

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

**Second Interim Report:
First Two Program Years**

Anita Kay

March 2002

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WASHINGTON STATE INSTITUTE FOR PUBLIC POLICY

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The Institute wishes to thank the staff of HOPE Centers and Responsible Living Skills Programs for their many hours of contribution to this evaluation. This report is largely based on the records they prepare each month and would not have been possible without their assistance.

Linda Rinaldi and Sylvie McGee, consultants, and Mason Burley and Margo Theine of the Institute also assisted with this report.

EXECUTIVE SUMMARY

In 1999, the Washington State Legislature passed the HOPE Act, establishing two new service programs for older street youth who have no family support and for whom foster placements have not been successful. **HOPE Centers** are residential facilities where youth may stay for up to 30 days while being evaluated for appropriate placement, education, and treatment services, including family reconciliation if possible. **Responsible Living Skills Programs (RLSPs)** provide long-term residential placement and assistance in obtaining educational and health services along with training in independent living skills.

The Legislature directed the Washington State Institute for Public Policy (Institute) to evaluate HOPE Act programs, focusing on characteristics of youth served, services provided, and outcomes of participation. This second interim report is based on entry, exit and services data from service providers and on interviews conducted with program staff and clients. The Institute's final report will be presented to the Legislature by December 1, 2002.

Key Findings

Implementation Issues

- Following a slow start, HOPE Centers are now in line with an adjusted implementation schedule and RLSPs are slightly behind schedule. By the end of 2001, nine HOPE Centers were providing a total of 31 beds, and five RLSPs were providing 21 beds.
- In the first two program years, HOPE Centers served 251 youth, and RLSPs served 52 youth.
- While occupancy of HOPE Centers increased slightly over the first two-year period, it remained low. The occupancy rate for the last six months of 2001 was 36 percent. State program managers and service agency staff have been working to clarify program definitions and to increase outreach.
- Occupancy of RLSPs has steadily increased to a rate of 70 percent for the last six months of 2001. More beds are being added in early and mid-2002. At the same time, funding issues influenced one provider to discontinue services in early 2002.

Characteristics of Youth Served

- Forty percent of youth served in HOPE Centers were under age 16. Many youth placed in HOPE Centers during the first two years were more similar to youth served in Crisis Residential Centers (CRCs) than to older street youth for whom HOPE programs are intended.
- Eighty percent of youth in RLSPs were between the ages of 16 and 18, and 20 percent were admitted under a HOPE Act provision allowing conditional placement of 14- and 15-year-olds. No youth under age 14 were admitted to RLSPs.

Services Provided

- The most common service needs assessed in HOPE Centers were physical health care, outpatient mental health care, and outpatient alcohol and drug treatment. The most common service needs in RLSPs were training in daily living skills and job training.
- An estimated three-fourths of all youth admitted to HOPE Centers received some level of needs assessment, and half received some level of services.
- HOPE Center staff often had to request extensions of stays, primarily because residential placements were not available at the end of 30 days. Program data show that about one-fifth of all HOPE Center stays lasted longer than 30 days. In addition, staff were often unable to complete assessments and provide linkage to services within one month.

Outcomes

- Following their stays, about 40 percent of HOPE Center youth went to homes of families, friends, or foster care providers; 11 percent (27 youth) transferred to RLSPs. However, 26 percent ran away, and another 23 percent went to temporary locations such as treatment facilities, juvenile justice facilities, CRCs, and shelters.
- Of 44 youth who exited from RLSPs, 19 (40 percent) ran away from the facility. Nearly one-fourth went to foster or group homes.
- Because of limited data obtained for this interim report and the short time elapsed since HOPE Act programs were created, long-term outcomes could not yet be evaluated. However, 40 HOPE Center youth and 25 RLSP youth provided feedback in interviews. Most youth interviewed reported the programs helped them in some way. However, many youth who stayed in HOPE Centers reported their stays were too short, and most indicated they did not have a plan when they left for how to manage afterward.

Next Steps

During 2002, the Institute will:

- Through June 2002, continue collecting and analyzing program data, as well as interviewing program staff and youth.
- After June, obtain data from state agencies to assess possible effects of the programs on youths' residential stability, alcohol and drug use, education, criminal behavior, and employment.
- Report study findings by December 1, 2002.

I. BACKGROUND

Legislative Intent

Following the 1995 passage of Washington’s “Becca Bill,”¹ advocates for homeless and runaway youth informed the Washington State Legislature that new programs focused on family reunification failed to address the needs of older homeless youth who did not have family homes to return to and who were difficult to place in foster care. Advocates also alleged that an estimated one-third of older street youth were state dependents, and the state had a responsibility to assist them in getting off the street and acquiring independent living skills.

In response, the 1999 Legislature passed the HOPE Act, which included the following statement of intent:

Every day many youth in this state seek shelter out on the street. A nurturing nuclear family does not exist for them, and state-sponsored alternatives such as foster homes do not meet the demand and isolate youth, who feel like outsiders in families not their own. The legislature recognizes the need to develop placement alternatives for dependent youth ages sixteen to eighteen, who are living on the street. The HOPE act is an effort to engage youth and provide them access to services through development of life skills in a setting that supports them.²

The HOPE Act created two new types of service programs: HOPE Centers and Responsible Living Skills Programs (RLSPs).

HOPE Centers are temporary residential facilities where youth can stay for up to 30 days while being evaluated for appropriate placement, education, and treatment services, including family reconciliation, if appropriate.

Responsible Living Skills Programs provide both residential placement and transitional living services to older state-dependent youth whose previous foster care placements have been unsuccessful.

The 1999–2001 state budget included a plan for phasing in 75 HOPE Center beds and 75 RLSP beds by the end of fiscal year 2003. Funding for chemical dependency assessment services was also included. However, the 2001–2003 state budget did not approve funds to continue adding HOPE Center beds beyond the 2001 level.

¹ Chapter 312, Laws of 1995

² RCW 74.15.900

Evaluation of HOPE Act Programs

The Legislature directed the Institute as follows:

The Washington state institute for public policy shall review the effectiveness of the HOPE centers and the responsible living skills programs. The study shall include the characteristics of the youth being served, the services offered to participating youth, the success of permanent placement of youth, the number of youth participating in each program, the number of youth who successfully complete the responsible living skills program, educational achievement of participants, employment history of participants, the outcomes for youth who have progressed through the programs, and other measures that the institute deems helpful in determining the measurable outcomes of sections 10 through 26 of this act. The review shall be submitted to the legislature and the governor not later than December 1, 2001.³

Implementation of both programs took longer than expected, resulting in a lower number of participants than anticipated. In early 2001, the Legislature extended the evaluation in order to include more participants in a final report due December 1, 2002.

This second interim report⁴ provides an overview of the first two years of HOPE Act programs and a preview of the final report.

Scope and Limitations

The Institute's evaluation 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 are the outcomes of participating in HOPE Centers and RLSPs?

This report is based on monthly entry and exit reports from HOPE Centers and RLSPs, interviews with youth who have stayed in the programs, and interviews with caseworkers and service providers. Information from criminal justice, social services, education, employment, and health databases was not obtained for this interim report but will be included in our final report. Outcomes will be limited to those that can be measured in the relatively short time that HOPE Act programs have been in operation.

³ Chapter 267, Section 24, Laws of 1999

⁴ See the first interim report: Barbara McLain, *Evaluation of the HOPE Act: New State Services for Street Youth, Interim Report* (Olympia, WA: Washington State Institute for Public Policy, January 2001).

II. HOPE CENTERS

Introduction

HOPE Centers are temporary residential facilities where youth can stay for up to 30 days while being evaluated for appropriate placement, education, and treatment services, including family reconciliation, if appropriate. Typically, youth are referred to HOPE Centers by caseworkers from the state Department of Social and Health Services (DSHS), Division of Children and Family Services (DCFS), or law enforcement personnel. They also may be referred by another adult, such as a teacher or school counselor, or they may come to a HOPE Center on their own.

HOPE Center staff assess each youth's legal dependency and runaway status upon entry, and they assist either in returning youth to a legally authorized residence or in obtaining authorization for out-of-home placement. Each center is required to employ a well-qualified Placement and Liaison Specialist (PALS) to oversee assessments and provision of services.

Implementation Progress

As of January 2002, the number of HOPE Centers and beds is on target with adjusted state funding levels. However, occupancy rates have remained low.

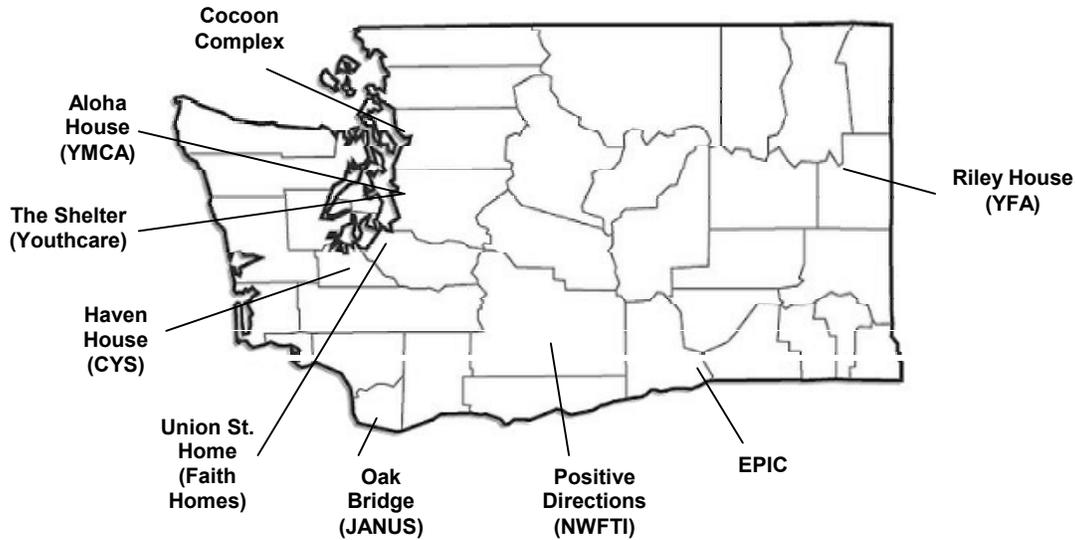
Beds. The 1999–2001 biennial budget outlined funding plans for 75 HOPE Center beds to be phased in between 2000 and 2003. During 2001, program administrators learned funding had been capped, and the rollout stopped in mid-year. This is reflected in Exhibit 1, showing planned and actual implementation of HOPE beds through December 2001.

Exhibit 1
HOPE Center Beds

Calendar Year	Per Half-Year Period		Cumulative	
	Planned	Implemented	Planned	Implemented
First Half 2000	10	10	10	10
Second Half 2000	9	9	19	19
First Half 2001	10	14	29	33
Second Half 2001	0	-2	29	31

HOPE Center beds currently are distributed among nine service providers located throughout the state (see Exhibit 2).

**Exhibit 2
Locations of HOPE Centers**



Program managers have adjusted the number of beds in two HOPE Centers to better match demand, while the number of beds allocated to the other seven centers have remained the same since startup. While some centers began admitting youth right away, it took up to five months for other centers to receive their first clients.

**Exhibit 3
Beds Allocated in HOPE Centers**

HOPE Center	Number of Beds	Date of Allocation or Change	Date First Client(s) Admitted
Aloha House (YMCA), Seattle	4 5	July 2000 January 2001	December 2000
Cocoon Complex, Everett	2	January 2001	February 2001
EPIC, Kennewick	5	March 2001	March 2001
Haven House (CYS), Olympia	2	January 2000	March 2000
Oak Bridge (JANUS), Vancouver	3	January 2000	March 2000
Positive Directions (NWFTI), Yakima	4	February 2001	March 2001
Riley House (YFA), Spokane	5 3	January 2000 September 2001	March 2000
The Shelter (Youthcare), Seattle	5	July 2000	September 2000
Union St. Home (Faith Homes), Tacoma	2	January 2001	March 2001

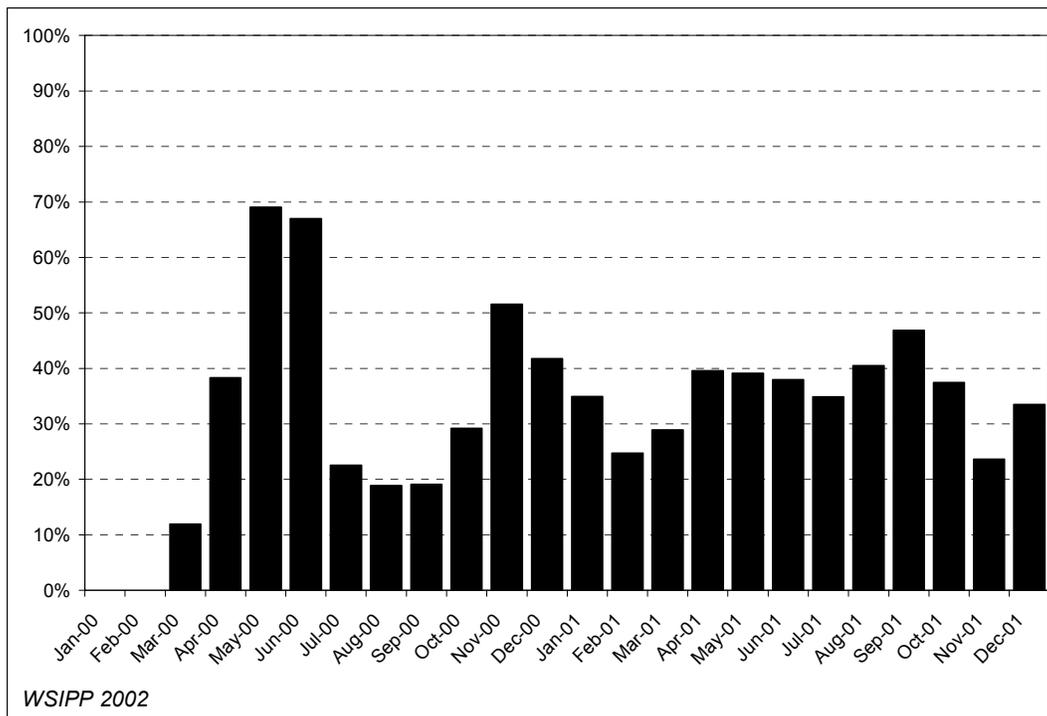
Number of Youth Served. As of December 31, 2001, there were 279 admissions to and 272 exits from HOPE Centers, and seven youth were in residence. The centers served 251 youth. Twenty-six youth stayed in a HOPE Center twice, and two youth had three stays.

Occupancy. HOPE Centers are paid \$3,314 per month for each bed, whether or not the bed is occupied. In this report, occupancy rates of HOPE Centers are calculated in terms of “bed nights.” The number of bed nights available per month is determined by multiplying the number of HOPE Center beds by the number of days in the month. The occupancy rate is the percentage of bed nights actually used.

Based on the schedule and bed allocations shown in Exhibit 3, the state provided for 16,698 bed nights during the first two program years. According to monthly entry and exit forms, a total of 5,659 bed nights were actually used.

At the end of two program years, the total occupancy rate of all HOPE Centers was 34 percent, lower than occupancy rates for semi-secure Crisis Residential Centers (60 to 70 percent) and secure Crisis Residential Centers (40 to 50 percent),⁵ and for Responsible Living Skills Programs (51 percent). The occupancy rate for the second program year (35 percent) was slightly higher than that for the first year (31 percent).

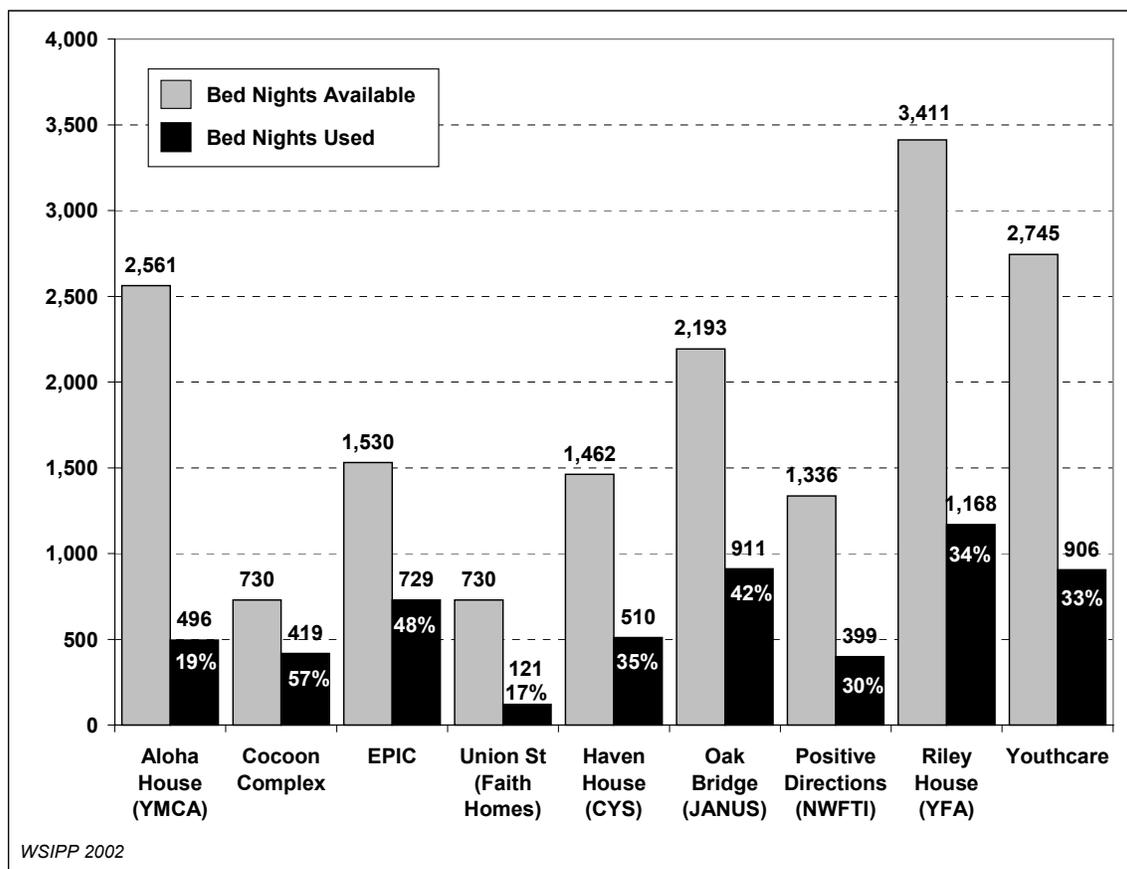
Exhibit 4
Combined Monthly Occupancy Rates of Hope Centers



⁵ Mason Burley and Jim Mayfield, *At-Risk and Runaway Youth in Washington State: Outcomes for Youth Admitted to Secure Crisis Residential Centers and Mandatory Chemical Dependency Treatment* (Olympia, WA: Washington State Institute for Public Policy, December 2001).

Overall occupancy rates of individual providers ranged from 17 percent to 57 percent. Factors that may have contributed to low occupancy rates will be discussed later in this report (see page 13).

Exhibit 5
HOPE Center Utilization Rates by Provider



What Are Characteristics of Youth Served by HOPE Centers?

Characteristics of youth served are of interest in determining whether HOPE Centers have been reaching the population intended by the HOPE Act and whether youth served have been different from youth in other programs, including Crisis Residential Centers (CRCs).

The HOPE Act defines a street youth as “a person under the age of eighteen who lives outdoors or in another unsafe location not intended for occupancy by the minor and who is not residing with his or her parent or at his or her legally authorized residence.”⁶ Typically, street youth move from place to place, sleeping outdoors, in buildings or other structures not designed for human occupation, or sleeping temporarily on couches or floors in others’ homes (referred to as “couch surfing”). They also commonly have stopped attending school and spend much of their time away from adult supervision. HOPE Centers are

⁶ RCW 74.15.020 (8)

intended primarily for older street youth ages 16 to 18 who are unable to return to their families.

In contrast, CRCs provide short stays for youth between the ages of 12 and 17 who have run away from parental or foster homes or court-ordered placements, or who have been found by law enforcement officers in dangerous circumstances or in violation of curfews. A primary goal of CRCs is reunifying youth with families.

Age. On average, HOPE Center youth were over one year older than youth in CRCs. While the average youth in a CRC was 14.7 years old,⁷ the average HOPE Center youth was 16.1 years old. At the same time, we found that 42 percent of all HOPE Center clients were younger than the intended population of 16- to 18-year-olds, and youth as young as age 12 were admitted.

Gender. HOPE Center youth were 54 percent female and 46 percent male, similar to a sample of youth served in semi-secure CRCs in 2000.⁸

Ethnicity. Data on ethnicity was missing for 53 HOPE Center youth. Of 198 youth for which ethnicity was reported, HOPE Center staff classified 139 youth as White, 14 as Black, 11 as Native American, 18 as Hispanic, 2 as Asian, and 14 as multi-ethnic.

Education. Of 212 HOPE Center youth for whom education information was provided, approximately 60 percent were enrolled in some type of educational program upon entering the center. The average HOPE Center youth had completed 9th grade. Half the youth not currently enrolled had been out of school for less than three months (no adjustment was made for school vacation periods).

Homeless Experience. Data provided for 215 of 279 HOPE admissions suggest about three times more youth came to HOPE Centers from being homeless (on the street or couch surfing) or in temporary living situations (detention, treatment program, shelters, CRCs) than from long-term residence with family, friends, or foster care providers. In comparison, at least three times more CRC youth came from family, foster, or group homes than from homeless or temporary situations.⁹

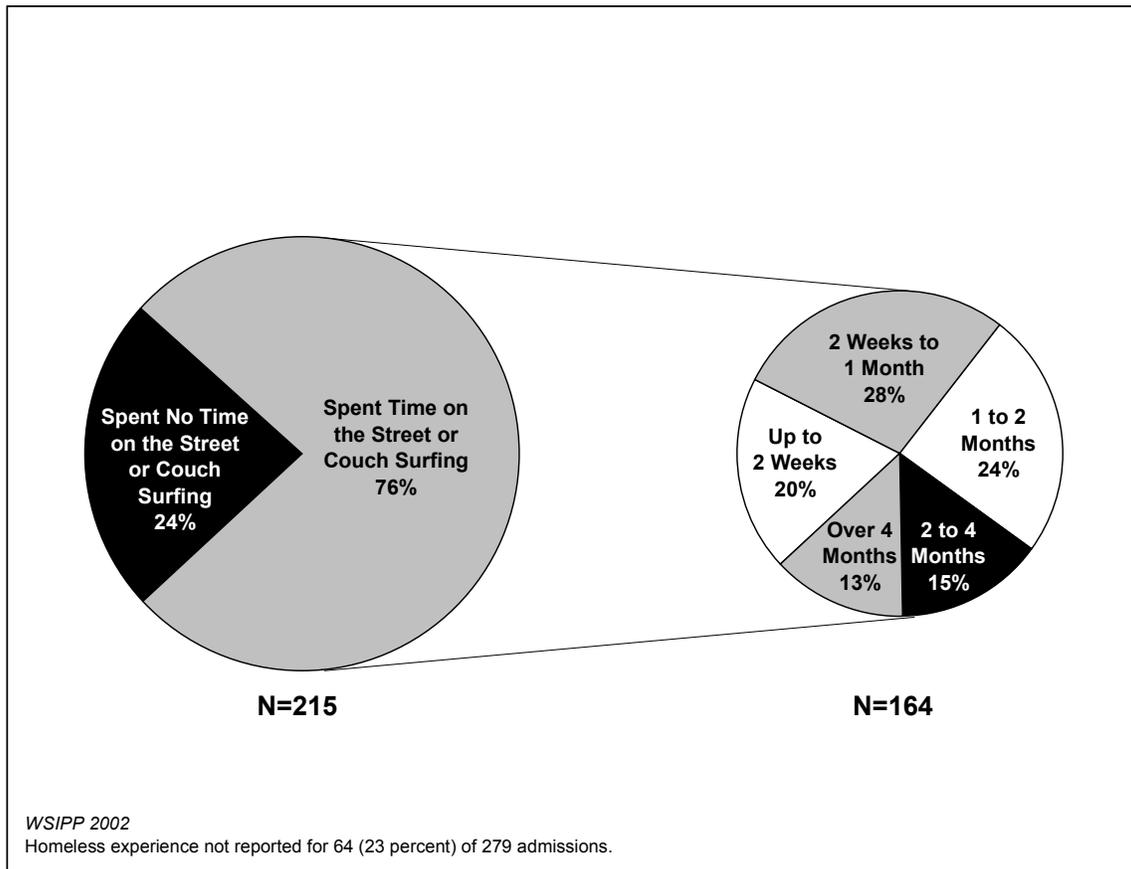
At the same time, not all youth admitted to HOPE Centers could be described as “street youth.” At least 51 out of 279 youth admitted (24 percent) had not spent any time couch surfing or on the street in the six months before their HOPE stays.

⁷Based on CRC data extracted for and reported in *Evaluation of the HOPE Act: New State Services for Street Youth, Interim Report* (Olympia, WA: Washington State Institute for Public Policy, January 2001).

⁸Ibid.

⁹Ibid.

Exhibit 6
Homelessness Six Months Prior to Admission
(Percent of Cases Reported)



Number of Stays in CRCs. Entry forms indicated at least 101 youth, or about one-third of all admissions, came to HOPE Centers directly from CRCs. Over half of 251 youth served (141) had been in a CRC at least once. Thirty-four youth had been in CRCs from three to five times, and 12 youth had more than five CRC stays. The group of youth with three or more stays was 61 percent female and 39 percent male, similar to the population of secure CRCs.¹⁰ More than half the youth with numerous CRC stays ran away from HOPE Centers.

What Services Were Provided Through HOPE Centers?

Needs and Services. Exhibit 7 summarizes data provided by HOPE Centers on needs assessed and services provided in the first two program years. Most youth who were assessed had multiple needs. Within the category of physical health care, program staff indicated they frequently encountered needs for maternity care, birth control services, and eye care.

¹⁰ Mason Burley and Jim Mayfield, *At-Risk and Runaway Youth in Washington State: Outcomes for Youth Admitted to Secure Crisis Residential Centers and Mandatory Chemical Dependency Treatment* (Olympia, WA: Washington State Institute for Public Policy, December 2001), 10.

Program records indicated some level of assessment was conducted during at least three-fourths of HOPE admissions, and roughly half of all admissions included some level of service provision. When services could not be delivered within 30 days, program staff attempted to have youth scheduled for services when they exited. As might be expected, youth with very short stays (one week or less) received relatively fewer assessments and services than those with stays longer than one week.

Exhibit 7
Needs Assessed and Services Provided by HOPE Centers

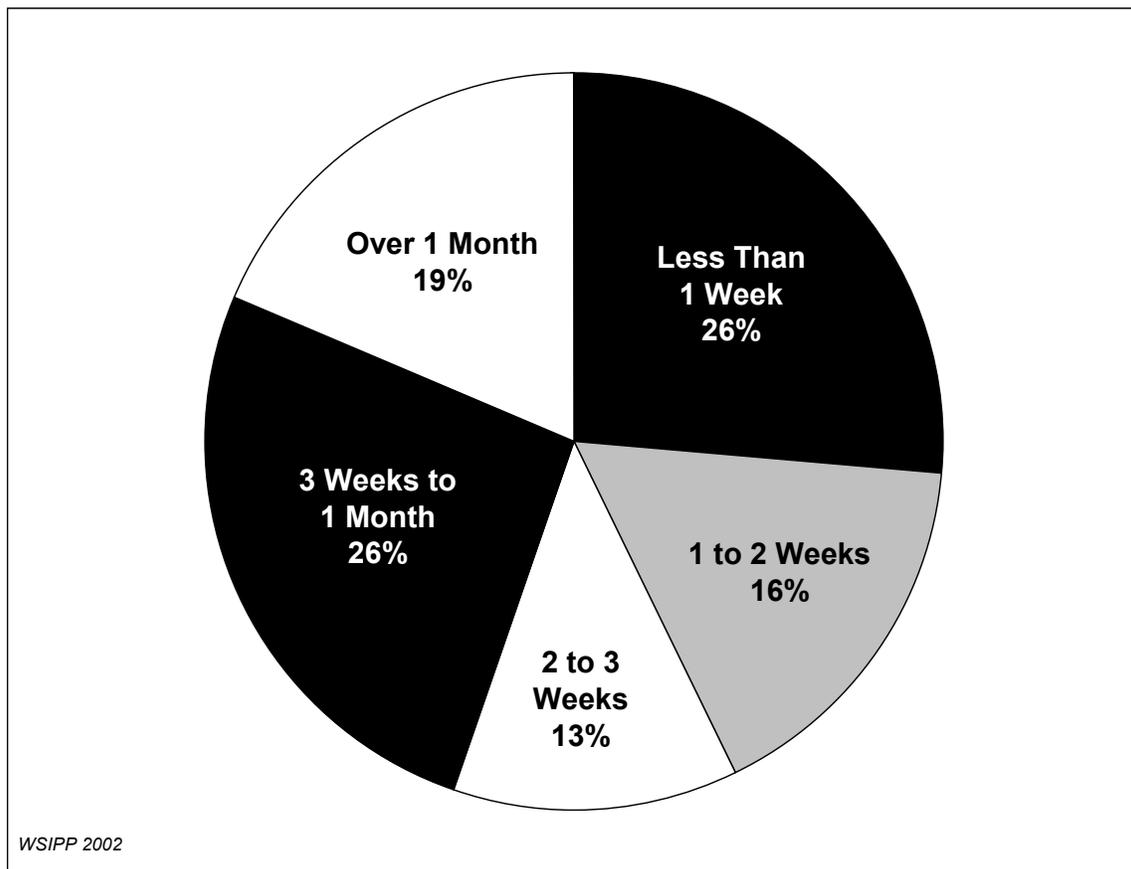
Service Type	Needed	Received Before Exit	Scheduled at Exit
Physical Health Care	159	58	9
Mental Health Care – Outpatient	129	30	34
Alcohol & Drug Treatment – Outpatient	122	34	23
Basic Education	114	6	58
Dental Care	110	27	14
Job Services	98	10	24
Family Reconciliation	89	15	28
Legal Services	42	3	6
Special Education	20	1	8
Alcohol & Drug Treatment – Inpatient	12	1	2
Mental Health Care – Inpatient	2	2	0
Totals	897	187	206

Besides lack of time, the major reasons for services not being provided were that clients declined them, the services were not available, or there was no way to pay for services.

Length of Stay. While youth were allowed to stay for 30 days in a HOPE Center, the average length of stay was only 19 days. As shown in Exhibit 8, while approximately one-fourth of HOPE stays were an adequate length for providing assessments and services (three weeks to one month), an equal proportion lasted less than one week. Common reasons for short stays included youth running away, being moved to other programs or facilities, or returning to family or foster homes.

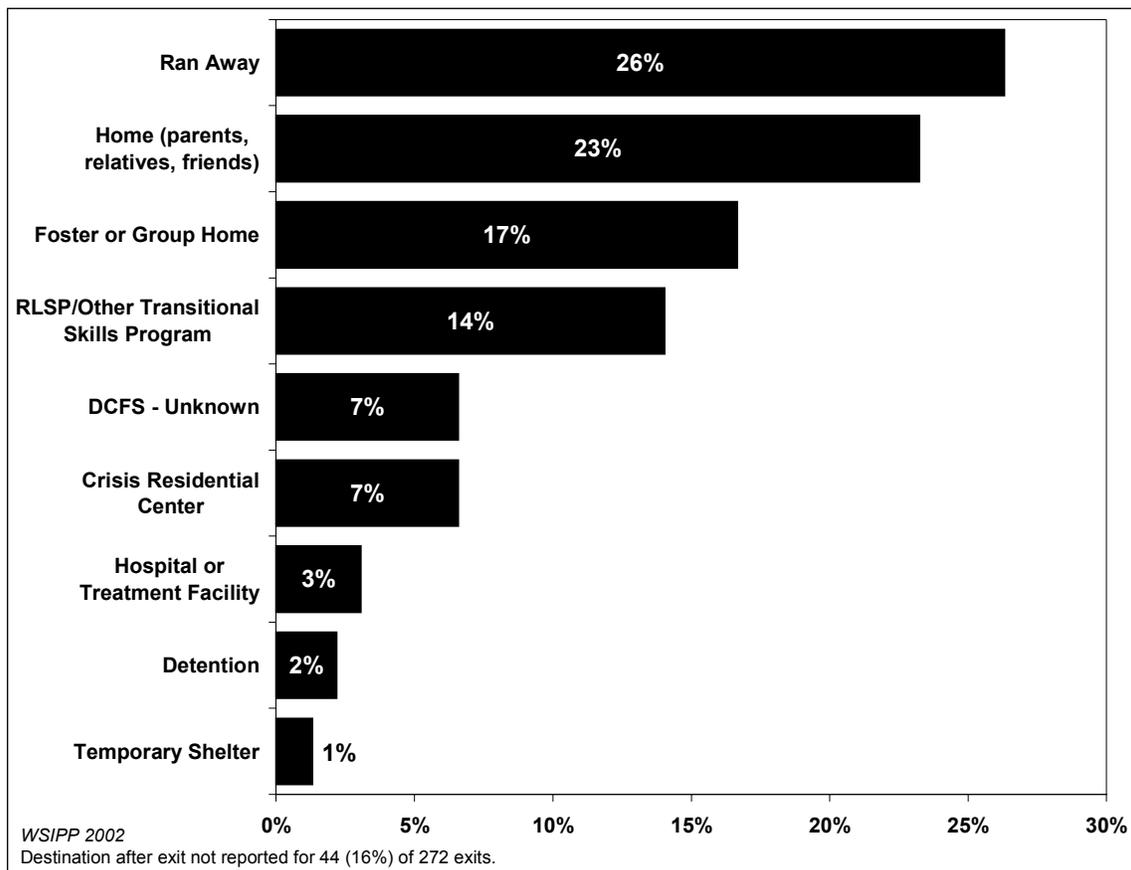
The HOPE Act allows stays to be extended if no residential placement is available at the end of 30 days. One-fifth of all stays were extended beyond 30 days, with nine stays lasting between two and four months.

Exhibit 8
How Long Did Youth Stay in HOPE Centers?



Destination Following HOPE Center Stay. Exit destinations were documented for 228 of 272 exited clients. Slightly over half of those reported went to family or friends' homes, to foster or group homes, or to transitional living programs including RLSPs. However, one-fourth ran away and one-fourth went to temporary living situations, including treatment facilities, juvenile justice facilities, CRCs, and shelters.

Exhibit 9
Where Did HOPE Center Youth Go?



Implementation Issues and Outcomes of HOPE Centers

It is still too early to measure how effective HOPE Centers are in redirecting the life paths of older street youth. However, some issues of program performance have emerged that may affect outcomes.

Low Occupancy of HOPE Beds. In our first interim report (January 2000), we expected occupancy rates to increase with program experience. While occupancy did increase slightly during the second year, the two centers with the highest and lowest occupancy rates were in operation for the same time with the same number of beds. Program data and interviews with service providers and caseworkers suggested other possible factors affecting occupancy.

Regional Differences. Several HOPE Center coordinators suggested regional differences among older street youth and their living options caused variations among centers. Some staff indicated there were few older homeless youth in their service areas. Staff in other areas believed there were older street youth in their communities who did not access HOPE Centers because they were not aware of the program or because they avoided contact with social services agencies and legal authorities who could refer them to HOPE Centers. Program staff in Seattle and Vancouver described youth living in or near large urban areas as having different social networks and shelter alternatives than youth in smaller communities and rural areas, which could affect their motivation to use HOPE Centers. During 2001, staff in every center reported planning and conducting outreach activities to fit the youth in their areas.

Level of Agreement in Making Placement Decisions. In interviews, we learned there was sometimes disagreement among state caseworkers and service providers about whether youth were eligible for placement if they were living anywhere other than on the street. Some caseworkers and providers believed if a youth had nowhere else to go, placement in a HOPE Center should be allowed to prevent homelessness and its associated dangers. Other caseworkers and providers were concerned that such a practice would result in routinely using HOPE Centers as overflow crisis centers and could restrict bed availability for more appropriate placements; they insisted youth should be homeless before being placed. Reportedly, placements were fewer in centers where state caseworkers and service providers frequently disagreed about eligibility requirements.

Clarification of Self-Referrals. Early in 2001, state program managers obtained legal clarification that youth could self-refer to HOPE Centers, and training was conducted for state caseworkers and service providers to explain eligibility requirements. However, in September 2001, we found during interviews with service providers that many had not yet begun allowing youth to self-refer and that there had been few attempts by youth to self-refer.

Staff Turnover and Competition Among Agencies. In programs with high staff turnover, the need to retrain program coordinators and re-establish working relationships with referring agencies was reported as affecting occupancy. Competition for referrals among several youth service agencies also was cited as a problem for some centers.

HOPE Centers as Referral Sources for RLSPs. Low occupancy in some HOPE Centers may have been related to a requirement for youth to stay in a HOPE Center or CRC before being admitted to an RLSP. Agencies were paid for HOPE beds regardless of occupancy, but they were not paid for supplying RLSP beds unless the beds were occupied. Therefore, there was a potential financial incentive for agencies with both types of beds to move youth rapidly from HOPE beds into RLSP beds, leaving HOPE beds unoccupied. Entry and exit data indicated some youth were moved very quickly to an RLSP, sometimes within one day of being admitted to the HOPE Center.

Is 30 Days Long Enough? By statute, youth may stay up to 30 days in a HOPE Center while being assessed and linked to services. Extensions beyond 30 days may be approved by DSHS if no long-term placement option is available at the end of 30 days, but not because assessments and services have not been completed.

Providers reported time needs varied, but 30 days often was not long enough to serve HOPE Center clients. Staff at all nine centers indicated they “sometimes” or “often” requested extensions. Entrance and exit forms indicated 51 stays, or about one-fifth of all stays, were longer than 30 days. These long stays averaged 45 days and ranged from 31 to 122 days.

All staff interviewed suggested 45- or 60-day time limits would be more realistic for what they were expected to accomplish during a HOPE Center stay. A few staff noted 30 days usually was long enough to “weed out” youth who were intent on running away, but not long enough to fully serve youth who stayed.

Coordinators from three centers mentioned delays in response from state caseworkers as their primary barrier to arranging needed services within 30 days. Some coordinators reported it was unlikely that medical and mental health services could be accessed in their communities within one month. About half the staff interviewed reported 30 days often was not enough to stabilize clients or establish a sufficient level of trust and engagement in the program. Coordinators at agencies without long-term residential programs that could accept HOPE Center youth indicated their biggest concern was DSHS’s inability to locate other placements after 30 days.

As of November 2001, 40 youth had been interviewed about their stays in HOPE Centers. Most indicated they were helped in some way, and 16 youth felt the amount of time they stayed in the HOPE Center was about right. However, 19 indicated their stay was too short, and only 15 out of 40 youth interviewed reported they had a plan when they exited for how to manage afterward.

Were HOPE Beds Used for the Intended Population? As described earlier in this report, many HOPE Center youth did not fit the description of “older street youth” but instead appeared similar to the service populations of CRCs, a major source of referrals to HOPE Centers. Of 224 admissions for which reason for referral was provided, over half indicated “no place else to go” and “reconnect with parents/relatives,” reasons more consistent with CRCs than with HOPE Centers. Only one-fourth of HOPE Center clients were described as wanting to get into an independent living skills program or to get off the streets permanently.

At the same time, low occupancy rates and interviews with service providers indicated older street youth with no family support were not being turned away due to lack of bed availability. For example, coordinators at two centers reported state caseworkers frequently asked to use their HOPE beds as “holding beds,” but added they had yet to turn away a more qualified youth because beds were full.

Did Older Street Youth Choose to Stay? HOPE Act programs were created based on the premise that older street youth would be willing to stay in a supervised placement in order to receive help with housing, educational and treatment services, and skills necessary to become more self-sufficient. We do not know how many older street youth resided in Washington in the last two years, and therefore we cannot estimate what proportion elected to use HOPE Centers. However, based on entry and exit data, we were able to assess whether older street youth chose to stay in the program once admitted.

We identified 104 HOPE Center youth ages 16 to 18 who reportedly spent from one week to over four months on the street or couch surfing within the six months prior to coming to a HOPE Center. Over half were referred from CRCs or juvenile justice facilities. Of those youth who came from home environments, most were residing with friends or unrelated adults rather than family or foster care providers. On average, these youth had a 10th grade education, and 40 percent were not enrolled in school. Thus, they generally fit the description of older street youth.

Thirty-three of these 104 older street youth stayed in the HOPE Center for less than a week; of these, 14, or nearly half, exited by running away. However, 45 of these youth (43 percent) stayed three weeks or more. Of those who stayed, needs assessments were documented for all but one, and service provision or linkage was documented for all but eight. Only four of the 45 youth with long stays eventually ran away from the HOPE Center. Upon exit, nearly one-third went to reside with friends or unrelated adults, relatives or parents, or foster homes or group homes. Three went to CRCs, and two went to juvenile justice facilities. Four youth went to an RLSP, none of whom ran away from the RLSP.

Therefore, it appears HOPE Centers were able to engage some older street youth in services. However, it is still too early to determine long-term effects on these youths' lives.

Summary: HOPE Centers

Implementation Progress. The number of HOPE Center beds implemented is in line with adjusted funding levels. In the first two program years, there were 279 admissions, and 251 youth were served (28 youth stayed more than once). The annual occupancy rate has been 35 percent or less due to a number of factors. Service providers are conducting outreach to fit the characteristics and needs of youth in their communities. State program staff and service providers have been working to clarify eligibility and redistribute services to fit demand.

Characteristics of Youth Served. Needs assessments and other data indicated youth served in HOPE Centers were a troubled, at-risk group, but many could not be described as "older street youth." While approximately 60 percent of HOPE Center youth were 16 to 18 years old, 40 percent were younger than the population intended by the HOPE Act. A few youth were as young as age 12.

About three times more youth came to HOPE Centers from homeless or temporary living situations than from permanent placements. At least one-fourth of HOPE Center youth spent no time on the street or couch surfing within the six months prior to their stay, and over half were enrolled in school at the time of entry. Over one-fourth of admitted clients ran away from HOPE Centers.

Data on client characteristics and length of stay, compared with interviews with service providers and caseworkers, indicated HOPE beds were often used as crisis services or as "holding beds" during the first two program years. At the same time, we were able to identify a small group of older street youth who stayed in HOPE Centers long enough to receive assessments and services, and low bed occupancy rates and interviews with

service providers suggested older street youth were not prevented from being placed because beds were full. As centers increase their efforts to develop new referral sources, and as DSHS continues to work with caseworkers and service providers to clarify program eligibility, it will be important to reassess these issues.

Services Provided. At least three-fourths of 279 admissions included some level of needs assessment, and at least half included some level of service coordination or provision. Services most needed were physical health care, outpatient mental health care, and outpatient alcohol and drug treatment.

Implementation Issues and Outcomes. Both service providers and HOPE Center clients indicated 30 days often was not long enough to fully provide assessments and services. About one-fifth of all HOPE stays were extended because no residential placement was available at the end of 30 days. Of 40 youth who were interviewed, fewer than half reported having a plan for how to manage after leaving the HOPE Center.

It is still too early to tell how effective HOPE Centers will be, in the long term, as an intervention for older street youth with no families. As program development continues, performance measures can be used to identify issues that may affect program outcomes.

III. RESPONSIBLE LIVING SKILLS PROGRAMS

Responsible Living Skills Programs (RLSPs) provide long-term housing, assessment, and life skills training to youth ages 16 to 18 who are state-dependent, who are not returning to their families, and who have been unsuccessful in foster care. The age requirement may be waived for 14- and 15-year-old youth if they meet other program requirements, no other placement is available, and DSHS approves the admission.

Youth typically are referred to RLSPs through HOPE Centers or CRCs. Once admitted, they may stay until their 18th birthday. They are required to obey facility rules and work on their independent living skills plans, and their progress is regularly assessed by staff.

Update on Implementation

In January 2001, we reported that the phase-in of RLSP beds was proceeding more slowly than established by statute. By the end of 2001, the number of beds implemented was still fewer than planned. In late 2001, program managers were adding more beds, and funding was approved to add seven more beds by July 2002, for a total of 44 beds. At the same time, one service provider decided to stop offering services because of funding issues.

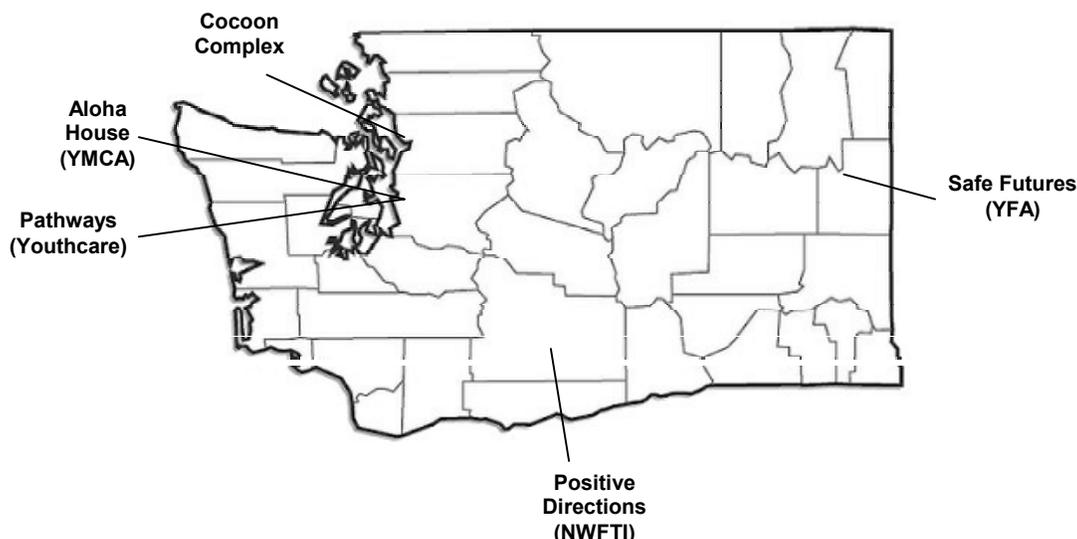
Beds. Exhibit 10 compares planned and actual implementations of RLSP beds.

Exhibit 10
Responsible Living Skills Program Beds

Time Period	Per Half-Year Period		Cumulative	
	Planned	Implemented	Planned	Implemented
First Half 2000	10	10	10	10
Second Half 2000	9	12	19	22
First Half 2001	10	-1	29	21
Second Half 2001	8	0	37	21

RLSP beds are distributed among five service providers located around the state (see Exhibit 11).

Exhibit 11
Locations of Responsible Living Skills Programs



Program administrators have adjusted the numbers of beds in two programs to better match demand. It took RLSPs between one and six months to receive their first clients.

Exhibit 12
Beds Allocated to Responsible Living Skills Programs

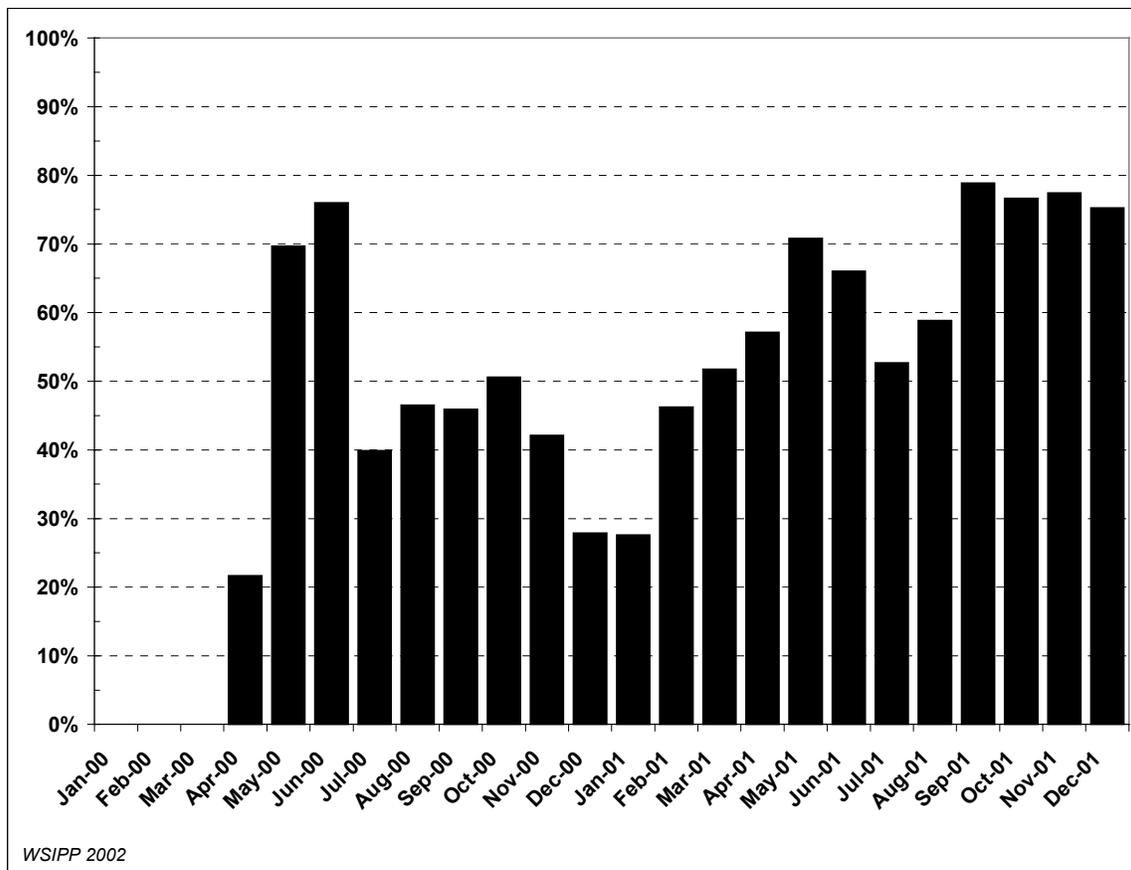
RLSP	Beds	Date of Allocation or Change	Date First Client(s) Admitted
Aloha House (YMCA), Seattle	4 5	July 2000 January 2001	January 2001
Cocoon Complex, Everett	2	January 2001	February 2001
Pathways (Youthcare), Seattle	5	July 2000	January 2001
Positive Directions (NWFTI), Yakima	5 8 4	January 2000 September 2000 February 2001	April 2000
Safe Futures (YFA), Spokane	5	January 2000	April 2000

Number of Youth Served. Entry and exit forms received from the five RLSPs documented 58 admissions, 43 exits, and 15 youth in residence as of December 31, 2001. The unduplicated number of youth served by RLSPs was 52; six youth stayed in an RLSP twice.

Occupancy. Service providers are paid \$3,063 per month for each **occupied** RLSP bed, unlike HOPE Center beds that are funded regardless of occupancy. Payments are prorated for partial occupancy. For this evaluation, rates of RLSP beds are calculated in terms of “bed nights.” The number of bed nights available per month is determined by multiplying the number of RLSP beds by the number of days in each month, and the occupancy rate is the percentage of bed nights used.

Based on the implementation schedule shown in Exhibit 12, RLSPs supplied 13,471 bed nights from January 2000 through December 2001. According to entry and exit forms, a total of 6,928 bed nights were used, for an overall occupancy rate of 51 percent. After the first three months during which no RLSP clients were admitted, monthly occupancy rates varied from 22 percent to 79 percent (Exhibit 13).

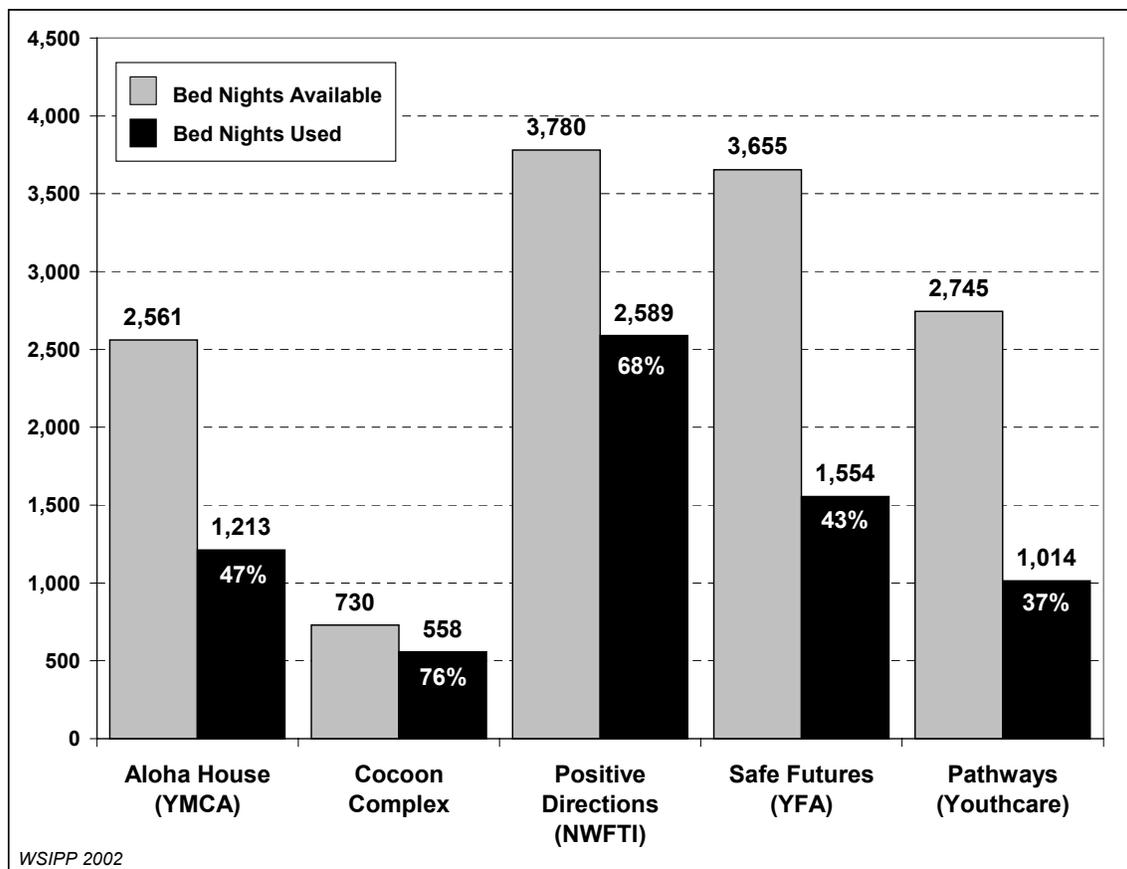
Exhibit 13
Combined Monthly Occupancy Rates of RLSPs



The occupancy rate for RLSPs in the second year (61 percent) was much higher than that for the first year (38 percent), and average occupancy for the last six months of 2001 was 70 percent. However, because of the long-term nature of the program, the total number of residents occupying RLSP beds could be expected to increase during the first one to two program years.

Occupancy rates for individual providers for the second program year ranged from 37 percent to 76 percent (see Exhibit 14).

Exhibit 14
RLSP Bed Utilization Rates by Provider



What Are Characteristics of Youth Served by RLSPs?

Age, Gender, and Ethnicity. The average age at admission to RLSPs was 16.7 years, with most youth between 16 and 18 years old. About one-fifth were 14 or 15 years old, but there were no clients under age 14, in compliance with the HOPE Act.

Of the 52 youth served, slightly over half (27) were female. Ethnicity was not indicated for 15 clients, but 20 youth were categorized as White, 3 as Black, 2 as Native American, 7 as Hispanic, and 5 as multi-ethnic; no Asian clients were reported.

Education. Education information was provided for 42 of 58 admissions. On average, RLSP youth had completed 9th grade. Three youth already had a high school diploma or a GED when they were admitted. Of youth who had not yet completed 12th grade, 27 were enrolled in school when they entered the RLSP, and 12 (29 percent) were not. At exit, 21 youth were in some type of educational program; 12 were not. Five youth received high

school diplomas or general educational development (GED) certificates during their RLSP stays.

Employment Status. Entry forms indicated five youth had part-time jobs, and 38 did not have jobs when they entered the RLSP. Nine youth had jobs at exit, with eight working part-time (20 to 30 hours per week) and one youth working 40 hours per week. Twenty-seven youth did not have a job when they exited. Job status at exit was not reported for 14 youth.

Where Did RLSP Youth Come From? Twenty-seven youth, or almost half of all admissions, came from HOPE Centers. Another 22 youth were referred from foster or group home placements. Eight youth came from living on the street or from juvenile justice facilities, CRCs, inpatient treatment programs, or homes of friends or unrelated adults. Only one RLSP youth was living with a parent before admission.

How Long Did RLSP Youth Stay? For 43 youth exiting by December 31, 2001, stays averaged 106 days and ranged from one day to almost one year (342 days). Half the exited youth stayed in the program for two and a half months or less. The 15 youth in residence at the end of 2001 had been in the RLSP between 10 and 362 days.

Destinations After Exit. Destinations after RLSP were reported for 37 youth. Nineteen youth, or over half of those reported, ran away or were reported as homeless after leaving. These 19 youth stayed in the RLSP from one week to over six months. Program staff reported youth often left when they got a job or completed an educational diploma or certificate.

Exhibit 15
Destinations of Youth After RSLP

Destination at Exit	# of RLSP Youth
Ran away (unknown or went to CRC)	22
Foster care or group home	9
Living with parent(s), relatives, friends	3
Living on his/her own	2
Moved to another transitional skills program	1
Total	37

Destination not reported for 6 of 43 exited youth.

What Services Were Provided Through RLSPs?

Exhibit 16 lists needs assessed and services provided as documented by RLSP staff. Overall, services were provided in about half of instances where needs were determined.

RLSP staff were not asked to report why needed services were not provided and, due to missing data, it was not possible to accurately determine what proportion of all RLSP youth received services before exit. However, the variety and quantity of services documented indicates RLSPs provided much more than a place to live.

Exhibit 16
Needs Assessed and Services Provided by RLSPs

Training or Service Need	Number of Times Identified	Number of Times Provided
Vocational Training/Assistance	58	18
Daily Living Skills	45	28
Income Maintenance	41	18
Housing Know How	41	21
Dental Health Exam/Treatment	41	18
Physical Health Exam/Treatment	36	24
Interpersonal Skills	36	24
Basic Education	33	25
Significant Adult/Mentor	30	12
Mental Health-Outpatient	24	12
Alcohol/Drug Treatment-Outpatient	23	10
SSI & DDD Eligibility	6	2
Individual & Remedial Education Plan	5	4
Mental Health-Inpatient	0	0
Alcohol/Drug Treatment-Inpatient	0	0
Totals	419	216

Implementation Issues and Outcomes

After two program years, the number of youth who have used RLSPs is still relatively small, and data available for this report were limited. However, available data and interviews with RLSP staff and youth identified the following issues and results.

Funding Issues. At least two service providers reported problems with funding RLSPs. Providers were not paid by the state for staffing, facilities, and services unless RLSP beds were occupied. One service agency that initially had RLSP beds but no HOPE or CRC

beds could not place a sufficient number of RLSP clients to cover costs, due to having no referring HOPE Center or CRC. This problem eventually was solved by adding HOPE Center beds to the agency.

In early 2002, another agency decided not to continue providing HOPE Center and RLSP services due mainly to poor financial performance of the RLSP. This agency previously reported that few placements were approved by staff at their local DSHS office, who interpreted the HOPE Act as requiring youth to be on the street, not couch surfing or in any type of shelter, before placement. Few youth meeting this description were identified in the service area.

Interviews With Youth Who Stayed in RLSPs. While data from state agencies were not obtained for this report, some feedback was provided by 25 youth who agreed to be interviewed about their stays.

Most of the youth indicated their lives were different as a result of their RLSP stays in terms of greater stability, fewer problems with substance abuse and illegal activities, better school attendance, or gaining employment. Most youth attributed the difference to RLSP staff and the stability the program provided. Three-fourths of youth interviewed reported they would recommend RLSPs to others.

The most common goals youth had for their RLSP stays were to succeed in school, get a job and develop job skills, and learn how to live on their own. About half the youth interviewed had a plan for how they would manage after leaving the RLSP, and most who had a plan felt confident they could achieve it.

Summary: Responsible Living Skills Programs

Program Implementation. As of December 31, 2001, 21 RLSP beds had been established in five agencies. Of 13,471 bed nights provided, 6,928 (51 percent) were used. For the second half of 2001, average occupancy was 70 percent.

RLSPs had 58 admissions and 44 exits in the first two years. Fifty-two youth were served, with six youth staying in RLSPs twice.

Throughout the first two years, service providers and state program managers and caseworkers worked on clarifying program requirements, redistributing beds to improve occupancy and financial viability, and coordinating RLSP services with companion programs. Although occupancy improved at most sites and beds were being added in 2002, one agency stopped providing services due to poor financial results.

Characteristics of Youth Served. Approximately 80 percent of RLSP youth were between 16 and 18 years old at entry, and no youth under age 14 was admitted, in compliance with the HOPE Act. Nearly all RLSP youth came either through HOPE Centers or from foster or group home placements.

Services Provided. Due to missing data, it was not possible to accurately report what proportions of RLSP youth were assessed and received services during their stays. Overall, services were provided in response to about half of the needs identified.

Outcomes. Although about half of RLSP youth stayed less than three months, and nearly half exited by running away, most youth interviewed reported their stays helped them increase stability, reduce problems with substance abuse and illegal behavior, improve school attendance, or obtain employment. Five youth completed high school diplomas or GED certificates during their stays, and nearly twice as many youth had jobs when they exited as when they entered. However, we are unable yet to determine how many RLSP youth might have attained similar results during the same time period without RLSP support.

IV. NEXT STEPS IN EVALUATING HOPE ACT PROGRAMS

A final evaluation of the HOPE Act will be provided to the legislature by December 1, 2002.

The Institute will continue collecting and analyzing entry, exit, and services data from HOPE Centers and RLSPs through June 2002. Based on the number of admissions so far, we expect a final number of participants large enough to support useful evaluations of both programs.

In July, we will obtain updated data on social services, drug and alcohol treatment services, criminal history, education, and employment for youth who have stayed in HOPE Centers and RLSPs. These data will be combined with data provided by HOPE Centers and RLSPs to assess possible changes in youths' lives as a result of program participation. Our report will compare outcome measures for HOPE Act youth with measures for a matched sample of CRC youth who did not stay in HOPE Act programs.

In addition, we will continue interviewing as many youth as possible about their program experiences through June 2002. So far, we have located and gained interviews with nearly half of RLSP clients and with about 15 percent of HOPE Center clients. Based on this response, we anticipate the number of youth interviewed, and the considerable amount of information obtained in each interview, will be valuable in assessing outcomes of HOPE Act programs and youths' perceptions of the programs.