

**At-Risk and Runaway Youth
in Washington State:
Outcomes for Youth Admitted to
Secure Crisis Residential Centers and
Mandatory Chemical Dependency Treatment**

December 2001

**Mason Burley
with
Jim Mayfield**

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Washington State Institute for Public Policy

110 East Fifth Avenue, Suite 214

Post Office Box 40999

Olympia, WA 98504-0999

Telephone: (360) 586-2677

FAX: (360) 586-2793

URL: <http://www.wsipp.wa.gov>

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WASHINGTON STATE INSTITUTE FOR PUBLIC POLICY

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EXECUTIVE SUMMARY

In 1995, Washington State implemented policies for at-risk youth intended to protect children and help families reconcile. Known as the “Becca Bill,” the policies include court intervention for at-risk youth and provisions for mandatory treatment of youth with chemical dependency problems. The bill established *secure* crisis residential centers (CRC), which prevent youth from leaving CRCs without parental or staff permission. During their stays in secure CRCs, youth and their families are referred to counseling and treatment services. The 2000 Washington State Legislature directed the Washington State Institute for Public Policy (Institute) to examine outcomes for Becca youth:

Using existing data sources, examine criminal, substance abuse, and education outcomes of “Becca” youth (youth who have been placed in secure crisis residential facilities or mandatory chemical dependency treatment).
EHB 2487, Section 607(5)(a), Laws of 2000

The Institute followed outcomes of 628 youth who entered secure CRCs between June 1997 and August 1999. We also surveyed the parents to obtain their impressions of the process. Because it was not possible to create a comparison group, this study cannot evaluate whether the Becca Bill “works.” Rather, our findings describe the characteristics of youth who use secure CRCs.

Key Findings

- **Age and Gender:** The average age of a youth entering a secure CRC during the study time frame was 15. Females constituted two-thirds of secure CRC youth.
- **Alcohol and Substance Abuse:** One-third of the youth in the study received drug and alcohol assessments following a Becca admission. Of those assessed, 83 percent were diagnosed as chemically dependent or substance abusers.
- **Mental Health:** Mental health services were provided for 17 percent of youth following a Becca admission. The majority of these youth received outpatient mental health services. Seventy-seven percent of youth in outpatient care were diagnosed as severely or seriously disturbed.
- **Family Conflict:** Following a Becca admission, 34 percent of youth were referred to Family Reconciliation Services. Seventy-five percent of the parents receiving these services reported them to be very or somewhat helpful.
- **At-Risk Youth (ARY) and Child in Need of Services (CHINS) Petitions:** Prior to a Becca admission, 35 parents had filed ARY petitions, and 13 had filed CHINS petitions. During the period after a Becca admission, 68 ARY and 33 CHINS petitions were filed.
- **Educational Status:** Of the 567 youth who should have been in high school, 38 percent were enrolled in public school during the year following a Becca admission. Those enrolled in school attended 120 out of 180 possible school days.

- **Criminal or Delinquent Activity:** During the 18 months following a Becca admission, 25 percent of youth had at least one criminal conviction. Thirty-nine percent of the crimes were felonies.
- **Family Outcomes:** After their release from secure CRCs, 72 percent of Becca youth lived with their parents. Forty-seven percent of parents surveyed thought their child's relationship with the family improved "a little" or "a lot." (Only 16 percent reported the relationship worsened.)

I. INTRODUCTION

In 1995, Washington State policymakers established new policies and services for at-risk, runaway, and truant youth intended to preserve the safety of children and help families reconcile. These policies, commonly known as the “Becca Bill,”¹ include court intervention for at-risk or truant youth and provisions for the mandatory treatment of youth with chemical dependency problems.

The Becca Bill also established *secure* crisis residential centers. Crisis residential centers (CRCs) are state-funded facilities that provide a maximum five-day placement for runaway youth or youth in conflict with their families. They have been operational since 1980. Secure CRCs, on the other hand, are designed and operated to prevent youth from leaving the facility without parental or staff permission. Law enforcement officers may transport runaway youth to a secure CRC. Staff members at the secure CRCs help youth stabilize their current situation by referring them and their families to counseling and treatment services.²

The 2000 Washington State Legislature directed the Washington State Institute for Public Policy (Institute) to examine the outcomes of runaway youth who have stayed in secure CRCs or were admitted for mandatory chemical dependency treatment:

Using existing data sources, examine criminal, substance abuse, and education outcomes of “Becca” youth (youth who have been placed in secure crisis residential facilities or mandatory chemical dependency treatment).
EHB 2487, Section 607(5)(a), Laws of 2000

This study addresses the following research questions:

- What are the personal and family backgrounds of runaway youth who enter secure CRCs?
- What are the educational, criminal justice, and substance abuse outcomes for youth after leaving or completing mandatory treatment in a secure CRC?
- Do parents of secure CRC youth believe the legal procedures established in the Becca Bill help them protect youth who may be a risk to themselves or others?

This research focuses on the characteristics and circumstances of runaway youth who entered CRCs prior to mid-1999 and recounts what parents and caretakers say about the family situation following their child’s stay in a secure CRC. The survey discussed in this report also includes the parents’ assessments of the secure CRC stays and their appraisals of their children’s behavior in the period surrounding the crisis placement.

¹ EHB 2487, Section 607(5)(a), Laws of 2000. The Becca Bill was named after a 13-year-old runaway, Rebecca Hedman, who was murdered in Spokane, Washington, in 1993 while on the run.

² See RCW 13.32A.130 for CRC operating provisions and guidelines.

This study is limited in that we could not address the effectiveness of the secure CRCs directly. Since we are unable to determine what would have happened to runaway youth in the absence of such assistance, we could not form a comparison group to determine the overall impact of this intervention. By following outcomes over time, however, we can assess the issues facing runaway youth and gain a better understanding of the role secure CRCs play in assisting the family.

The goal of the Becca Bill is to “preserve, strengthen, and reconcile families experiencing problems with at-risk youth.”³ This study marks the first effort at obtaining feedback from parents of runaway youth in secure CRCs. It also measures some key long-term outcomes of Becca youth to determine if runaways are able to achieve greater personal and family stability following a stay in a secure CRC. This study addresses the following:

Section II, Secure Crisis Residential Centers: Background, lists the number of secure CRCs in Washington and the start-up dates for each center. Based on interviews with program staff, we also discuss the operation of these centers and the strategies employed to assist youth and families.

Section III, Study Population and Methods, describes the methods used in this study. First, we describe the group of secure CRC youth followed for the outcomes portion of this analysis. Second, we detail the approach utilized to survey parents or caretakers of youth who stayed in secure CRCs.

Section IV, Status and Outcomes of Becca Youth, discusses the problems faced by youth and families both before and after a stay in a secure CRC. We draw on administrative records from state social service agencies and reports from parents participating in a follow-up survey. Mental health issues, substance abuse, and signs of family conflict are discussed. For each of these issues, we examine the extent to which assessment and treatment occurred.

We also examine the level of school enrollment and ask parents about the prospects for the youth to complete high school. Court records are examined to determine the incidence of criminal convictions following a stay in a secure CRC.

Section V, Family Outcomes After a Becca Admission, addresses an important goal of secure CRCs: improving family stability. Parents or caretakers were asked about the status of family relationships following their children’s exit from the secure CRC. Parents also reported on the helpfulness of the process in establishing needed services and supports.

³ RCW 13.32A.015(1)

II. SECURE CRISIS RESIDENTIAL CENTERS: BACKGROUND

Crisis residential centers (CRCs) have been operating in Washington since 1980. The 1995 Becca Bill established a new type of facility, the secure CRC. Secure CRCs are facilities with locking windows and doors and are designed for runaway youth who may be a danger to themselves or others. Youth may move freely about the secure CRC, but centers are required to maintain a perimeter that deters youth from running away. Secure CRCs are intended to provide a safe environment for runaways to stabilize and receive needed support before reconnecting with parents or other family members.

How Many Secure CRCs Are Located in Washington?

The Washington State Department of Social and Health Services (DSHS) contracts with private and public agencies to operate secure CRCs. As Exhibit 1 shows, nine secure CRCs are currently in operation in Washington State; the number of contracted beds in each facility ranges from 4 to 18.

Exhibit 1
Washington State Secure Crisis Residential Centers

Secure CRC	City	Date Opened	Number of Beds
EPIC Youth Services (Yakima)	Yakima	May 1997	5
Daybreak	Spokane	January 1999	5
Chelan County Juvenile Detention Center	Chelan	June 1999	4
Clallam County Juvenile Detention Center	Port Angeles	June 1999	4
Kitsap County Juvenile Detention Center	Port Orchard	October 1999	9
Oak Grove	Vancouver	October 1999	6
EPIC Youth Services (Tri-Cities)	Kennewick	February 2000	6
Snohomish County Juvenile Detention Center	Everett	July 2000	9
Spruce Street Inn	Seattle	September 2000	18
Total			66

Several secure CRCs are located inside residential facilities or homes modified to meet licensing requirements. Four secure CRCs are located within juvenile detention centers. According to law, youth in a detention-based secure CRC are brought into the center through a separate entrance and may not have any contact with other detained offenders.

How Do Secure CRCs Operate?

Youth between the ages of 12 and 17 may enter a secure CRC for a variety of reasons. A youth may be transported to a secure CRC by law enforcement if:

- A parent has reported that their child is a runaway.
- A law enforcement officer finds a youth in dangerous circumstances or in violation of local curfew ordinances.
- A youth has run from agency or court-ordered placement.

In each of these circumstances, law enforcement officers will first attempt to contact the parent or guardian immediately after taking the youth into custody. If a parent or guardian cannot be located or is unwilling to take the youth back into their home, the officer may take the youth to a secure CRC. Law enforcement officers are required to complete a written report listing the reasons the child was taken to the secure CRC. Following the youth's intake and assessment, secure CRC staff attempt to contact the youth's parents or guardians to notify them of secure CRC guidelines and other programs and services aimed at family reconciliation.

After admission, the youth must remain in the secure CRC for at least 24 hours, but not more than five consecutive days. Within the first 24 hours of admission, the secure CRC administrator must determine if the youth is likely to run from the facility. Youth unlikely to run may be transferred to a less-secure CRC where they receive the same assessment and treatment services as in a fully staffed facility.

Parents may discharge their child from a secure CRC at any time after entry.⁴ If a voluntary reconciliation between the child and the parent cannot occur within the first two days, CRC staff will help establish the following supports designed to aid family reunification:

- **Family counseling:** Following entry to the secure CRC, youth are assigned a caseworker from DSHS. At that time, the child and parent may be referred to family counseling services provided by the state. This assistance, called **Family Reconciliation Services (FRS)**, offers family assessments, community referrals, and in-home family counseling to help alleviate family conflict.
- At the request of the secure CRC administrator and with the permission of the child's parent, a **Multi-Disciplinary Team (MDT)** may "assist in a coordinated referral of the family to available social and health-related services."⁵ The MDT may consist of parents, family members, social service providers, educators, health practitioners, and any other individuals interested in the well-being of the youth. The MDT is established differently in each secure CRC. Some facilities employ an MDT coordinator who convenes the group, and others receive direct assistance from

⁴ If CRC staff believe the child is absent from the home for reasons of abuse or neglect, or if allegations of abuse or neglect have been made against the parents, the child may not be released under this time frame. In these cases, procedures for child abuse reporting and investigation must be followed (RCW 13.34).

⁵ RCW 13.32A.044

DSHS in establishing an MDT. Secure CRC staff report that the MDT can serve as an excellent resource for parents seeking assistance and ideas for handling their family situations. Other parents, however, may feel threatened when offered advice or help and have refused the assistance of an MDT.

- Two alternatives are available in juvenile court for cases that cannot be resolved through other means: the **At-Risk Youth (ARY) petition** and the **Child in Need of Services (CHINS) petition**. An ARY petition may be filed by a parent seeking court assistance after other alternatives have been exhausted. If this petition is granted, the court will order the child to live at home (or an alternative placement) and meet certain requirements, such as regular school attendance, counseling, participation in treatment programs, or other conditions that the court deems necessary. A CHINS petition may be filed by the parent, youth, or social worker. The court may grant this petition if it is not possible for the youth to return home and if it deems a short-term out-of-home placement (up to 14 days) is necessary to assist the youth and family.
- Secure CRC staff may also assess youth for substance abuse and refer them to **alcohol and substance abuse treatment** or **mental health counseling**. Following initial screening, youth may receive needed services (or more in-depth assessment) through a variety of means. Several secure CRCs are run by agencies that also employ drug and alcohol or mental health counseling professionals. Other secure CRCs may contract with private or public service providers for assessment, referral, and treatment. Parents may admit their children to chemical dependency treatment without the child's consent, provided the agency deems the youth appropriate for treatment and a court-approved petition is in place.⁶

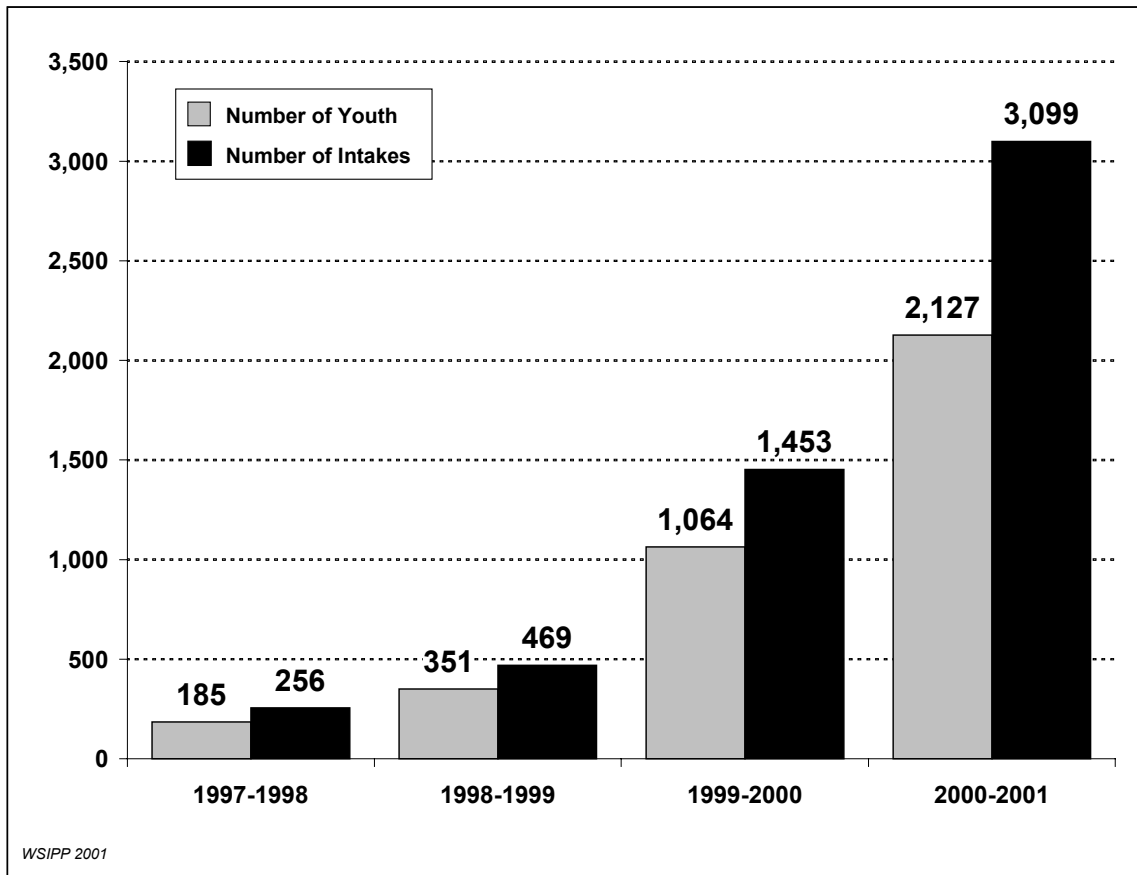
This study looks at the extent to which families and children in secure CRCs are able to access needed support services. While we cannot determine the overall effectiveness of these services without undertaking a rigorous program evaluation, we surveyed the adults caring for runaways to find out if they viewed this assistance to their child as beneficial.

How Many Youth Have Stayed in Secure CRCs?

The first secure CRC in Washington opened in mid-1997 with five beds. By late 2000, nine secure CRCs were in operation, with a total of 66 beds for runaway youth. Roughly 2,100 youth entered secure CRCs between July 2000 and June 2001. Seventy-five percent of youth were brought to a secure CRC only once. The other 25 percent, however, were brought to a secure CRC on two or more occasions. As more facilities became operational and awareness of the secure CRCs increased, the number of youth served increased. Exhibit 2 displays the total number of youth brought to secure CRCs and the total number of intakes between mid-1997 and mid-2001.

⁶ RCW 70.96A.140. Changes to involuntary treatment admissions enacted as a result of the Becca Bill are discussed in further detail in section IV.

Exhibit 2
Secure Crisis Residential Center Population: 1997–2001



As Exhibit 2 indicates, staff handled over 3,000 intakes to secure CRCs between July 2000 and June 2001. Total intakes more than doubled between 1999 and 2000, due in part to increased capacity.⁷ Between 1997 and 2000, the number of available secure CRC beds increased steadily; since that time, however, no new beds have been added.⁸

⁷ An Institute working paper “Who Uses Crisis Residential Centers in Washington State?” explores utilization and occupancy rates of CRCs over time and examines the living status and family background of CRC youth. The report is available on the Institute website, <http://www.wsipp.wa.gov>.

⁸ Planned secure CRCs (six total beds) in Island and Grays Harbor Counties were suspended following reductions in the 2001–02 biennial budget. Three existing beds (two at Spruce Street Inn and one in Snohomish Detention Center) were also eliminated as a result of funding reductions.

III. STUDY POPULATION AND METHODS

This section outlines the methods used to measure outcomes for youth staying in secure crisis residential centers (CRCs). We detail the limitations and strengths of these methods and describe both the characteristics of the study population and the types of outcomes considered. Two principal means of investigation were followed: (1) a **records analysis**, whereby intake information from a cohort of secure CRC youth was matched to administrative data in state social service, education, and criminal justice agencies,⁹ and (2) a **parent/caretaker survey**, consisting of telephone interviews with parents or guardians of runaway youth that took place 30 to 45 days after the youth left the secure CRC.

Records Analysis: Following Secure CRC Youth

The Legislature directed the Institute to examine the criminal, substance abuse, and educational outcomes of Becca youth. To measure outcomes in these areas, we needed to allow sufficient time in which to follow the status of runaway youth. In this study, we measured outcomes over a six- to 12-month period. To ensure adequate follow-up on outcomes for as many youth as possible, we selected a group of youth who entered secure CRCs between mid-1997 and mid-1999.¹⁰

Only four secure CRCs were operational by mid-1999, and two of these centers (Chelan County and Clallam County) had recently opened. The other two, however, (EPIC in Yakima and Daybreak in Spokane) had been the most highly utilized secure CRCs in Washington. Exhibit 3 displays the number of youth in each secure CRC included in the outcomes portion of this study.

Exhibit 3
Total Youth in Secure Crisis Residential Centers: 1997 to Mid-1999

Secure CRC	Number of Youth in Study
Chelan County Juvenile Detention Center	9
Clallam County Juvenile Detention Center	5
Daybreak (Spokane)	141
EPIC Youth Services (Yakima)	437
Total Number of Youth in Secure CRCs	592

⁹ Individual client records from three state agencies were merged for this analysis: Department of Social and Health Services Mental Health Division (MHD) and Division of Alcohol and Substance Abuse (DASA); Office of the Superintendent of Public Instruction (OSPI); and the Office of the Administrator for the Courts (OAC).

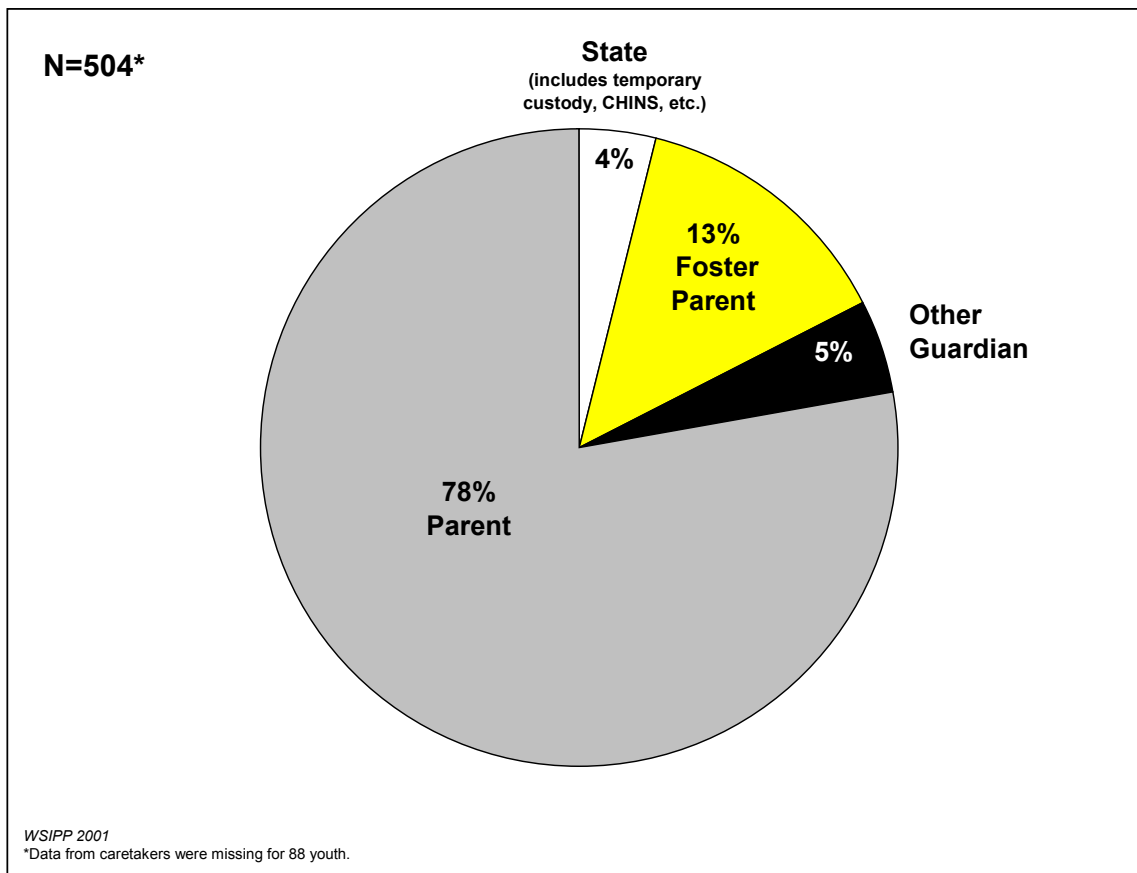
¹⁰ Youth intakes to secure CRCs between June 1997 and August 1999 are the focus of this research. To follow subsequent educational outcomes, we established a cut-off prior to the 1999–2000 school year (the latest year for which data are available).

Records Analysis: Characteristics of Secure CRC Youth in Study

This section describes the profile of Becca youth included in this study. On intake to a secure CRC, staff members record information about youth. As new facilities became operational, the intake records for secure CRC youth also became more detailed. Since 1997, legal status, age, race, and gender have been collected for all youth entering secure CRCs.

Legal Status. As Exhibit 4 shows, most of the youth entering secure CRCs were in the custody of their parents. A significant number (17 percent), however, were legal wards of the state (in state custody or with foster parents).

Exhibit 4
Caretakers of Secure CRC Youth: 1997 to Mid-1999



Age. The average age of a youth entering a secure CRC during the study time frame was 15. Exhibit 5 lists the age ranges of youth in this study.

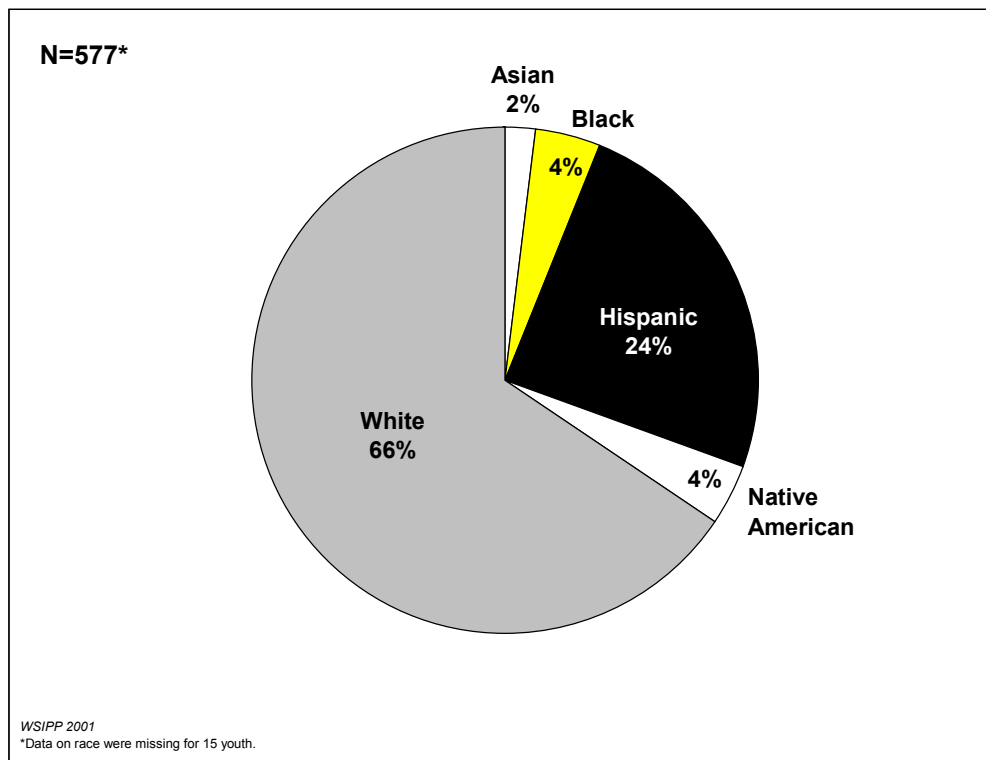
**Exhibit 5
Age Range of Youth in Secure CRCs:
1997 to Mid-1999**

Age Range	Number of Youth
12–13	53
14–15	216
16–17	232
Total	501

Note: Date of birth records were missing for 91 youth.

Race. The racial background of youth in secure CRCs is primarily Caucasian (see Exhibit 6). The higher percentage of Hispanic youth in this study reflects the fact that Yakima, an area with a large population of Hispanics, is home to the longest running CRC in the state. Since a high number of youth from Yakima are included in the study, we would expect differences in racial composition compared with state averages.¹¹

**Exhibit 6
Racial Background of Secure CRC Youth: 1997 to Mid-1999**



¹¹ By mid-2001, 73 percent of all youth in secure CRCs statewide were Caucasian. Hispanic youth, on the other hand, represented 13 percent of youth entering secure CRCs.

Gender. Females constitute two-thirds of the youth in the study group, but we cannot conclude if females are more likely to run away from home than males. The disproportionate number of females in this study may suggest that either (1) females are more likely to be reported as runaways than males, or (2) police are more likely find or detain runaway females found in dangerous situations.

Follow-Up Interviews: Perspectives From Parents

Survey Purpose. Rather than rely solely on data from state agencies, this study includes a broader view of the well-being of runaway youth who come in contact with secure CRCs. Given that one of the primary goals of the Becca Bill is to “empower parents by providing them with the assistance they require to raise their children,”¹² obtaining feedback from parents remains an important task in determining if this legislation is meeting its objectives. In the follow-up survey conducted for this study, we not only inquired about the youth and family’s current situation but asked questions about the parents’ or caretakers’ overall satisfaction with the assistance they received while their child was at the secure CRC.¹³

Survey Methods. We interviewed parents and caretakers of youth who were in a secure CRC between March 2001 and June 2001. At the time they picked up their children from the secure CRC, parents and caretakers were notified of the purpose of the study, the nature of the questions asked, and confidentiality protocols. Individuals who signed a consent form to provide their telephone number were contacted 30 to 45 days after their children left the secure CRC. The survey was given to parents, guardians, foster parents, or caseworkers who picked up the youth from the secure CRC and were best able to report about the status of the child in the four- to six-week period following their exit from the secure CRC. (A more detailed description of survey methods is provided in the appendix.)

Due to the low number of responses (64), the results of the parent and caretaker survey should be interpreted with caution. However, our analysis shows that the demographic characteristics of youth with parents who responded to the survey were similar to the youth of non-respondents.

¹² RCW 13.32A.010

¹³ Open-ended survey responses are available from the Institute upon request.

IV. STATUS AND OUTCOMES OF BECCA YOUTH

While this study is unable to determine the effectiveness of admission to secure crisis residential centers (CRCs) or involuntary treatment, it provides an in-depth view of the problems facing runaway youth and their families. This section describes the status of Becca youth leading up to and following a Becca admission, defined as either an entry to a secure CRC or an involuntary (or parent) treatment admission for chemical dependency. The following issues are examined:

- A. Youth alcohol and substance abuse
- B. Youth mental health status
- C. Family conflict
- D. At-Risk Youth (ARY) and Child in Need of Services (CHINS) petitions
- E. Educational status
- F. Criminal or delinquent activity

The status of Becca youth regarding each of these issues is described according to the information available in state administrative data systems. Parent and caretaker perspectives of these issues are based on their responses to the follow-up survey conducted 30 to 45 days following their child's admission to a secure CRC. We also review the findings of other related studies.

A. Youth Alcohol and Substance Abuse

In constructing the 1995 Becca Bill, Washington State lawmakers recognized the importance of providing runaway youth with assessment and treatment services for chemical dependency. The following describes some of the legal changes regarding this issue and examines substance abuse, assessment, admissions, and the treatment status of Becca youth.

Background From Other Studies. Runaway youth engage in a range of at-risk behaviors that only intensify as the number of runs and exposure to street life increases.¹⁴ As a number of studies show, substance abuse is a significant problem for runaways. In a review of three nationally representative, multi-city studies, Greene, Ennett, and Ringwalt examined drug and alcohol use of street youth (youth who spent one or more nights away from home without parental permission), shelter youth (spent at least one night in a youth or adult shelter, an improvised shelter, or on the streets), and non-runaway youth.¹⁵ They

¹⁴ Les B. Whitbeck and Dan R. Hoyt, *Nowhere to Grow: Homeless and Runaway Adolescents and Their Families* (New York: Aldine de Gruyter, 1999), 10.

¹⁵ Definitions of runaway and homeless/street youth used in this analysis coincide with definitions used for federal program eligibility and funding.

found that 71 percent of street youth, 46 percent of shelter youth, and 25 percent of non-runaway youth had used three or more substances.¹⁶

Eiseman, Wingard, and Huba adapted a survey given to school children on drug and alcohol use to compare substance abuse patterns of runaway youth living in shelters with non-runaway youth. This comparison found that “homeless/runaway youths are far more involved in all types of drugs, and in many instances the magnitude of the differences is at least double the rate of non-runaway youth. Alcohol, marijuana and tobacco seem to be commonly used among homeless/runaway youths, and even though other drugs are used far less, the levels are still disturbingly high.”¹⁷

Involuntary Treatment Admissions. As part of the Becca Bill, the Legislature affirmed the right of parents to obtain chemical dependency treatment for their children without the consent of the child.¹⁸ The legislation established a review process to protect all parties and a timeline for parents to obtain needed treatment for at-risk children. A youth may be involuntarily admitted if the chemical dependency professional’s assessment finds they are appropriate for treatment. In addition to clarifying residential treatment admissions, the Becca Bill also requires chemical dependency treatment agencies to report Becca admissions to the Division of Alcohol and Substance Abuse (DASA) within 24 hours and gives Becca youth high priority for publicly funded treatment beds.¹⁹

Since 1995, DASA records indicate that 36 youth have received chemical dependency treatment as a result of an involuntary or parental consent for treatment. Of these 36 youth, 18 (50 percent) completed treatment in an average of 47 days. Treatment stays ranged from 3 to 157 days. In 11 cases (31 percent), the youth ran and did not complete treatment.

¹⁶ Jody M. Greene, Susan T. Ennett, and Christopher L. Ringwalt, “Substance Use Among Runaway and Homeless Youth in Three National Studies,” *American Journal of Public Health* 87, no. 2 (1997).

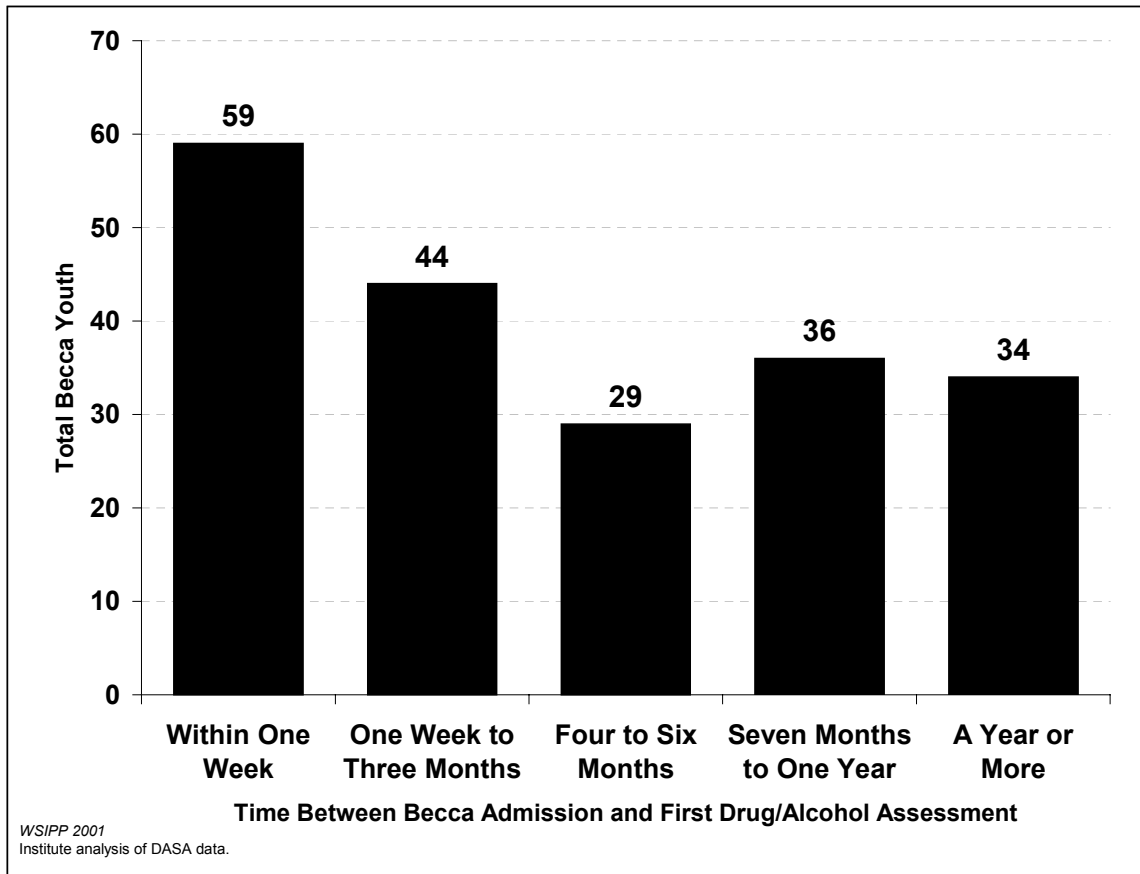
¹⁷ Seymour Eiseman, Joseph A. Wingard, and George J. Huba, “Drug Abuse: A Foundation for a Psychosocial Approach,” *Journal of Drug Education* 21, no. 1 (1991): 19.

¹⁸ RCW 74.13.025

¹⁹ Pregnant youth and delinquent youth from the Juvenile Rehabilitation Administration also have priority for treatment beds. See Peggy Peterson, *Implementation of the “Becca” Bill: A Process Evaluation* (Seattle: University of Washington, February 1998).

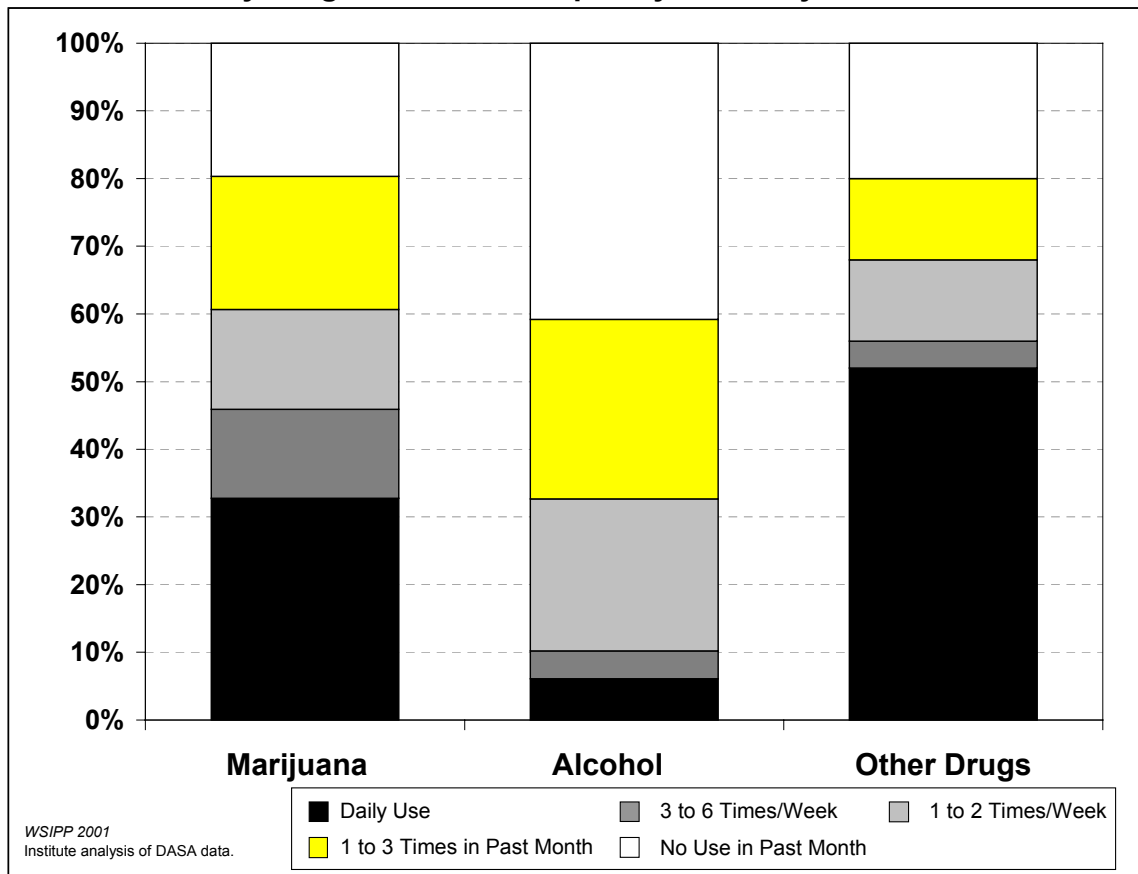
Assessment and Treatment Outcomes. According to DASA records, one-third of the 628 youth in this study received a drug and alcohol assessment following a Becca admission. Over half (51 percent) of these youth were assessed within three months of entry (see Exhibit 7).

Exhibit 7
Number of Youth Receiving Drug and Alcohol Assessments Following a Becca Admission



The drug and alcohol assessment discussed here includes an accounting of the youth's history of substance use. Regarding primary substance used, marijuana is by far the most common drug used by Becca youth. Sixty-two percent of those with a drug and alcohol assessment following a Becca admission listed marijuana as their primary drug of choice, 25 percent listed alcohol, and 13 mentioned other drugs.²⁰ Exhibit 8 lists the reported frequency of use among Becca youth for each substance category.

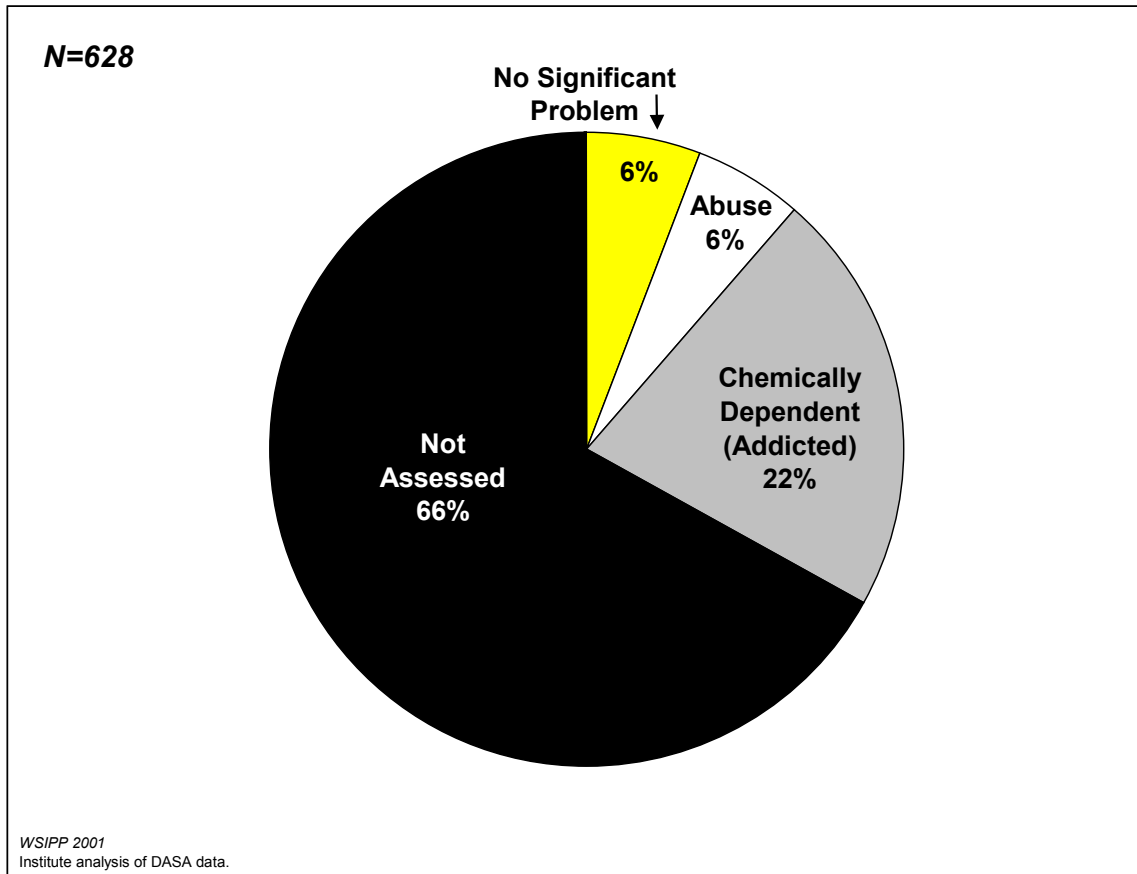
Exhibit 8
Primary Drug of Choice: Frequency of Use by Becca Youth



As primary drugs of choice, marijuana and other drugs—not alcohol—have higher frequency of use among Becca youth. Over 30 percent of Becca youth using marijuana do so on a daily basis, and over 50 percent of those with other drug involvement are daily users. In contrast, only 6 percent using alcohol as a primary substance drink every day. In addition to regularity of use, the seriousness of the youth's substance abuse is an important issue. Exhibit 9 shows the significance of the youth's drug or alcohol problem as determined by the assessment.

²⁰ Other drugs include amphetamines, cocaine, hallucinogens, heroin, methamphetamines, and tranquilizers.

Exhibit 9
Seriousness of Substance Use for Becca Youth



We examined treatment and discharge records of youth with significant substance abuse problems as reported by DASA. Following a Becca admission, 198 youth (32 percent) were admitted for chemical dependency treatment. Treatment took place in a variety of settings (see Exhibit 10).

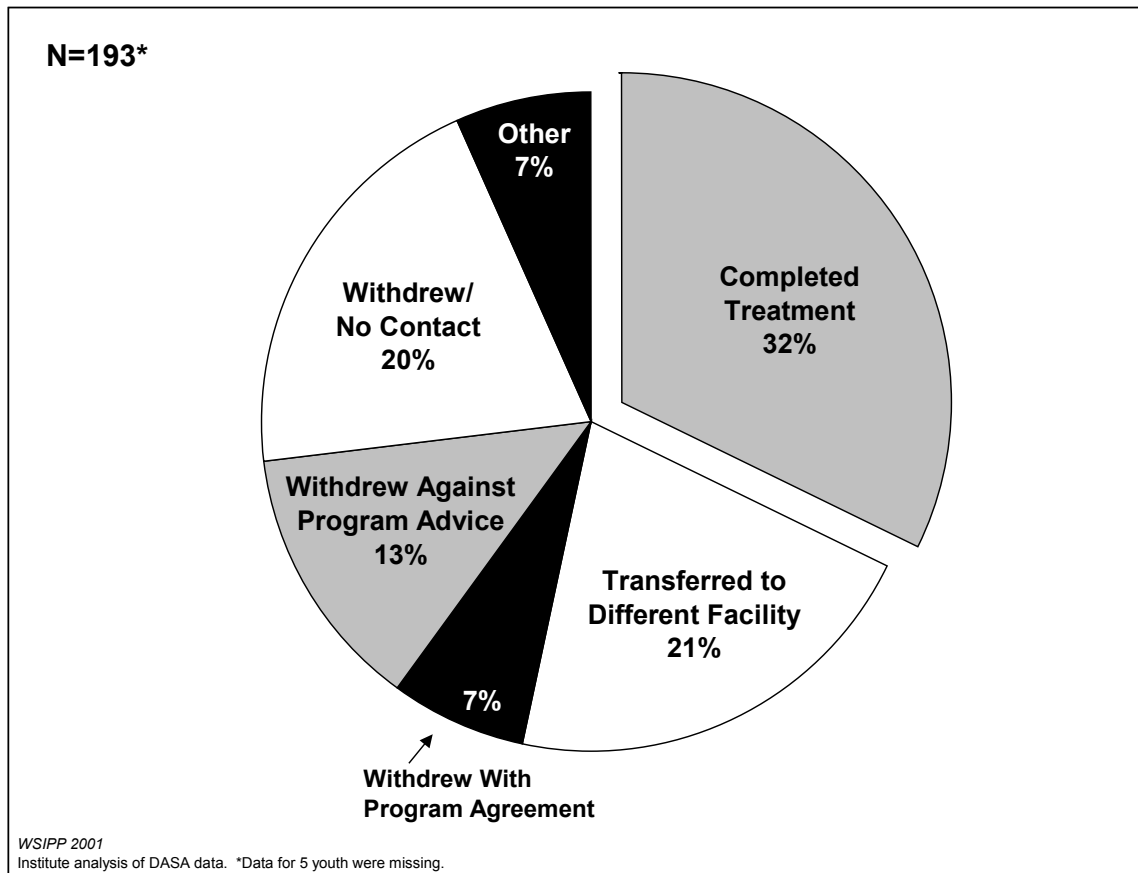
Exhibit 10
Substance Abuse Treatment Type for Becca Youth

Treatment Setting	Percent	Average Treatment Time (Days)
Detoxification	13%	3
Group Care Enhancement	3%	140
Intensive Inpatient	31%	35
Intensive Outpatient	20%	70
Methadone	1%	N/A
Outpatient	33%	75
Total		53

Total number of youth = 198

As shown in Exhibit 10, outpatient services and intensive inpatient treatment were the most common treatment arrangements for Becca youth. Treatment activities involve a mixture of individual and group therapy, case management, urinalysis testing, and family counseling. While this study cannot address the effectiveness of different treatment methods for Becca youth, we can summarize the treatment status as reported at discharge.²¹ Exhibit 11 outlines the results of treatment for youth subsequent to a Becca admission.

Exhibit 11
Treatment Status of Becca Youth Admitted to Substance Abuse Treatment



Thirty-two percent of Becca youth entering substance abuse counseling or therapy completed treatment. A significant number of Becca youth (33 percent), however, withdraw from treatment either against the advice of treatment professionals or without any contact prior to departure.

Parents' Perspectives. Nearly half (48 percent) the parents surveyed in the follow-up interview felt their child had a problem with overuse of drugs or alcohol in the month before staying in the secure CRC (see Exhibit 12).

²¹ These only include the first treatment admission for Becca youth. Many youth are transferred to other facilities and may complete treatment under a different arrangement.

Exhibit 12
Parents' Assessments of Substance Abuse Among Becca Youth

In the month before staying in the CRC, did <Child> have a problem with overuse of drugs or alcohol?	Percent
Yes	48%
No	42%
Don't Know	9%

Total number of parents surveyed = 64

Thirty-nine percent of parents stated that their child was in drug or alcohol treatment. Among parents who felt their children had a drug or alcohol problem, only five (16 percent) answered "Yes" to the question "Did CRC staff help <Child> get drug or alcohol treatment?" It is unclear what assistance these parents received in accessing these services. Parents with youth who were not in treatment expressed frustration with trying to arrange services or attempting to ensure their children would keep appointments and begin a treatment program.

B. Youth Mental Health Status

Background From Other Studies. The mental health status of runaway or homeless youth may be influenced by a number of factors. It is difficult to tell whether the emotional problems of runaway youth are a cause or an effect of their unstable living situation. That is, emotional difficulties or underlying mental disorders may result in risk-taking behaviors such as drug or alcohol use or running away. Alternatively, the factors associated with family difficulties or life on the street may exacerbate mental health issues for runaway youth.²²

Comparisons between this study and existing research are complicated by the fact that most research efforts focus on youth living on the street or in youth shelters. It is not clear to what extent these youth resemble runaways taken to secure CRCs in Washington. An informative study conducted by University of Washington researchers found that 45 percent of homeless youth at a shelter in Seattle had at least one diagnosable mental illness.²³ The number of youth and range of diagnoses examined by other studies vary, but the incidence of serious disorders among runaway youth ranges from 19 to 50 percent.²⁴

²² Marjorie J. Robertson and Paul A. Toro, "Homeless Youth: Research, Intervention, and Policy" (The 1998 National Symposium on Homelessness Research, 1998), <<http://www.aspe.hhs.gov/progsys/homeless/symposium/3-youth.htm>>, July 30, 2001.

²³ Ana Mari Cauce, et al., "Homeless Youth in Seattle: Youth Characteristics, Mental Health Needs, and Intensive Case Management," in *Outcomes for Children and Youth With Emotional and Behavioral Disorders and Their Families* (Austin, TX: PRO-ED, 1998), 617.

²⁴ Robertson and Toro, "Homeless Youth," 10.

Mental Health Services Received. While this study does not examine the occurrence of mental health problems among *all* secure CRC youth, we do examine the number of secure CRC youth who received publicly funded mental health services in Washington. Youth may access publicly funded mental health services in the state through a variety of means.

- Long-term psychiatric care may occur through **Children’s Long-Term Inpatient Program (CLIP)**. CLIP beds are state-funded and serve youth who meet Medicaid eligibility criteria *and* have been voluntarily or involuntarily committed for 180 days of inpatient treatment.
- Other long-term inpatient care for youth may take place at one of three **state psychiatric hospitals**: Western State Hospital, Eastern State Hospital, or the Child Study and Treatment Center.
- Shorter-term inpatient care may take place at **community psychiatric hospitals** located throughout the state.
- The Mental Health Division (Department of Social and Health Services) contracts with 14 regional support networks for **outpatient mental health services** in the community. These services take place in a variety of settings.

Exhibit 13 displays the number of youth receiving mental health services by type of services received.

Exhibit 13

Mental Health Services Received by Becca Youth Following Admission

Mental Health Services	Number	Percent
Children’s Long-term Inpatient Program	0	0%
Washington State Psychiatric Hospital	2	0%
Community Hospitals	17	3%
Outpatient Services	105	17%

Total Becca youth = 628. WSIPP analysis of MHD data.

A relatively small number of Becca youth received mental health services in an inpatient setting. Most of these youth (17) were served in a community hospital, and approximately half (53 percent) entered within two months after leaving a secure CRC. The average length of stay in a community hospital was 30 days.

A larger number of Becca youth received outpatient mental health services after entering a secure CRC or being admitted for mandatory chemical dependency treatment. Exhibit 14 describes the setting in which these services took place and the average number of service minutes received.

Exhibit 14
Location of Outpatient Mental Health Services Received

Mental Health Service Outpatient Location	Number of Youth Served	Average Service Minutes Per Youth
Outpatient Facility	65	312
Other	16	90
Place of Residence	8	122
Hospital, Emergency Room	7	156
Place of Work/School	5	151
Jail or Place of Detention	4	60
Total	105	236

Total Becca youth = 628. WSIPP analysis of MHD data.

Nearly 50 percent of youth receiving outpatient mental health services received assistance in the first three months after a Becca admission. However, 21 percent of these youth did not receive outpatient services until more than one year after entering a secure CRC or being admitted for mandatory chemical dependency treatment (Exhibit 15).

Exhibit 15
**Time Between Becca Admission and
First Outpatient Mental Health Services**

Number of Months	Percent
1–3 months	48%
4–6 months	13%
7–12 months	18%
13 months or more	21%
Total	100%

Total Becca youth = 628. WSIPP analysis of MHD data.

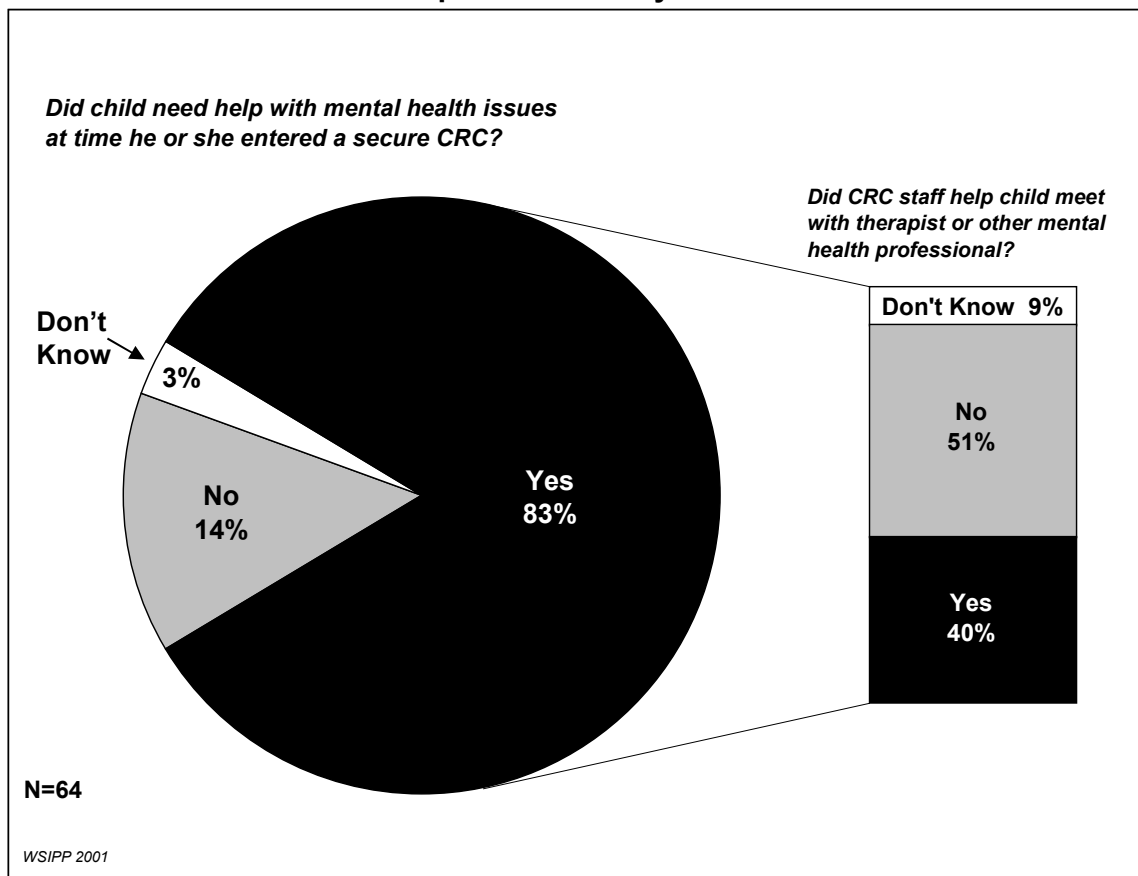
Existing records do not permit a thorough analysis of the outpatient services received by Becca youth. In most cases, however, youth take part in individual or group therapy, receive day treatment, or obtain assistance with medication management. According to outpatient records, most Becca youth cases were of a serious or intense nature. A priority code assigned by the mental health professional identifies youth experiencing a mental disorder that is “clearly interfering with the child’s functioning in family or school or with peers or is clearly interfering with the child’s personality development and learning.”²⁵ Seventy-seven percent of Becca youth receiving outpatient care met this criteria and were classified as “Severely Emotionally Disturbed” (27 percent) or “Seriously Disturbed” (50 percent). Twenty-one percent had experienced a short-term (acute) crisis according to the mental health workers’ reports.

²⁵ Department of Social and Health Services, Mental Health Division Consumer Information System (MHD-CIS) Data Dictionary, August 13, 1999.

Parents' Perspectives. This analysis of the parents' perspectives includes only those youth who received mental health services in the period after a Becca admission and does not fully assess the mental health services needs of all Becca youth. While we could not conduct a detailed assessment, we were able to draw on the parents' opinions of the mental health status of Becca youth.

In the follow-up survey conducted for this study, 85 percent of parents²⁶ answered "Yes" when asked, "In the month before staying in the CRC, do you think <Child's Name> needed some help for depression, anxiety, problems from childhood, or similar issues?" While this does not reflect a clinical diagnosis, it does indicate a level of concern shared by the parent at the time of the crisis placement. Exhibit 16 describes the follow-up reported by parents after a youth's stay in a secure CRC.

Exhibit 16
Secure CRC Follow-up Parent Survey: Mental Health Services



Of the parents who reported their children needed help with mental health issues, 40 percent reported their youth were assisted by secure CRC staff in accessing mental health services (see Exhibit 16). Respondents who received this assistance were asked, "How helpful has this counseling been for <CHILD's Name>?" Seventy-one percent found the

²⁶ The reference to "parent" in the follow-up survey reflects the parent, foster parent, or social worker who picked up the youth from the secure CRC and responded to the survey.

counseling either “Very” (29 percent) or “Somewhat” (42 percent) helpful. Often, youth with mental health needs who did not receive counseling had either refused assistance or had run away. Because the follow-up period for this survey is short (30 to 45 days), we do not know how many of these youth may have subsequently received mental health counseling or services.

C. Family Conflict

Background From Other Studies. Characterizing the complexity of family relationships among runaway youth is a complicated task. Youth on the street may be abandoned or pushed out of the home. Behaviors that both children and parents engage in may result in such episodes. Research indicates that the family problems experienced by these at-risk youth “in turn facilitate involvement in delinquent behavior, less than adequate success in school and susceptibility to peer pressure.”²⁷

A comprehensive survey administered to both street youth and their family members found some consensus about the level of conflict in these households:

... regardless of who is providing the information, adult caretakers or the runaways themselves, the depictions of family processes are essentially the same. Parents/Caretakers and adolescents alike report problematic parent-child relationships characterized by low levels of parental monitoring, parental warmth and supportiveness, and high levels of parental rejection.... Family members also concur on behavior problems of the adolescents. Both adult caretakers and runaways indicate serious conduct problems on the part of the adolescents. As one would expect, parents/caretakers of runaways rate their children significantly more troubled than their nonrunaway counterparts.²⁸

The authors point out that information from their analysis should not be used to assign blame or responsibility for family conflict. Rather, the assessments of all family members can be used as a platform to achieve family reconciliation and stability.

Family Reconciliation Services (FRS). During the 3 to 5 days that runaway youth stay at a secure CRC, staff members attempt to connect parents and children with services that can assist in family reunification. Family Reconciliation Services (FRS) are provided by the DSHS Children’s Administration to “achieve reconciliation between the parent and child, to reunify the family, and to maintain and strengthen the family unit to avoid the necessity of out-of-home placement of children.”²⁹ Families in conflict may be eligible for up to 90 days of assistance through the FRS program, if both parents and children are willing to participate. Typically, a professional counselor works with the family for a 30-day period on resolving family conflicts. The counselor may also make referrals to medical, legal, and

²⁷ Eiseman, *Drug Abuse*, 14.

²⁸ Les B. Whitbeck, Danny R. Hoyt, and Kevin A. Ackley, “Families of Homeless and Runaway Adolescents: A Comparison of Parent/Caretaker and Adolescent Perspectives on Parenting, Family Violence, and Adolescent Conduct” *Child Abuse and Neglect* 21, no. 6 (1997): 525-526.

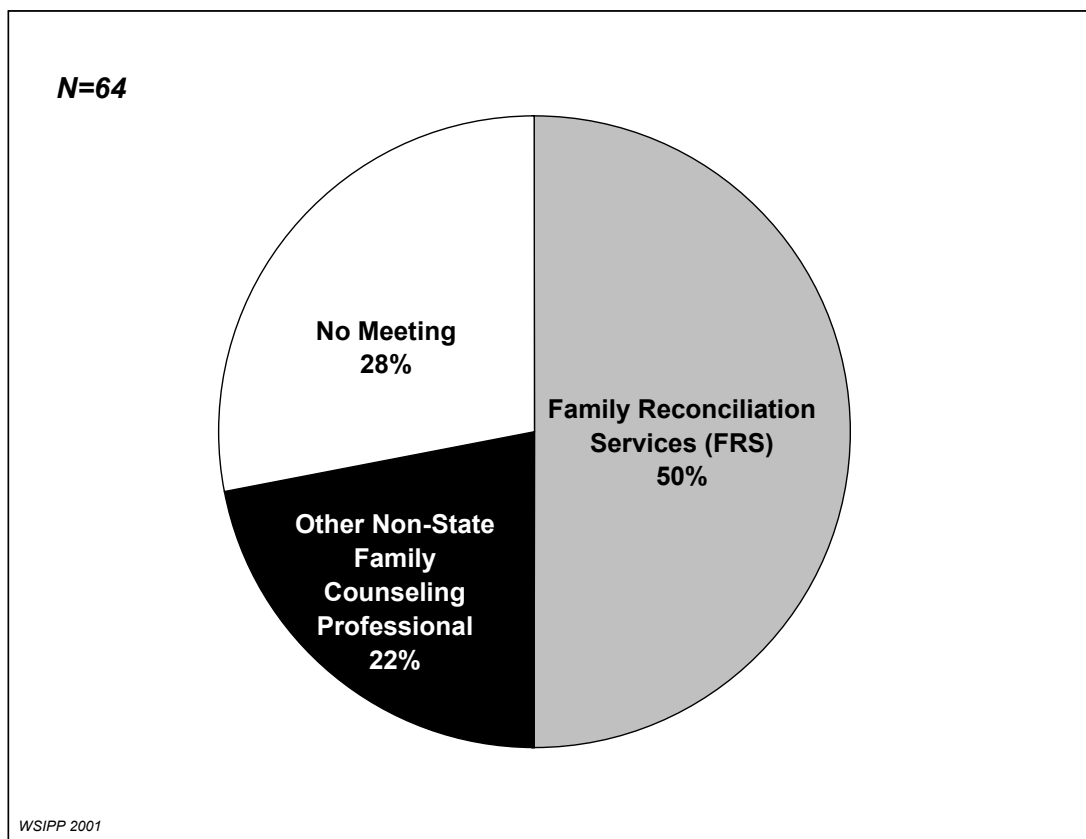
²⁹ WAC 388-32-0020

counseling services. In 2000, 5,943 families had an FRS intake assessment, and 1,792 families received crisis counseling.³⁰

In the period following a Becca admission, 216 (34 percent) of 628 youth were referred to FRS. The majority (82 percent) of the referrals took place within the first two days after a Becca admission. Of the total referrals, 78 percent resulted in a caseworker assignment for FRS services. Unfortunately, records on the number of hours spent in counseling or the changes that occurred after these services are not available. We did, however, discuss family counseling and FRS with parents in the follow-up survey to gauge their opinion of these services.

Parents' Perspectives on Family Reconciliation Services. Nearly three out of four parents stated in the follow-up interview that their families met with a state FRS counselor or other (non-state) family counseling professional during or after their children's stay in a secure CRC (see Exhibit 17).³¹

Exhibit 17
Family Meetings With FRS or Private Family Counselor After Becca Admission



³⁰ Washington State Governor's Juvenile Justice Advisory Committee, Annual Report of the GJJAC—2000, <<http://www.wa.gov/juvenilejustice/annualrpt.html>>.

³¹ The number of families that reported a FRS meeting in the follow-up survey was 15 percent higher than the incidence of FRS service referrals observed in the administrative data. This difference may be explained by the fact that parents willing to participate in a follow-up survey may also be more likely to engage in family counseling services.

Among those who received family counseling services, 75 percent of parents felt the services were either very or somewhat helpful (see Exhibit 18).

Exhibit 18
**Parent’s View on the Helpfulness of Family
 Counseling Services After Becca Admission**

How helpful has this assistance been for your family?	Total Youth	Percent
Very Helpful	20	43%
Somewhat Helpful	15	32%
Not Helpful	10	21%
Don’t Know/No Opinion	2	4%
Total	47	100%

D. ARY and CHINS Petitions

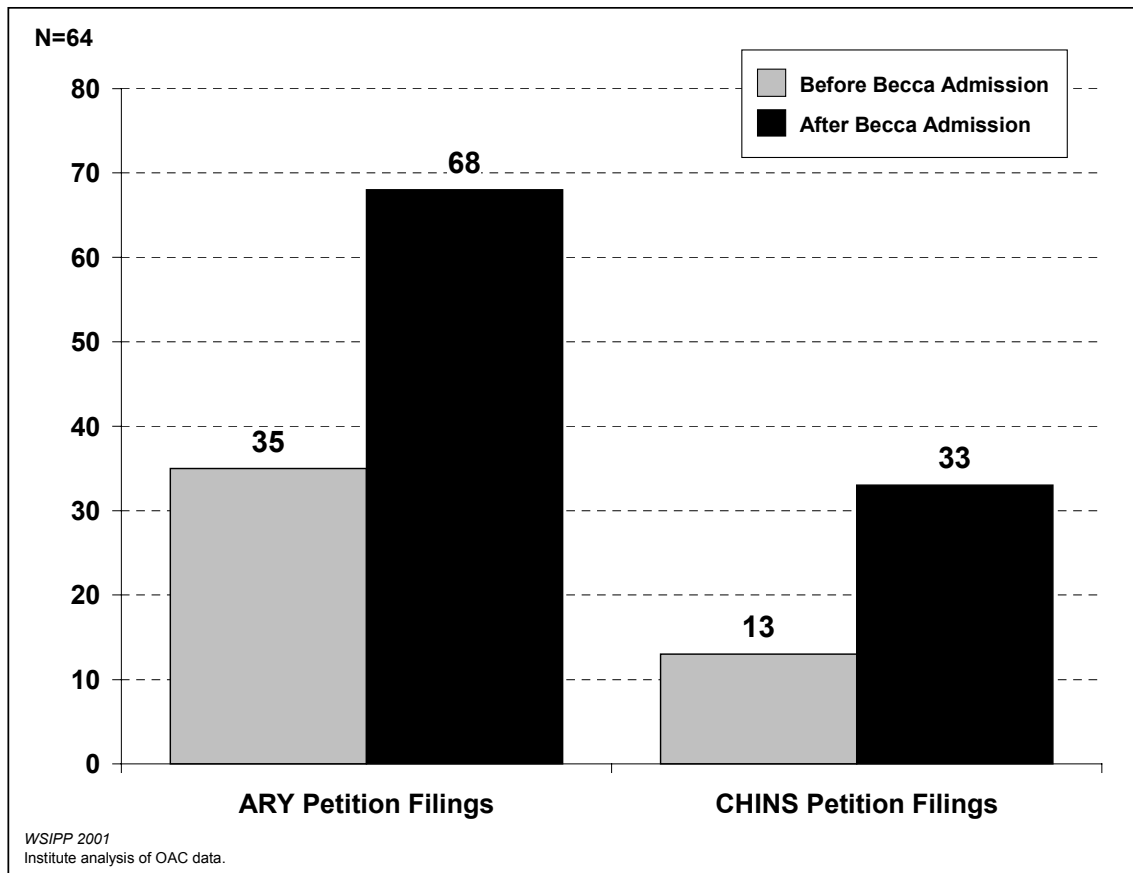
As part of the Becca Bill, Legislators enacted new means for families in crisis to receive assistance through the legal system, the At-Risk Youth (ARY) petition and the Child in Need of Services (CHINS) petition. If other services fail to resolve a family conflict, the parent, youth, or DSHS social worker may file a CHINS petition for out-of-home placement. If a court approves the petition, it may direct the child to meet certain conditions, such as attending school, counseling, or chemical dependency or mental health treatment. Other conditions may be required by the court as deemed appropriate. To obtain an out-of-home placement order, the child or DSHS must meet a higher burden of proof than the parent. The court regularly reviews out-of-home placements to determine if a return home is possible.

If other attempts at reconciliation have not succeeded, parents may file an ARY petition with the court for assistance in keeping their child in the home. An at-risk youth is defined as an individual under the age of 18 who is absent from home for more than 72 hours without parental consent; is beyond the control of the parent such that the child’s behavior substantially endangers the health, safety or welfare of the child or another person; or has a serious substance abuse problem.³²

If the ARY petition is granted, the court may order the youth to remain at home, participate in counseling services, and meet other conditions. Youth who violate an ARY petition can be held in contempt of court, sentenced to juvenile detention for up to seven days, or fined \$100. Exhibit 19 displays the number of ARY and CHINS petitions filed for youth in this study both before and after a Becca admission.

³² RCW 13.32A.030

Exhibit 19
ARY and CHINS Petitions Filed Before and After Becca Admissions



Relatively few (35) parents filed an ARY petition prior to the time their children had Becca admissions. Subsequent to a Becca admission, however, 68 ARY petitions were filed. The number of CHINS petitions also increased following a Becca admission, from 13 before admission to 33 petitions filed in the period following admission. Many of these families may have been previously unaware of their options through the court. The Becca admission provides an opportunity to connect families with services, outline the rights and responsibilities of family members, and establish a means to help the family achieve reconciliation. While it appears ARY and CHINS petitions may be associated with Becca admissions, we do not have enough information to conclude a cause and effect relationship exists between these events.

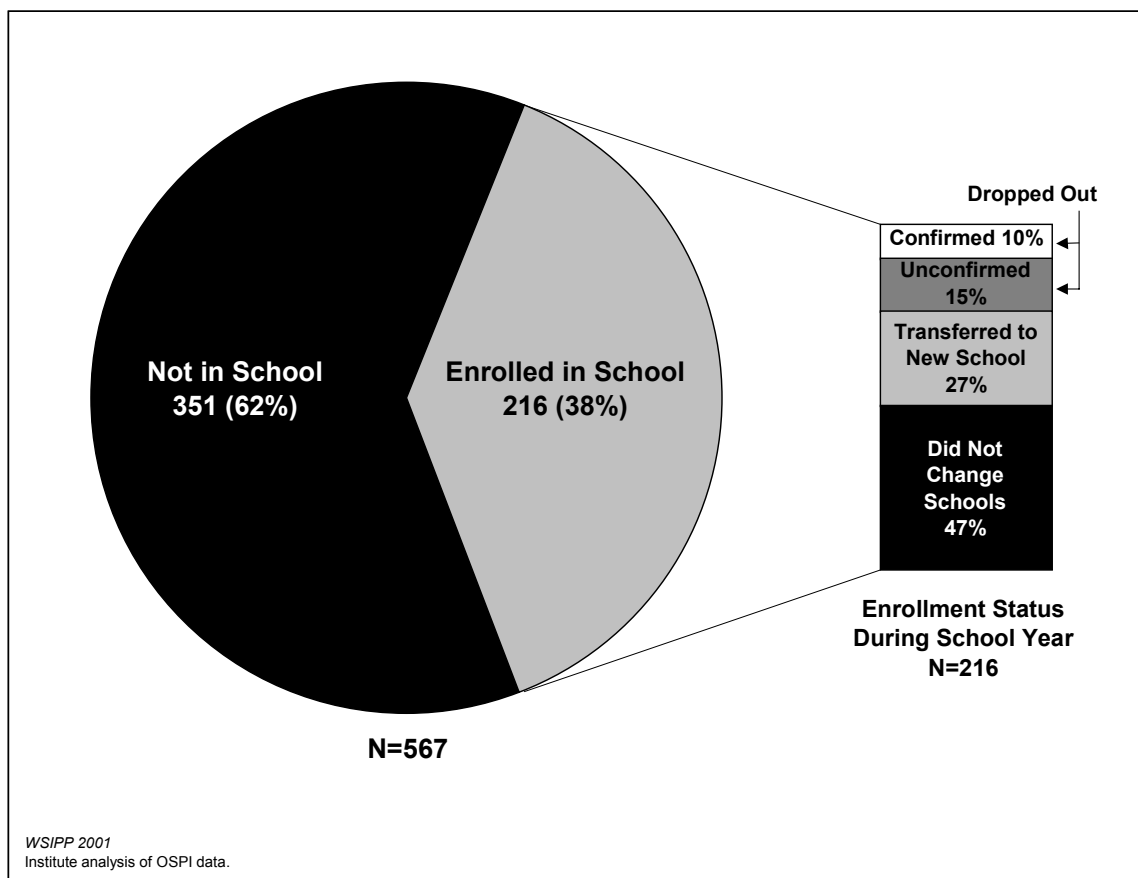
E. Educational Status

Background From Other Studies. Little is known about the educational outcomes of runaway youth. The fact that these youth are on the run, developing stronger connections with anti-social peer groups, and engaging in at-risk behaviors makes tracking educational progress difficult. One study of runaway youth in the Midwest found that almost all (86 percent males, 91 percent females) runaways had attended school in the previous 12

months, but few experienced academic success during this period. Discipline problems, drug use, negative peer associations, and truancy led these youth to fall farther behind in school. Forty-two percent of males and 32 percent of females surveyed dropped out.³³ Long periods of non-attendance make it more difficult for runaway youth to return to school.

Enrollment Status of Becca Youth. We examined Becca youth who should have been in high school in the school year following a Becca admission. Of the 567 youth in this category, 216 (38 percent) were enrolled in a Washington public high school in the year following a Becca admission. Becca youth in school attended an average of 120 out of a possible 180 school days. Becca youth who returned to school also had high rates of transfers or dropouts, as shown in Exhibit 20.

Exhibit 20
School Enrollment in the Year Following Becca Admission



Parents' Perspectives. In the parent survey, we asked about school attendance in the period before and after the Becca admission. Since the interview took place only 30 to 45 days after the Becca admission, we expected results to differ from the one-year follow-up described in the previous section. Parents of Becca youth, however, reported low levels of

³³ Whitbeck and Hoyt, *Nowhere to Grow*, 77.

attendance. Exhibit 21 outlines the number of youth who attended school in the month following a Becca admission as reported by parents.

Exhibit 21
Parents' Reports of Children's School Attendance in Period After a Becca Admission

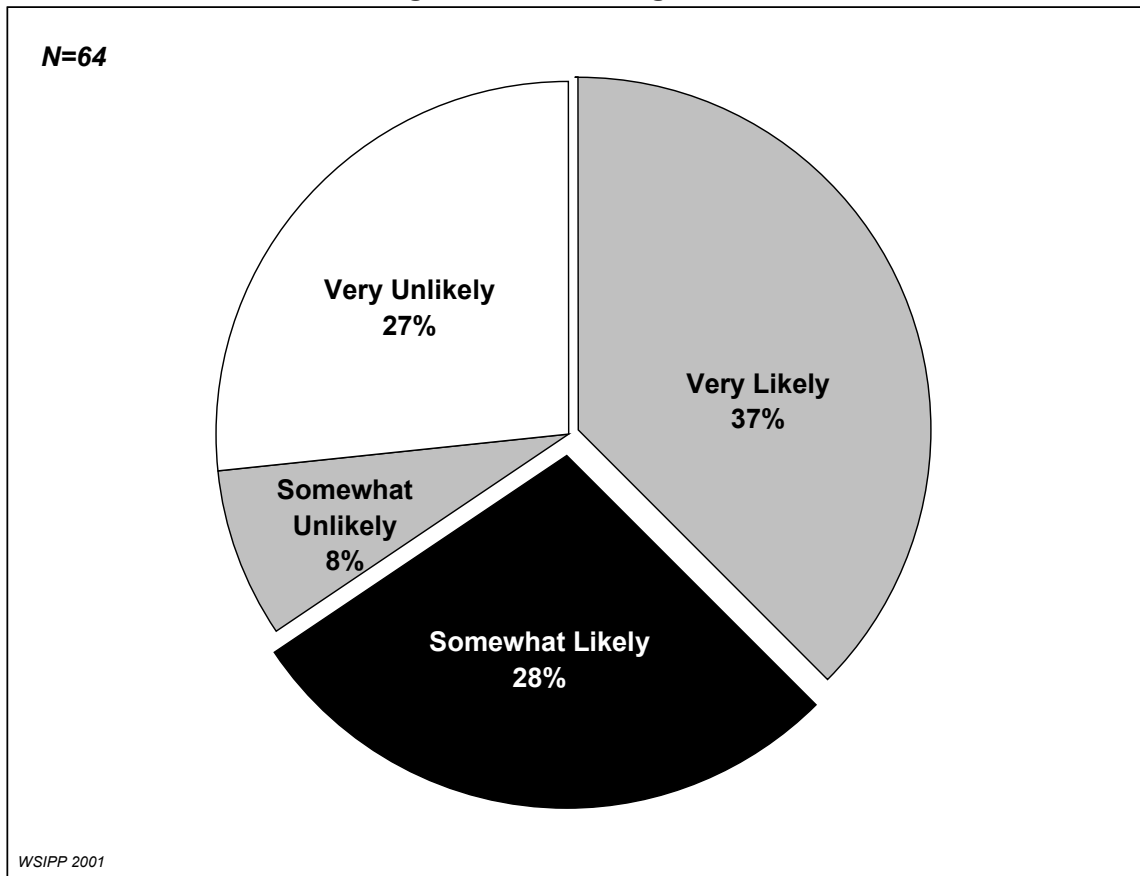
How often did child attend school in the month since leaving the CRC?	
Attended	48%
5 days per week	22%
3–4 days per week	17%
1–2 days per week	8%
3 days or less per month	2%
Did not attend/dropped out	48%
Don't Know	3%

WSIPP 2001. Total number of parents surveyed = 64

Two-thirds of parents reported their children attended school during the month before entering the secure CRC. At the time of the follow-up interview, about one month later, approximately half the Becca youth were attending school and half had either dropped out or were still not attending. In the period following the secure CRC stay, only 22 percent of Becca youth were attending school regularly (5 days per week).

Despite low overall school attendance for Becca youth, parents and caretakers remain optimistic about the educational outlook for their children. Sixty-six percent reported it was "Very Likely" or "Somewhat Likely" their child would graduate from high school or obtain a General Education Development certificate (GED) (see Exhibit 22).

Exhibit 22
Parent Follow-up Survey: “Right now, how likely do you think it is that <Child> will graduate from high school or obtain a GED?”



F. Criminal or Delinquent Activity

Background From Other Studies. While educational completion and family reunification remain the ideal long-term outcome for Becca youth, many parents are more concerned in the short-term about the health, safety, and well-being of their children. Through a crisis intervention, parents and other professionals work toward stabilization and prevention of further at-risk behaviors. This section looks at the extent to which youth engage in criminal and delinquent activity following a Becca admission.

For many youth, antisocial behaviors and running away may serve as initial steps on the path to further delinquent activity. Many criminal activities that runaway youth engage in may be related to maintaining their street existence (e.g., theft, dealing drugs). Other runaways may take part in violent crime after negative exposure to street culture. In the first national study of runaways and street youth, researchers at the Research Triangle Institute found a high percentage of these youth had been both victims and offenders while on the street. Sixty-six percent of runaway youth in shelters and 81 percent of runaways on the

street had committed a theft-related crime. Thirty percent of shelter youth and 42 percent of street youth had committed an assault.³⁴

A longitudinal study of youth conducted by Kaufman and Widom examined the relationship between childhood victimization, running away, and delinquent activity. The research found “that running away results in a significant increase in initial risk for arrest for abused and neglected children. However, we found that the effect of running away is much greater among those who were not abused or neglected.”³⁵ Children who run away are two and a half times as likely to be arrested as non-runaway juveniles. The research concluded that “[r]unning away may represent a critical point for intervention, particularly if we view the runaway behavior as a marker for subsequent high-risk outcomes.”³⁶

Criminal or Delinquent Activity of Becca Youth. To gauge delinquent activity, we analyzed Washington State court records of youth over a period of time following a Becca admission. We found that a significant number of juveniles had a criminal conviction after leaving either a secure CRC or an involuntary treatment admission. Furthermore, Becca youth who committed a crime were likely to be multiple offenders. Exhibit 23 details the criminal and delinquent activity of Becca youth over an 18-month period following admission.

Exhibit 23
Criminal Activity of Youth 18 Months After a Becca Admission

Conviction	Number of Youth	Average Number of Offenses
Any Crime	158	9.4
Property Crime	107	6.6
Violent Crime	11	3.5

WSIPP 2001. N=628. Institute analysis of OAC data.

Of the 158 Becca youth with any convictions, 61 (39 percent) were felonies. While very few juveniles committed a felony violent crime after a Becca admission, subsequent convictions for non-violent crimes were considerably more frequent.

Parents’ Perspectives. According to parents, about one-fifth of Becca youth had some contact with the juvenile justice system in the month after leaving a secure CRC. The number of Becca youth on probation or in detention is reported in Exhibit 24.

³⁴ Research Triangle Institute, “Youth with Runaway, Throwaway, and Homeless Experiences: Prevalence, Drug Use, and Other At-Risk Behaviors” (U.S. Department of Health and Human Services, Administration for Children and Families, 1994): E-12.

³⁵ Jeanne G. Kaufman and Cathy Spatz Widom, “Childhood Victimization, Running Away, and Delinquency,” *Journal of Research in Crime and Delinquency* 36, no. 4 (1999): 366.

³⁶ *Ibid*, 368.

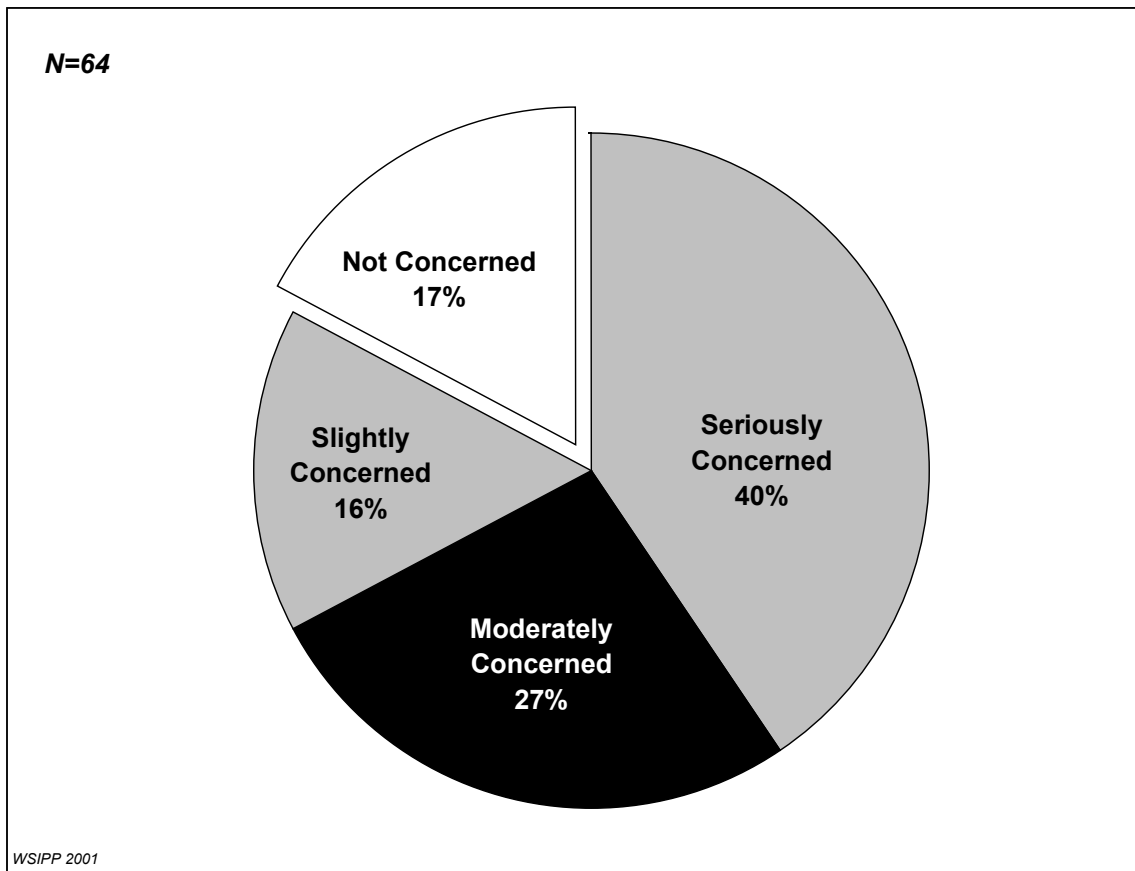
Exhibit 24
Criminal Supervision of Becca Youth Reported by Parents

Since leaving the CRC, has <Child> been...	on probation?	in detention?
Yes	19%	22%
No	78%	78%
Don't Know	3%	0%

Total number of parents surveyed = 64

Given that approximately 20 percent of Becca youth were either on probation or in detention, and 25 percent had a criminal conviction in the period after a Becca admission, it is not surprising that parents indicated concern about future delinquent activity. Exhibit 25 displays the response of parents when asked if they were worried that their children may commit a crime.

Exhibit 25
Parent Follow-up Survey: "Right now, how concerned are you that <Child> may engage in illegal activity?"



V. FAMILY OUTCOMES AFTER A BECCA ADMISSION

The introduction to the Becca Bill legislation states that the “legislature intends to give tools to parents, courts, and law enforcement to keep families together and reunite them whenever possible.”³⁷ While the outcomes of runaway youth assisted by these policies are an important indicator of success, it is also valuable to determine if parents believe the Becca Bill provides them the tools necessary to assist their children. The follow-up survey conducted with 64 parents and caretakers of youth who left secure CRCs addresses several areas related to overall satisfaction with available services.

Length of Stay

When asked what they thought about the amount of time their children spent in a secure CRC, caretakers reported the following:

- **33 percent** felt that the amount of time was “about right.”
- **61 percent** responded that the time in the CRC was “too short.”
- **0 percent** said that the time was “too long.”
- **6 percent** had no opinion about the length of stay.

Judging by the open-ended comments received in the survey, parents had different motivations for wanting their children to remain in a secure CRC. Some parents expressed a desire for a prolonged stay as a result of the safety, security, and stability experienced by their children while in the CRC. Others felt an extended stay may have been necessary to further assist the child.

- *I felt that the staff was very objective, yet supportive, and I highly recommend it.*
- *They seemed very kind, prompt. I felt that they provided a good service. They were compassionate with <Child’s name> to the point she wanted to go back.*
- *The whole experience of dealing with the system was not helpful, and may have in fact worsened the situation. You called for help, but didn’t get help. I knew what the kid needed, and I explained it to them, but they didn’t listen. The CRC was fine, but he needed to go to a different facility, and it didn’t happen.*
- *We were frustrated with the legal processes. We wanted her to stay five days at the [secure] CRC, but they wanted to release her to the [semi-secure] CRC to open up space for other people. She was accepted to stay there for five days. It was only after she threatened to harm herself that they let her stay for the full five days.”*

As sources of information, secure CRC staff received generally favorable ratings. As shown in Exhibit 26, two-thirds (67 percent) of parents reported the secure CRC staff were “Very”

³⁷ RCW 13.32A.010

(31 percent) or “Somewhat” (36 percent) helpful in providing information about the types of assistance to their children and families.

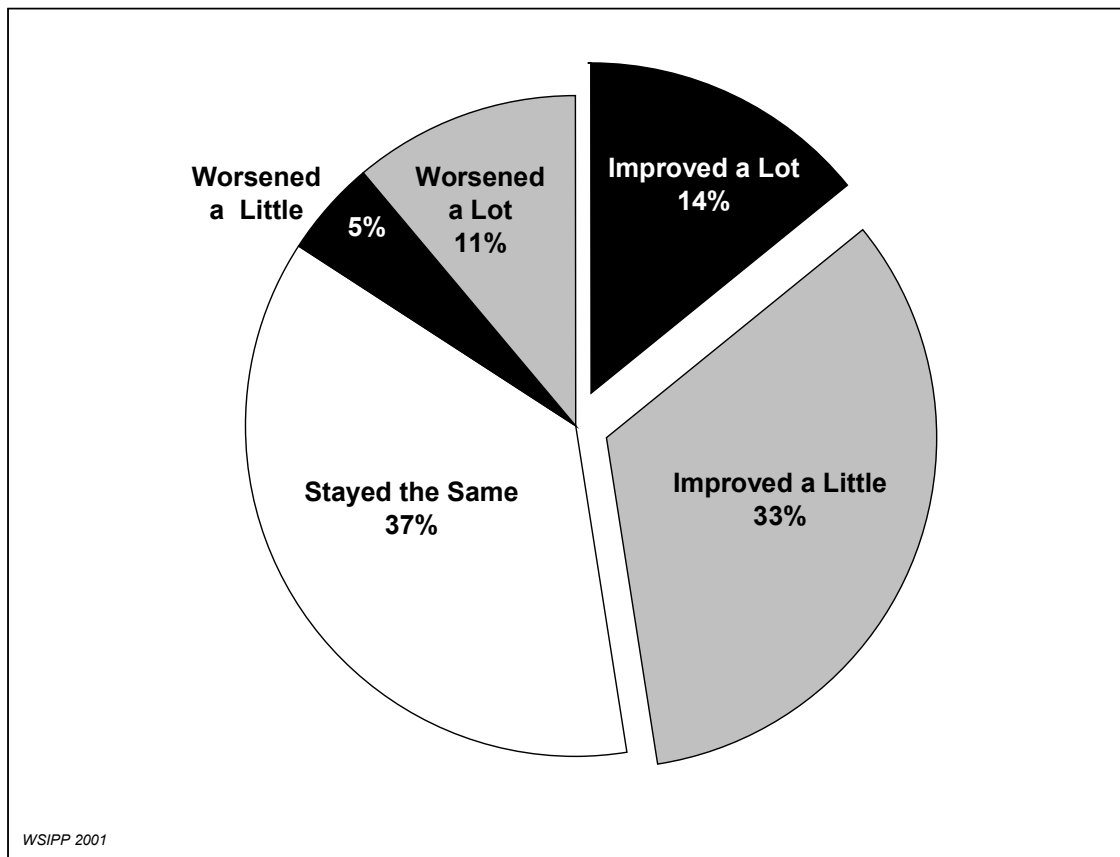
Exhibit 26
Parent’s Satisfaction With Assistance of CRC Staff

How helpful have the staff at <CRC Name> been in referring you to services and community resources that may help your family?	Percent
Very Helpful	31%
Somewhat Helpful	36%
Not Helpful	28%
Don’t Know/No Opinion	5%

Total number of parents surveyed = 64

Upon receiving assistance from secure CRC staff, improvements in family stability may serve as an indicator of the effect of the service. Exhibit 27 shows the parents’ assessments of the changes in family relationships 30 to 45 days after their children left the secure CRCs.

Exhibit 27
Parent Follow-up Survey: “Since leaving the CRC, how has <Child name>'s relationship with your family changed?”



Forty-seven percent of parents surveyed felt the family relationship improved a little or a lot. Only 16 percent reported deterioration of the youth's relationship with the family. Because we conducted only a single follow-up with the parents of Becca youth, we do not know how the strength of family connections changed over an extended period after the Becca admission. We did, however, inquire about the parents' outlooks regarding changes in the living situations of the youth following a Becca admission.

Living Situation

Although the parent of a Becca youth must authorize the release from a secure CRC, a youth may not always return home immediately. Exhibit 28 indicates the variety of living situations youth may enter after leaving a secure CRC.

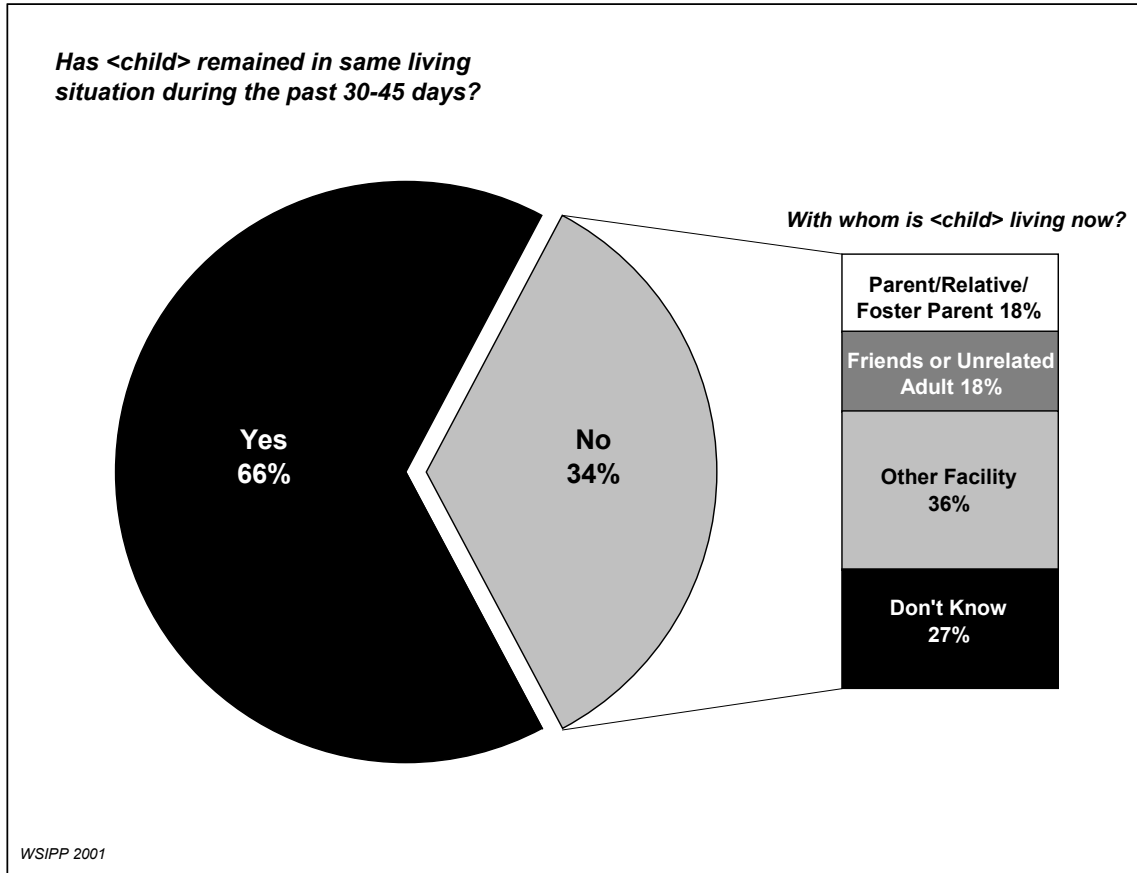
Exhibit 28
Becca Youth's Living Situations After CRC Exit

With whom did <Child> live after being discharged from the CRC?	Percent
Parents, Parent, or Step-parent	72%
Facility (Semi-Secure CRC) or Treatment Center	19%
Other (Relative, Foster Parent, Friends, Don't Know)	9%
Total Follow-up Interviews	100%

Total number of parents surveyed = 64

The survey found considerable change in living arrangements in the 30- to 45-day period following the secure CRC exit. According to parents, 34 percent of youth were no longer living at the same place one month after exiting a secure CRC (see Exhibit 29). Furthermore, 27 percent of those parents of youth who moved did not know where the youth was living at the time of the interview.

Exhibit 29
Parent Follow-up Survey: Changes in Living Arrangements
for Becca Youth 30 to 45 Days After Leaving a Secure CRC



In addition to the Becca youth’s living arrangements, we asked parents and caretakers about how long they expected their children would remain in the same living arrangements. Sixty-one percent of respondents reported the youth was likely to stay in the same living arrangement over the following six months. The likelihood of staying in the current living arrangement was considerably less for children who were not living with a parent or guardian. Twenty-six percent of those youth were likely to stay in the current living arrangement compared with 80 percent of the youth living with parents or guardians.

Exhibit 30
Parent’s Expectations of Future Living Arrangements

How likely do you think <Child> is to stay in their current living situation for the next six months?	Living With Parents or Guardians	Not Living With Parents or Guardians
Likely to Stay	80%	26%
Unlikely to Stay	17%	52%
Don't Know/No Opinion	2%	22%

Total number of parents surveyed = 64.

Given the circumstances that families with runaway youth face in the period surrounding a Becca admission, it's unclear how long it may take to effectively address issues contributing to family conflict and ultimately achieve reconciliation. This study describes the difficulties faced by runaway youth and their families. Substance abuse, mental health problems, and poor attachments to school and family mark the lives of Becca youth at the time of a secure CRC or involuntary treatment admission. While this research cannot estimate the effectiveness of these interventions, it does confirm that most parents consider the secure CRC stay helpful for their child, and many have experienced an improved family relationship in the short period after their children left the secure CRCs.

- *She's not that bad of kid, and the stay made her realize that she's not that bad of kid. She did like the staff [at the CRC].*
- *I really appreciated them letting my daughter stay there, and they really did help her. <Staff Name> was an excellent counselor for her.*

APPENDIX: SURVEY METHODOLOGY

Survey Sample: Five secure crisis residential centers (CRCs) recruited participants for this follow-up survey. Between March 2001 and June 2001, CRC staff provided informational material to parents or caretakers picking up youth from the CRC and asked if they were interested in participating in a short, confidential telephone interview. The following sites were involved with this effort:

- Oak Grove Secure CRC (Vancouver)
- Snohomish County Juvenile Detention Secure CRC (Everett)
- Daybreak Secure CRC (Spokane)
- Kitsap County Juvenile Detention Secure CRC (Port Orchard)
- Spruce Street Inn Secure CRC (Seattle)

While survey recruitment was taking place, 426 children entered these secure CRCs. In total, 99 adults (23 percent) agreed to be contacted. Contact was established and interviews were completed with 64 individuals (15 percent).

Conducting a survey of adults responsible for youth in secure CRCs proved challenging. First, obtaining the consent of individuals to participate in surveys is difficult even under favorable circumstances. Asking for this permission from individuals attempting to resolve a crisis situation with their child presents additional difficulties. Although survey respondents received \$15 as compensation for completing a survey, a monetary incentive may not have been an adequate offering given the seriousness of the situation parents face when picking up their children from secure CRCs.

In addition, 45 percent of youth entering a secure CRC were not released directly to their parent or guardian. Eighteen percent were released to foster or group homes. Fifteen percent were released to a semi-secure CRC, hospital, or treatment center, and 13 percent were missing after running.

While a higher contact rate for this survey would have been ideal, analysis shows that the characteristics of youth with parents who responded to the survey are representative of the general CRC population in most areas. We observed no significant difference among the children of survey respondents and non-respondents in terms of gender, age, race, legal status, or street experience.

The secure CRC youth with a caretaker responding to the survey was more likely to be released to a parent and live in a two-parent household compared with other secure CRC youth. While these differences should be considered when interpreting the survey results, the survey findings discussed in this report may still serve as a reasonably reliable indicator of the viewpoints of adults responsible for secure CRC youth.