are reluctant to become state dependents. HOPE Center staff report that no dependency petitions have been filed on youth during their stay at a HOPE Center. DSHS may need to reconsider its reluctance to become legally responsible for older adolescents in certain cases in order to bridge HOPE Centers and RLSPs. Alternatively, the legislature could consider changing this requirement.

Summary

A. Legislative Intent

- The Legislature created HOPE Centers to provide a program targeted toward a particular group of runaway youth: street youth. Questions for policymakers to consider include whether HOPE Centers are reaching their target population and to what extent they differ from existing programs for runaway youth.

B. Implementation Update

- The phase-in of HOPE Centers is proceeding, although on a slower timeline than established in statute. A total of 58 youth had entered a HOPE Center as of October 2000.
- The utilization of HOPE Center beds was 50 percent for the first seven months of operation, which is similar to the occupancy rate of semi-secure CRCs. It takes time for DSHS, contracted providers, and other community service agencies to design, initiate, operate, and utilize a new program.

- DSHS could improve communication about the purpose and availability of the HOPE Center program within its regional and local offices.

C. Characteristics of Youth Served

- Due to the relatively small number of youth in HOPE Centers, information in this report should be considered preliminary. No tests of significance were made on the statistics in this report.
- Among the first group of youth in the program, on average, HOPE Center youth are a year older than youth in CRCs (15.6 years), with more females than males (60 percent).
- To date, most HOPE youth appear to have less recent street experience and have spent less time away from home than street youth who have been surveyed by other researchers: 64 percent had up to one month of street experience and 71 percent had been away from home less than one month. However, HOPE youth have approximately twice as much recent street experience as CRC youth.
- If instability in living situations is a risk factor for becoming a street youth, most HOPE youth fit this profile: 53 percent spent the week prior to entering a HOPE Center in some form of temporary living situation, 81 percent had been placed outside their home by DSHS, and 36 percent had been in a CRC more than once in recent months. A higher proportion of HOPE Center youth have these risk factors than CRC youth.
- HOPE Center youth are similar to street youth in their rates of state dependency (33 percent), previous criminal records (60 percent), and need for assistance with drug, alcohol, and mental health services (58 percent). Most HOPE youth are enrolled in school (73 percent); approximately one fourth need special education.

D. Services Provided

- DSHS and HOPE Center staff are trying to use HOPE Centers as a planned (rather than crisis) placement for chronic runaways who are motivated to improve their lives. Placements should be monitored over time to see if more street youth enter HOPE Centers. The state may want to consider supporting outreach efforts. It is unclear how youth self-refer to HOPE Centers.
- To date, most youth are staying in HOPE Centers an appropriate length of time for an assessment-focused program (65 percent stay between one week and one month), but length of stay should be monitored to ensure the program is used as intended.
- Staff report difficulty in accessing mental health services and suggest incorporating funding for psychological assessments. Low utilization of special DASA assessment services is inconsistent with HOPE Center reports regarding the number of youth who would benefit from drug and alcohol services.
- Limited placement opportunities for youth after they leave a HOPE Center is the biggest concern expressed by service providers and DSHS. Potential barriers for HOPE Center youth to enter an RLSP have been identified. The most significant

barrier appears to be reluctance to initiate state dependency proceedings on older adolescents, and only one third of HOPE youth are already state dependents. The number of youth who transition to an RLSP should be monitored to determine whether policy changes should be considered.

III. RESPONSIBLE LIVING SKILLS PROGRAMS (RLSP)

A. Legislative Intent

Responsible Living Skills Programs (RLSP) provide both housing and a planned program for state dependent youth not returning to their families. RLSPs assist youth with education, employment, and acquiring the skills they need to transition to independent living.

Target Population: Older Youth Unsuccessful in Foster Care. Various studies have found that approximately one third of street youth have been in foster care.⁴³ Research suggests that the more disruption youth experience (such as multiple housing arrangements and continued running away), the more they separate themselves from their families. Over time, it becomes increasingly difficult for chronic runaways and street youth to live in a family environment, including foster homes.⁴⁴ In addition, some researchers assert that foster homes and group care may not be appropriate living environments for some 16- and 17-year-old youth seeking to distance themselves from parental ties and become more independent as they transition to adulthood.⁴⁵

Foster care youth are more likely to fare poorly as they enter adulthood. Two to four years after they leave care, these youth, on average, resemble young adults in poverty, with similar high school completion (54 percent), employment rates (49 percent), reliance on public assistance (30 percent), and early parenthood (60 percent).⁴⁶ Policymakers and social services advocates have expressed the need for services, support, and training to help youth become self-sufficient once they leave foster care.⁴⁷

In order to address these issues, the Legislature created a new program to provide transitional living skills for older youth whose lack of success in foster care led them to become street youth.

RLSP: Duplication or Expansion of Services for Youth? Other social service programs provide older youth with transitional or independent living skills, but each is slightly different from RLSPs.⁴⁸

- **Federal Independent Living Program (ILP)** funds were significantly increased in 1999 for programs that help foster care youth receive education, training, and support to transition to self-sufficiency. Any youth likely to be in foster care until age 18 is eligible for services. Some funds are now set aside for both housing and services for youth aged 18 to 21 who have aged out of the foster care system.

⁴³ *Youth with Runaway, Throwaway and Homeless Experiences*, 4-24; Ana Marie Cauce et al., 10.

⁴⁴ Whitbeck and Hoyt, 38.

⁴⁵ Mark Kroner, "Living Arrangements for Youth People Preparing for Independent Living," *Child Welfare* (November-December 1988).

⁴⁶ Westat, *A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth: Final Report*, (Washington, D.C.: U.S. Department of Health and Human Services, 1991), 5-1 and 2.

⁴⁷ In 1999, Congress increased its support of independent living skills programs from \$70 million to \$140 million nationwide.

⁴⁸ See Appendix D for a detailed description of these programs.

- **Federal Transitional Living grants**, along with community funds, support five transitional living programs for youth in Washington. Housing is provided for up to 18 months for youth aged 16 to 21 who are not state dependent but also not likely to be reconciled with their families or another caring home.⁴⁹ These programs also provide a range of services to help youth develop skills for independent living.
- **Federal Housing and Urban Development funds** are available for the Supportive Housing Program that targets homeless adults but may also include youth between 18 and 21. Funds for community development block grants have no age restriction.⁵⁰ Funds are distributed based on a community's consolidated plan rather than on a per bed basis.

RLSP is the only state-funded program available for dependent youth that combines both a housing and a skills development component. However, it remains to be seen whether this combination of services improves the educational, housing, and employment outcomes of youth after they leave foster care compared with other independent living programs.

B. Implementation Update

Location of RLSPs. Exhibit 15 shows the current and planned RLSPs across the state through January 2001.

Exhibit 15
Implementation of RLSP

Location ⁵¹	Number of Beds	Date Beds Available	Youth Placed (October 1, 2000)	Youth Who Left (October 1, 2000)
Spokane	5	April 2000	8	4
Yakima	5	April 2000	11	3
	3	September 2000		
Seattle A	5	July 2000	0	0
Seattle B	4	November 2000	NA	NA
Vancouver	5	January 2001*	NA	NA
Everett	2	January 2001*	NA	NA
TOTAL	29	-	19	7

WSIPP Data Extract: December 2000

*Projected

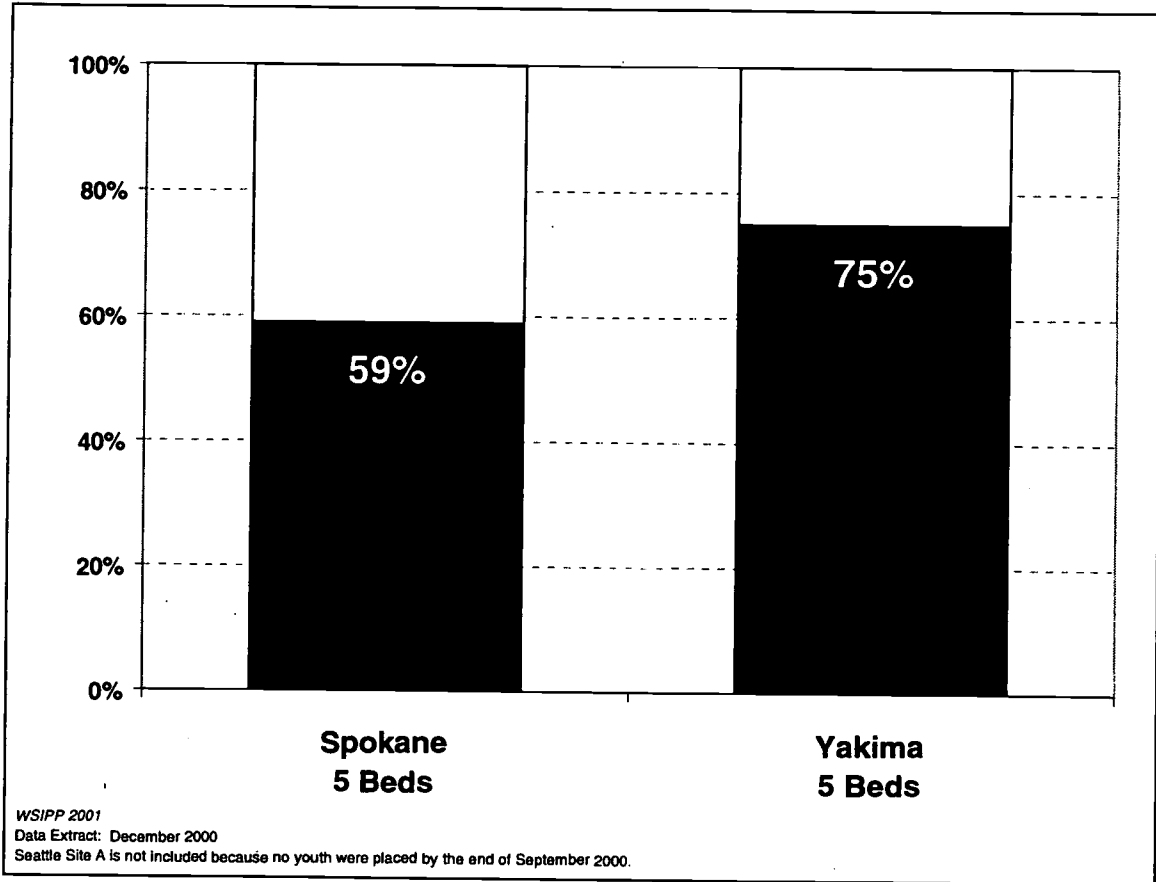
⁴⁹ U.S. Code Title 42, The Public Health and Welfare, Chapter 72, The Juvenile Justice and Delinquency Prevention Act, 1974, Subchapter 3 Part B. The 1984 amendment provided funds for Transitional Living Programs.

⁵⁰ Stewart B. McKinney Homeless Assistance Act, 1987.

⁵¹ See Appendix B for a list of the contracted community providers at each location.

Occupancy. Spokane's RLSP had a 59 percent occupancy rate for the first two quarters of operation: April through September 2000. Yakima's RLSP had a 75 percent occupancy rate during that time (see Exhibit 16).

Exhibit 16
RLSP Occupancy Rates
April–September 2000



Service providers without an existing facility experienced delays in making modifications to buildings in order to meet local and state requirements for residential facilities. No funding was available for these start-up costs because RLSPs are reimbursed on a per-day basis only for days a youth is in residence.⁵²

Similar to HOPE Centers, RLSPs report that local DSHS staff, particularly outside the regional headquarters, are not yet familiar with the program and its purposes. As explained below, it is particularly important for RLSPs to receive appropriate referrals of youth who will benefit from the program.

⁵² The RLSP reimbursement rate is \$100 per day or \$3,000 per bed for a full month.

C. Characteristics of Youth Served: Preliminary Findings

What Are the Limitations to This Analysis? Very few youth had been placed in an RLSP at the time of this interim report. Some of the information in this section is based on 19 youth placed prior to October 1, 2000, and other information was available only for the 13 youth placed prior to September 1, 2000. Because of the small size of the group, and in order to protect the confidentiality of these youth, a limited amount of descriptive information is provided. Additional analysis and comparisons with a sample of youth in federally funded Independent Living Programs will be available in the final report.

What Is the Age, Gender, and Ethnicity of RLSP Youth? Most youth are 17 when they enter an RLSP, which is consistent with a program intended to prepare them to leave foster care and live independently once they turn 18.

To date, 63 percent of RLSP youth are male (N=12), and 37 percent are female (N=7). Sixty-three percent are Caucasian.

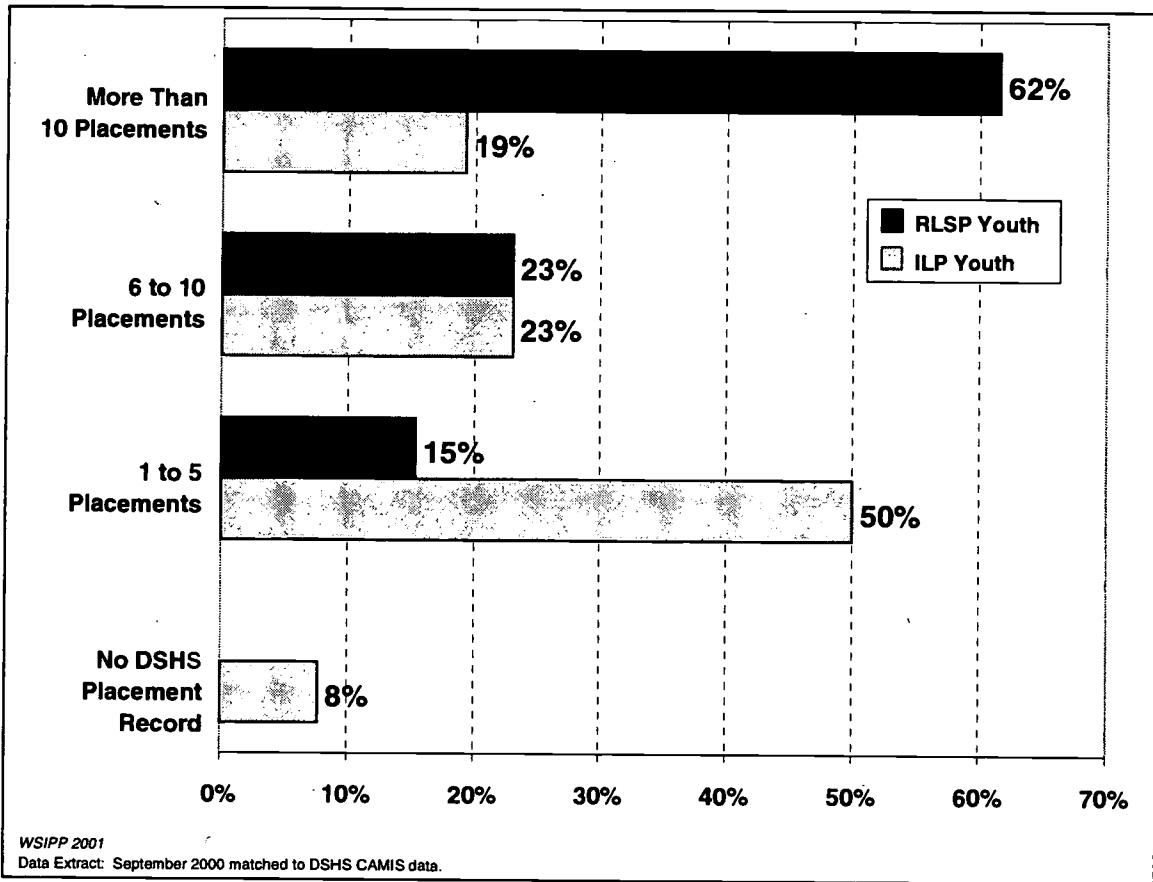
What Backgrounds Do the Youth Have With State Child Welfare and Legal Systems? By statute, RLSP youth must be legally state dependent. In addition, RLSPs are intended as a placement alternative when no other services or placements are successful.⁵³

- **Length of Time in Out-of-Home Placement.** The first 13 RLSP youth were in out-of-home placement before coming to an RLSP for an average of just under four years. A comparison group of 29 youth enrolled in Independent Living Programs (ILP) in Spokane and Yakima had been in out-of-home care for an average of 4.8 years.⁵⁴
- **Number of Placement Events.** RLSP youth experienced multiple changes in out-of-home placements before coming to an RLSP (see Exhibit 17). Sixty-two percent of RLSP youth had been placed in more than ten different living arrangements. The average for this small group of youth was 21.5 different placement events. In contrast, half the ILP youth experience between one and five placement events, despite having been in out-of-home care for a longer average period of time. The difference between the two groups appears consistent with legislative intent that RLSPs target youth who are unsuccessful in previous living situations.

⁵³ RCW 74.15.240.

⁵⁴ Out-of-home placement information was obtained by matching WSIPP September 2000 data to DSHS CAMIS and SSPS data. Analysis is based on 13 RLSP and 26 ILP records.

Exhibit 17
Number of Placement Events Experienced by RLSP and ILP Youth



What Living Skills Do RLSP Youth Need? RLSP youth are required to develop an independent living plan that establishes goals and measurable markers of progress on a wide range of knowledge, skills, and competencies.⁵⁵ When they enter the RLSP, youth complete a baseline skills assessment that forms the basis of their goals. Progress updates are required every 90 days,⁵⁶ although program staff also set specific objectives with each youth for shorter periods of time. Exhibit 18 shows the average living skills assessment level of youth entering an RLSP.

⁵⁵ DSHS Client Service Contract for Responsible Living Skills Program, February 14, 2000.

⁵⁶ RCW 74.15.230.

Exhibit 18
Average Living Skills Assessment at Entry for RLSP Youth

Basic	Basic to Intermediate	Intermediate	Intermediate to Advanced
Family Planning & Parenting	Housing Job Seeking Job Maintenance Knowledge of Community Resources	Money Management Food Management Transportation Interpersonal Skills Legal Skills Basic Reading Basic Writing Basic Math	Appearance & Hygiene Health Housekeeping Emergency & Safety

WSIPP Data Extract: December 2000

Research on the effectiveness of independent living skills programs for youth in foster care indicates that skills need to be targeted toward their intended outcome (e.g., youth should work on job skills in order to improve employment outcomes or health training to improve ability to access needed health care).⁵⁷ Education, employment skills, and money management skills, particularly when provided together, were found most likely to improve outcomes.⁵⁸

More important than skill training, however, is education. Foster care youth who complete high school are more likely to have stable employment, be more self-sufficient, and not be a cost to the community, regardless of whether they received independent living skill training.⁵⁹

Exhibit 19 shows the education and employment status of RLSP youth at the time they entered the program. Eighty-four percent were either enrolled in school or had completed high school. Only one youth reported having a job at the time of entry.

Exhibit 19
Education and Employment Status of RLSP Youth at Entry

	Number of Youth
Enrolled in school	15
Completed high school	1
Employed	1

WSIPP Data Extract: December 2000

⁵⁷ Westat, xii.

⁵⁸ Ibid.

⁵⁹ Ibid, xiii.

RLSP staff also submit quarterly updates on youth still in the program. Out of the nine quarterly updates submitted, all but one youth were enrolled in school. Three youth were employed.

D. Services Provided: Preliminary Findings

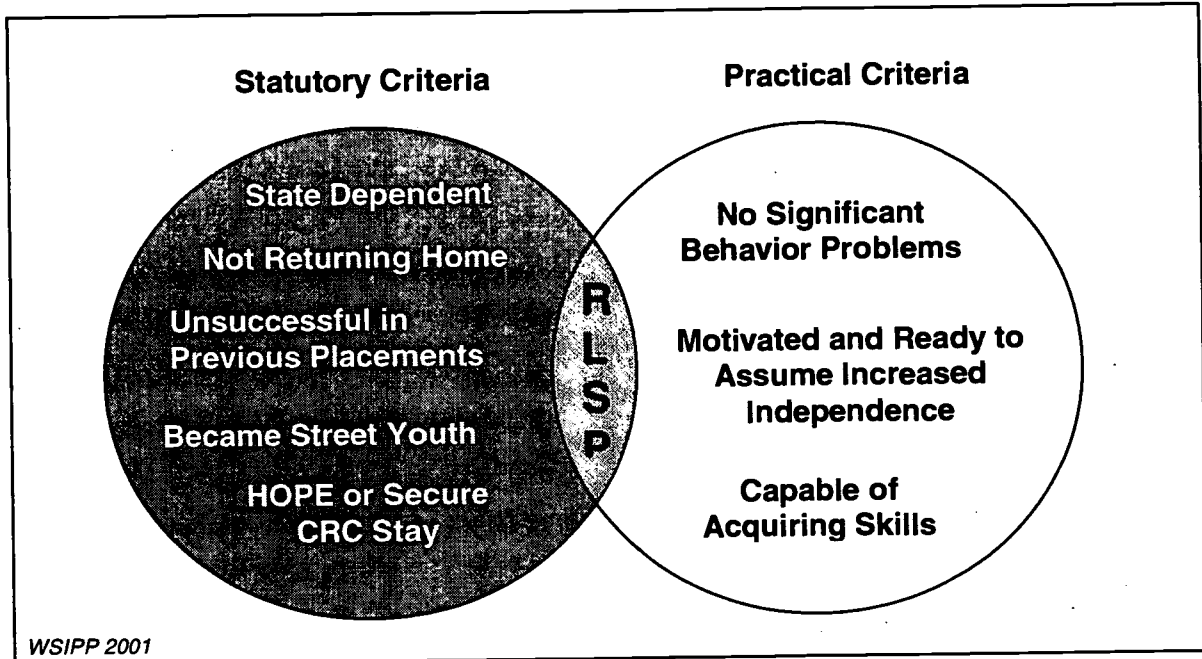
Referral to Program

- **RLSPs are not yet operating as a companion program to HOPE Centers.** By creating HOPE Centers and RLSPs together, the Legislature intended them to operate as companion programs, with the HOPE Center providing a gateway to the RLSP for street youth who could not return to their families and were therefore dependent on the state.⁶⁰ As of October 2000, 31 percent of RLSP youth (N=6) had come through a HOPE Center, all in Spokane. Furthermore, each of these youth stayed in the HOPE Center for only one day, presumably in order to meet one of the statutory criteria for entry into an RLSP. The proportion of youth transitioning from HOPE Centers to RLSPs will likely increase as more communities operate both programs.
- **DSHS and RLSP staff are still determining what type of youth are appropriate for RLSPs.** To date, DSHS and RLSP staff have not necessarily been targeting street youth as potential RLSP participants. Instead, they are focusing on identifying youth who meet both the statutory and practical criteria to be successful in a transitional living program. For example, state statute requires that RLSP youth be state dependents and have a history of unsuccessful placements. For practical purposes, RLSP staff stress the importance of youth being both motivated and capable of acquiring independent living skills, including completing school and getting a job. Youth with a history of unsuccessful placements are likely to have significant behavior problems or low ability to function responsibly and independently. This makes them less well-suited for RLSPs, although one RLSP provider with highly troubled youth has reported some success.

Exhibit 20 illustrates, conceptually, why appropriate placement into an RLSP has not been easy. DSHS and RLSP staff report that relatively few youth meet both sets of criteria. Policymakers may want to reconsider the statutory criteria required for placement into an RLSP.

⁶⁰ This legislative intent is further indicated by the requirement that youth must have been in a HOPE Center or secure CRC (i.e., a runaway) prior to entering an RLSP (RCW 74.15.240).

Exhibit 20
Who Is a Likely Candidate for an RLSP?



Focus on Transitional Living Skills

- **RLSP staff are developing skills programs for youth.** All RLSP youth set specific and obtainable goals based on topics identified in their baseline skills assessment. Progress is measured both formally in a written plan and informally through everyday interaction with program staff. Although RLSPs have a common set of skill areas to focus on, staff are still working to develop independent living curriculum, including creating strategies and opportunities to both teach and assess youths' progress on the various skill areas. RLSP staff would like DSHS to help them create this curriculum collaboratively with other transitional living programs.
- **It is more difficult to maintain the intended focus of an RLSP when it is co-located with other group care services.** According to staff, keeping RLSPs focused on providing transitional living skills requires not only appropriate youth but also an environment where youth are given increasing levels of flexibility, trust, and independence so they can learn how to live responsibly. This environment is difficult to maintain if other youth require high levels of staff supervision and more structured rules, which is typical of many group care settings. DSHS may want to consider funding an adequate number of beds in a single location for RLSPs to operate as a stand-alone program or co-locate RLSPs with similar programs, such as federally funded transitional living programs.

Summary

A. Legislative Intent

- RLSPs provide both housing and transitional living skills for older youth whose lack of success in foster care has led them to become street youth. It remains to be seen whether this combination of services improves the educational, housing, and employment outcomes of youth compared with other transitional living programs.

B. Implementation Update

- The phase-in of RLSPs is proceeding more slowly than established in statute. A total of 19 youth were placed in RLSPs as of October 1, 2000, and seven had left. Occupancy at the first two RLSP sites was 59 percent and 75 percent for the first two quarters of operation.
- A particular challenge for service providers without an existing facility is paying for building modifications to meet local and state requirements for residential care. Policymakers may want to consider providing start-up grants to encourage new providers to open RLSPs.
- DSHS could improve communication and training about the purpose and availability of RLSPs within its regional and local offices.

C. Characteristics of Youth Served

- Most RLSP youth are 17 when they enter the program, with 63 percent of the entrants to date being male and 37 percent female.
- RLSPs are intended as a placement alternative for state dependent youth when no other services or placements have been successful. The average length of time the first 13 RLSP youth were in out-of-home placement was just under four years. Sixty-two percent of these youth had been placed in more than ten different living arrangements.
- A living skills assessment completed when RLSP youth enter the program indicates they need to work most on the following skills: family planning and parenting, housing, job-seeking and job maintenance, and knowledge of community resources. Most are enrolled in school, but very few are employed when they come to an RLSP.

D. Services Provided

- DSHS and RLSP staff are still determining what type of youth are appropriate for, and will benefit from, an RLSP. Relatively few youth meet both statutory and practical criteria for this transitional living program. For a number of reasons, RLSPs are not yet a companion program to HOPE Centers. Placement into RLSPs should be monitored to determine whether policy changes should be considered.
- RLSP staff are developing curriculum and strategies for youth to gain independent living skills. DSHS could facilitate collaboration on this task with other transitional living programs.

- It can be difficult to maintain the intended focus of RLSPs when the program is co-located with other group care services. DSHS may want to consider this when awarding contracts for RLSP beds.

IV. NEXT STEPS FOR HOPE ACT EVALUATION

The Institute's final report on the HOPE Act is due December 1, 2001. Over the next year, work will continue in order to answer the study's research questions:

- **What are the characteristics of youth served by HOPE Centers and RLSPs?** The Institute will continue to collect data and monitor trends on the youth who participate in HOPE Centers and RLSPs. Additional analysis will be conducted comparing these youth with youth in crisis residential centers and independent living skills programs.
- **What services are provided through HOPE Centers and RLSPs?** The Institute will monitor changes in HOPE Centers and RLSPs as new programs open and existing programs gain more experience.
- **What outcomes result from participation in HOPE Centers or RLSPs?** The final report will concentrate on the outcomes of youth who participate in HOPE Centers and RLSPs. The Institute plans to examine several outcomes, depending on data availability, including youths' education, receipt of child welfare, alcohol, drug, and mental health services, employment, and history with juvenile court, both before and after participation in the programs. Linking youth to services they need is not only an outcome for these youth, but serves as one indicator of the success of HOPE Centers as an assessment and referral program.

Limitations to Proposed Analysis

It is important to note that the Institute's proposed analysis for the final report has some limitations:

- **Unknown value of information in state data systems.** HOPE Center youth have complex and troubled backgrounds. Even a 30-day program is a short intervention. Changes that occur for a youth as a result of a HOPE Center stay may be too small to be recorded in state data systems that focus on receipt of services. Therefore, the Institute will be conducting follow-up interviews with a sample of youth and their families after the youth have exited the program. A personal interview provides the opportunity to obtain information about whether the participants perceived the program as helpful and whether a youth's outlook and behavior have changed.
- **Not enough time to evaluate outcomes for youth who complete an RLSP.** Within the time frame of the study, very few youth will have participated in an RLSP and even fewer will have exited the program. It may not be possible to examine outcomes for RLSP youth after they have completed the program. Instead, the analysis, including personal interviews with a sample of youth, will focus on their progress while they are in the program. The Institute will make suggestions for outcomes that could be monitored for RLSP youth over a longer period of time.
- **Potentially low numbers of participants.** Implementation of both HOPE and RLSP programs has been slower than anticipated, and the number of youth participating is

also low. It takes time for new programs to create procedures and become fully operational. By the time the final report on these programs is due, there may still be relatively few youth participating, and many of the programs will still be working through the start-up phases of implementation.

APPENDIX A: TEMPORARY RESIDENTIAL PROGRAMS FOR RUNAWAY YOUTH

Program and Capacity*	Target Population	Placement Criteria	Program Features
State-Funded Programs			
HOPE Centers 5 facilities 19 beds	Street youth (older adolescents living outdoors or in an unsafe location) (RCW 74.15.020(8))	Youth stay up to 30 days Referral by DSHS, parents, youth self-referral, center outreach Placement agreed to by DSHS, center, and youth	Provide physical, educational, mental health, and substance abuse assessments and referral to services. Facilitate youth's return to legal residence. Reasonably assure youth will not run away.
Semi-Secure Crisis Residential Centers 13 facilities 56 beds	Children and youth experiencing family conflict, in need of services, or at risk (RCW 13.32A.010)	Youth stay up to 5 days Referral by DSHS, law enforcement, parents Placement approved by DSHS	Provide needs assessment and counseling. Attempt to resolve parent/youth conflict and facilitate return home in shortest time possible. Reasonably assure youth will not run away.
Secure Crisis Residential Centers 9 facilities 69 beds	Children who, through their behavior, are endangering themselves (RCW 13.32A.010)	Youth stay up to 5 days Referral and placement by law enforcement	Provide needs assessment and counseling. Attempt to resolve parent/youth conflict and facilitate return home in shortest time possible. Designed and operated to prevent youth from leaving without permission.
Federally-Funded Programs⁶¹			
Basic Centers 9 programs (Funding not allocated on "per bed" basis)	Runaway or homeless youth experiencing family conflict, crises, or personal problems (Juvenile Justice Delinquency Prevention Act, 1984)	Youth aged 12 to 18 stay up to 15 days in state-licensed group-home or licensed family-home facility Placement agreed to by center and youth	Provide 24-hour crisis intervention. Provide counseling to youth and families. Aim to reunite youth with family or find other safe home alternative.

*As of November 2000

⁶¹ Local communities also support shelters and programs for runaway and homeless youth using Community Development Block Grants and combinations of county, city, and donated funds. Cataloging each available community resource was beyond the scope of this report.

APPENDIX B: CONTRACTED SERVICE PROVIDERS FOR THE HOPE ACT

HOPE Centers

Location	Provider
Everett	Cocoon House
Olympia	Community Youth Services
Seattle A	YouthCare
Seattle B	YMCA of Greater Seattle
Spokane	YFA Connections
Tacoma	Faith Homes
Vancouver	Janus Youth Services
Yakima	EPIC Youth Programs

Responsible Living Skills Programs

Location	Provider
Everett	Cocoon House
Seattle A	YouthCare
Seattle B	YMCA of Greater Seattle
Spokane	YFA Connections
Vancouver	Janus Youth Services
Yakima	Northwest Family Therapy Institute

APPENDIX C: DASA ALLOCATIONS FOR HOPE CENTER SERVICES

The DSHS Division of Alcohol and Substance Abuse (DASA) typically contracts with county alcohol and drug coordinators to provide outpatient assessment and treatment services. For the \$106,000 appropriation to provide services for HOPE Center youth, DASA allocated funds among the county coordinators on a per-bed basis, with \$305.50 available per month.⁶²

DASA Contracts for HOPE Center Drug and Alcohol Services

	January – June 2000	July – December 2000	January – June 2001*
Spokane County	\$9,000	\$9,165	\$9,165
Clark County	\$5,400	\$5,499	\$5,499
Thurston County	\$3,600	\$3,666	\$3,666
King County	-	\$16,497	\$18,330
Yakima County	-	-	\$9,165
Pierce County	-	-	\$3,666
Snohomish County	-	-	\$3,666
Total	\$18,000	\$34,827	\$53,157

*Projected

In Spokane, Clark, and Thurston Counties, the county coordinators contract with local service providers on a fee-for-service basis to perform assessments and assist HOPE Center staff with referring youth to outpatient or inpatient treatment. HOPE Center staff can request a chemical dependency assessment for a youth at any time. It was anticipated that if a youth needed outpatient treatment or counseling, the chemical dependency counselor would assist HOPE Center staff with case management. Initial funding to DASA may be enough to address the number of assessments needed by HOPE Center youth, along with limited on-site treatment and staff training services. More comprehensive and ongoing treatment services would be covered by county-contracted providers using other DASA and county funds.

In King County, both service providers already have an on-site chemical dependency counselor funded through DASA. Under the group care enhancement model, chemical dependency staff provide assessment, counseling, and case management in tandem with other program staff. Collaboration is easier because the chemical dependency counselor is hired by the service provider just like any other program staff. DASA estimates it takes 10 to 12 beds in one facility to support a full-time counselor. For HOPE Center beds, the special appropriation will be used to supplant existing DASA funds, thereby freeing those funds to expand group care services elsewhere.

It was not known at the time of this report how services in Yakima, Pierce, and Snohomish Counties would be provided. Over time, it could be valuable to contrast the fee-for-service and group care enhancement models of service to determine if HOPE Center youth have greater access to drug and alcohol services under one model compared with another model.

⁶² Information provided by Bob Leonard, DASA Youth Outpatient Program Manager, and Stephen Bogan, DASA Youth Services Lead.

APPENDIX D: TRANSITIONAL LIVING PROGRAMS FOR OLDER ADOLESCENTS

Program and Capacity	Target Population	Other Qualifying Criteria	Program Features
State-Funded Programs			
Responsible Living Skills Program ^{63*} 4 facilities 19 beds *As of November 2000	State dependent youth aged 16 to 18. Unable to live in authorized residence, and, as a result, have been street youth.	Lived in a HOPE Center or secure Crisis Residential Center. No other placements have been successful. Permanency plan does not include family reunification. May stay until age 18 (20 if in school). Youth aged 14 to 15 may enter with special approval.	<ul style="list-style-type: none"> • Provide housing and program of transitional living skills; • Educational services, either in high school or GED program; • Assistance and counseling for vocational training, higher education, and employment; • Life skills counseling, including money and home management, parenting, health care, and housing; • Individual and group counseling; and • Connections to other job and training programs. <p>Measure baseline skill level at entry; create plan for achieving skills by exit; review and update plan every 90 days.</p>
Federally-Funded Programs			
Independent Living Program ⁶⁴ \$2.4 million, FY 2000 560 youth served in FY 1999	Youth who age out of foster care at age 18.	Assistance and services available for youth "likely to be in foster care" until age 18. Up to 30 percent of funds available for housing but only for youth aged 18 to 21 who aged out of foster care at 18.	<p>State-contracted community providers help youth develop a plan and provide:</p> <ul style="list-style-type: none"> • Education, training, and services to obtain employment; • Preparation for post-secondary training and education; and • Personal and emotional support to become self-sufficient. <p>Support services include education and employment services, career exploration, training in daily living skills, preventive health activities, mentoring, and substance abuse prevention.</p> <p>Youth stay up to 18 months in group home or supervised apartments.</p>
Transitional Living Program (DHHS) ⁶⁵ 5 programs; funding not allocated on per-bed basis	Runaway or homeless youth aged 16 to 21.	Shelter and services available to non-state dependent youth who have no hope of reuniting with family or being placed in state foster care. Placement agreed to by program and youth.	Assist youth to acquire knowledge, skills, and education to transition to independent living. Connect youth with network of services and facilities to help gain employment, maintain health, and gain other skills of independent living.
Supportive Housing Program (HUD) Funding allocated based on consolidated community plan	Homeless individuals and families, including youth. ⁶⁶	One program targets adults over 18; the other has no age restriction. Placements agreed to by individual and service provider.	May stay in housing facilities for up to 24 months; permanent housing may be provided. Provides services to promote residential stability, increased skill level, and/or income and greater self-determination; may be directly provided or coordinated by the organization managing the housing.

⁶³ RCW 74.15.020 and 74.15.230-240.

⁶⁴ National Foster Care Awareness Project, "Frequently Asked Questions about the Foster Care Independence Act of 1999," February 2000.

⁶⁵ Juvenile Justice and Delinquency Prevention Act 1974, Subchapter 3 Part B; Amendment of 1984.

⁶⁶ Stewart B. McKinney Homeless Assistance Act, 1987.

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