

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

**Roxanne Lieb  
With  
Mason Burley and Debra Fabritius**

**December 2002**



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**Washington State Institute for Public Policy**

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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 forms they submitted each month and would not have been possible without their assistance. Jim Mowrey from the Children’s Administration, Department of Social and Health Services, provided assistance for the duration of the study.

Mason Burley from Northwest Crime and Social Research conducted the analysis regarding outcomes of participants with the assistance of Laura Harmon from the Institute. Linda Rinaldi and Sylvie McGee, consultants, conducted the surveys of parents and youth. Barbara McLain, formerly of the Institute, played a key role in designing the study and producing an interim report.

## **RELATED INSTITUTE REPORTS**

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*Evaluation of the HOPE Act: New State Services for Street Youth: Interim Report* (January 2001), Document No. 01-01-3901.

*Who Uses Crisis Residential Centers in Washington State? Working Paper* (June 2001).

*Educational Attainment of Foster Youth: Achievement and Graduation Outcomes for Children in State Care* (November 2001), Document No. 01-11-3901.

*At-Risk and Runaway Youth in Washington State: Outcomes for Youth Admitted to Secure Crisis Residential Centers and Mandatory Chemical Dependency Treatment* (December 2001), Document No. 01-12-3902.

*Evaluation of the HOPE Act: New State Services for Street Youth: Second Interim Report: First Two Program Years* (March 2002), Document No. 02-03-3901.

## EXECUTIVE SUMMARY

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In 1999, the Washington State Legislature passed the HOPE Act, establishing two new service programs for older street youth who have no family support or 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 report is based on data collected between March 2000 and June 2002 in addition to interviews with program staff, regional administrators, youth, and parents. The evaluation is organized around three questions:

- What are the *characteristics* of youth served by HOPE Centers and RLSPs?
- What *services* are provided in these facilities?
- What are the *outcomes* for youth who reside in these facilities?

### HOPE Centers: How Often Were They Used?

Across the state, nine facilities provide 29 HOPE beds. During the study period, these HOPE Centers served 310 youth with an average length of stay of 22 days. The overall occupancy rate was 35 percent. Low occupancy rates were influenced by many factors, including youth choosing other living options, confusion and disagreements between providers and caseworkers about appropriate youth for these beds, and, in some areas, a potentially limited population of street youth.

### What Are The Characteristics of Youth Served by HOPE Centers?

- The majority (60 percent) of youth entering HOPE Centers were between 16 and 18. Slightly more than half the HOPE youth were female (56 percent).
- Most youth admitted to HOPE Centers could not be described as “street youth.” Over 60 percent had not spent any time “couch surfing” or on the street in the previous six months.
- A majority of youth entering the HOPE program were in the foster care program (60 percent). Over three-quarters had some prior involvement with the child welfare system, with 13 percent having 11 or more Child Protective Service (CPS) referrals.

- Many youth (28 percent) ran from the facility before resolution could be reached on their situation.

**What Services Are Provided by HOPE Centers?** HOPE Centers are intended to connect youth with appropriate services and treatment.

- 33 percent of HOPE youth received alcohol/drug assessment following their stay.
- 24 percent received outpatient mental health treatment during their stay.

**What Are the Outcomes for HOPE Youth?** The outcomes of HOPE youth were compared with outcomes for youth who spent time in a Crisis Residential Center (CRC). HOPE youth had more positive outcomes than CRC youth in four areas:

- Fewer school dropouts;
- Slightly higher wage gains for those employed;
- Lower crime involvement; and
- More likely to reach legal resolution of their living situations.

## **Responsible Living Skills Program (RLSP)**

Currently, facilities across the state provide 37 RLSP beds. The overall occupancy rate during the study period was 53 percent.

**What Are the Characteristics of Youth Served by RLSPs?**

- The average age at admission to an RLSP was 16.8 years; nearly 60 percent were male.
- Slightly more than half (54 percent) entered an RLSP from a HOPE Center.

**What Services Are Provided by RLSPs?** RLSPs reported the following as the most frequent services provided to youth:

- Daily living skills;
- Interpersonal skills; and
- Physical health exams/treatment.

**What Are the Outcomes for RLSP Youth?** RLSP youth showed the following positive outcomes following their stay:

- Youth were more likely to be employed (11 percent to 26 percent).



- When a youth exited an RLSP, a greater percentage (29 percent) were enrolled in community and technical colleges than at entry.
- 74 percent of youth established contact with a family member.

The eligibility requirements for RLSPs, in combination with expectations for motivational and behavioral restrictions, limited the number of youth suitable for the program. Approximately 80 percent of youth who entered an RLSP during the study period left the program because they either ran away, left after talking with staff, or were asked by staff to leave. However, for those youth who met the requirements and accepted the program expectations, RLSPs offered security and an opportunity to prepare for adulthood.

### **What Were the Costs for the State?**

Because of staffing requirements, HOPE and RLSP beds are more expensive than emergency shelter beds. Providers were paid \$3,364 per month for each HOPE bed; RLSP beds were reimbursed at \$3,109 per month. Because of the unpredictability of HOPE bed utilization, providers were paid for each bed regardless of occupancy. For RLSP beds, reimbursement occurred only for occupied beds. The biennium budget appropriation for the HOPE and RLSP beds and related services was \$2.7 million.

### **What Do the Findings Suggest for State Policy?**

State policy options for runaway and street youth must balance two conflicting goals: protecting vulnerable youth from potentially dangerous living environments and reinforcing the value and role of families in raising children. In striving to strike this balance, the Legislature set restrictive eligibility requirements for HOPE beds, aiming to assist youth who had already entered street life, were motivated to seek help, and were accepting of a living environment that restricted their freedoms. The low occupancy rates suggest that this particular population of street youth is limited.

RLSPs were aimed at a select group of street youth: state dependents with a history of unsuccessful placements who had a previous stay in a HOPE Center or secure CRC. Additionally, participants must be aged 16 to 18, be motivated, have no significant behavioral problems, and be capable of acquiring skills.

The high rate of voluntary exits from RLSPs, combined with the proportion of residents asked to leave the facility by staff, demonstrate the significant challenge of finding youth who meet the behavioral/motivational requirements. Providers and caseworkers report that for youth who meet these requirements, RLSPs are an excellent resource.

Since the majority of participants are still enrolled, it is too early to assess the influence of the program on long-term outcomes.



# I. BACKGROUND

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## Legislative Intent

Following the 1995 passage of Washington's "Becca Bill,"<sup>1</sup> advocates for homeless and runaway youth argued that new programs focused on family reunification failed to address the needs of older homeless youth without family homes to return to and who were difficult to place in foster care. Advocates also testified that an estimated one-third of older street youth in King County in 1997 were current state dependents, and the state had a responsibility to assist them in obtaining stable housing and acquiring independent living skills.<sup>2</sup>

In response, the 1999 Legislature passed the HOPE Act, with the following intent statement:

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.<sup>3</sup>

The HOPE Act created two new 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 state-dependent youth aged 16 to 18 whose previous foster care placements were unsuccessful.

The 1999–2001 state budget included a \$2.6 million appropriation to begin a phased implementation of 75 HOPE Center beds and 75 RLSP beds between 2000 and 2003, with additional funds for chemical dependency assessment services for HOPE Center youth. The 2001–03 budget did not add HOPE Center beds beyond the 2001 level; currently there are 29 HOPE beds and 37 RLSP beds, with approximately \$100,000 available for chemical dependency assessment and services for HOPE youth.

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<sup>1</sup> Chapter 312, Laws of 1995.

<sup>2</sup> James R. Theofelis, "The HOPE Act: Homeless Youth Prevention/Protection and Engagement Act: Executive Summary." Undated handout on file at the Institute.

<sup>3</sup> RCW 74.15.900.

## Study Direction

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.<sup>4</sup>

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 deadline to December 2002 so more participants could be examined.

## Research Questions and Data Sources

The evaluation is organized around three questions:

- What are the *characteristics* of youth served by HOPE Centers and RLSPs?
- What *services* are provided in these facilities?
- What are the *outcomes* for youth who reside in these facilities?

This report is based on four sources:

- Monthly entry and exit reports from HOPE Centers and RLSPs;
- Interviews with youth who stayed in the programs and their parents;
- Interviews with service providers and regional Division of Children and Family Services (DCFS) administrators; and
- Data from state social service, education, employment, criminal justice, and health databases.

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<sup>4</sup> Chapter 267, Section 24, Laws of 1999.

## II. HOPE CENTERS


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### Legislative Intent

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

**Target Population: Street Youth.** Nationally, it has been estimated that 15 percent of youth aged 12 to 17 have run away from home at least once in the previous year.<sup>6</sup> Youth who live outdoors or in an unsafe location—street youth—are a subset of all runaway youth. It has been estimated that between 3 and 5 percent of all youth aged 12 to 17 in the United States might have met this definition at least one night during the previous year.<sup>7</sup> As illustrated in Exhibit 1, a continuum of behaviors distinguish runaway youth from street youth.

*Exhibit 1*  
**Who Are “Street Youth”?**

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

The HOPE Act targets youth aged 16 to 18 with multiple or long-term episodes of living on the street or in other unsuitable temporary locations.

<sup>5</sup> RCW 74.15.220.

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

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

**Related Services for Youth.** In addition to HOPE Centers, other state and federal programs provide temporary housing and services for runaway youth.<sup>8</sup>

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

In contrast to the state's crisis residential programs, HOPE Centers are targeted toward encouraging youth to come to a center voluntarily and stay for a longer period (up to 30 days with proper legal authorization).<sup>12</sup> Funding also was specifically allocated for HOPE youth to receive assessments and services.

In practice, the same facility in Washington might incorporate multiple programs for runaway youth: CRC beds, federally funded shelter beds, HOPE beds, RLSP beds, and other DSHS services.<sup>13</sup>

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<sup>8</sup> 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); and Mason Burley, *Who Uses Crisis Residential Centers in Washington State? Working Paper* (Olympia, WA: Washington State Institute for Public Policy, June 2001).

<sup>9</sup> RCW 13.32A.010: Legislative findings and intent.

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

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

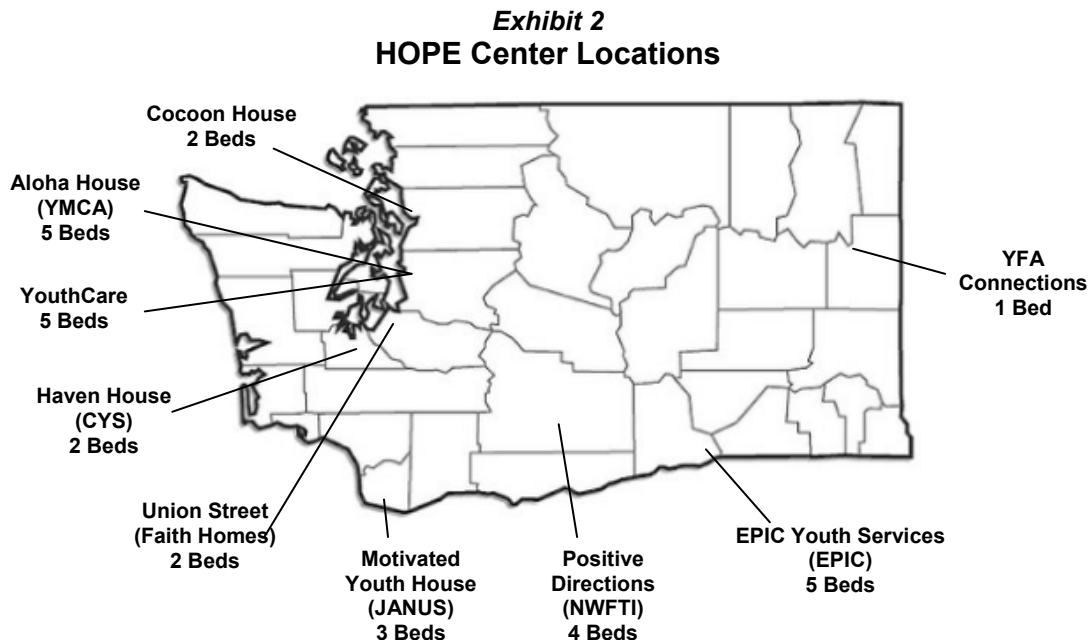
<sup>12</sup> Although the legislative intent allowing youth to self-refer to a HOPE Center is not explicitly stated in statute, the contract between DSHS and service providers gives priority placement to youth who self-refer to a HOPE Center.

<sup>13</sup> 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).

**Services.** The objective of a HOPE Center stay is to provide assessments, referrals to other services, and a transition to a more suitable living situation, including family reconciliation if possible. The HOPE legislation identified a Placement and Liaison Specialist (PAL) as the key person to interact with the residents. Centers must employ an individual with advanced education and experience in social work with street youth for this position, with a staffing ratio specified at one staff to 15 youth. The PAL is to assess the youth's legal status, facilitate his or her return home or initiate a legally authorized placement, secure a long-term residence and services, as well as provide for a medical exam and professional drug and/or alcohol evaluation.

## How Have HOPE Centers Evolved?

**Beds.** There are 29 HOPE beds in nine facilities across the state (see Exhibit 2).



The HOPE beds became operational at various time periods. Exhibit 3 identifies the dates that youth were first admitted and the number of beds in each facility.

**Exhibit 3**  
**History of Bed Allocations and Placements to HOPE Centers**

HOPE Center	Beds	Date of Initial Bed Allocation or Change	Date First Client(s) Admitted
Aloha House (YMCA), Seattle	4 5	July 2000 January 2001	December 2000
Cocoon House, Everett	2	January 2001	February 2001
EPIC Youth Services, Kennewick	5	March 2001	March 2001
Haven House (CYS), Olympia	2	January 2000	March 2000
Motivated Youth (MY) House, (JANUS), Vancouver (beds moved from Oak Bridge to MY House in 3/01)	3	January 2000	March 2000
Positive Directions (NWFTI), Yakima	4	February 2001	March 2001
Union Street (Faith Homes), Tacoma	2	July 2001	October 2001
YFA Connections, Spokane (ceased operation at end of 2/02)	5 3 1	January 2000 September 2001 March 2002	March 2000
YouthCare, Seattle	5	July 2000	September 2000

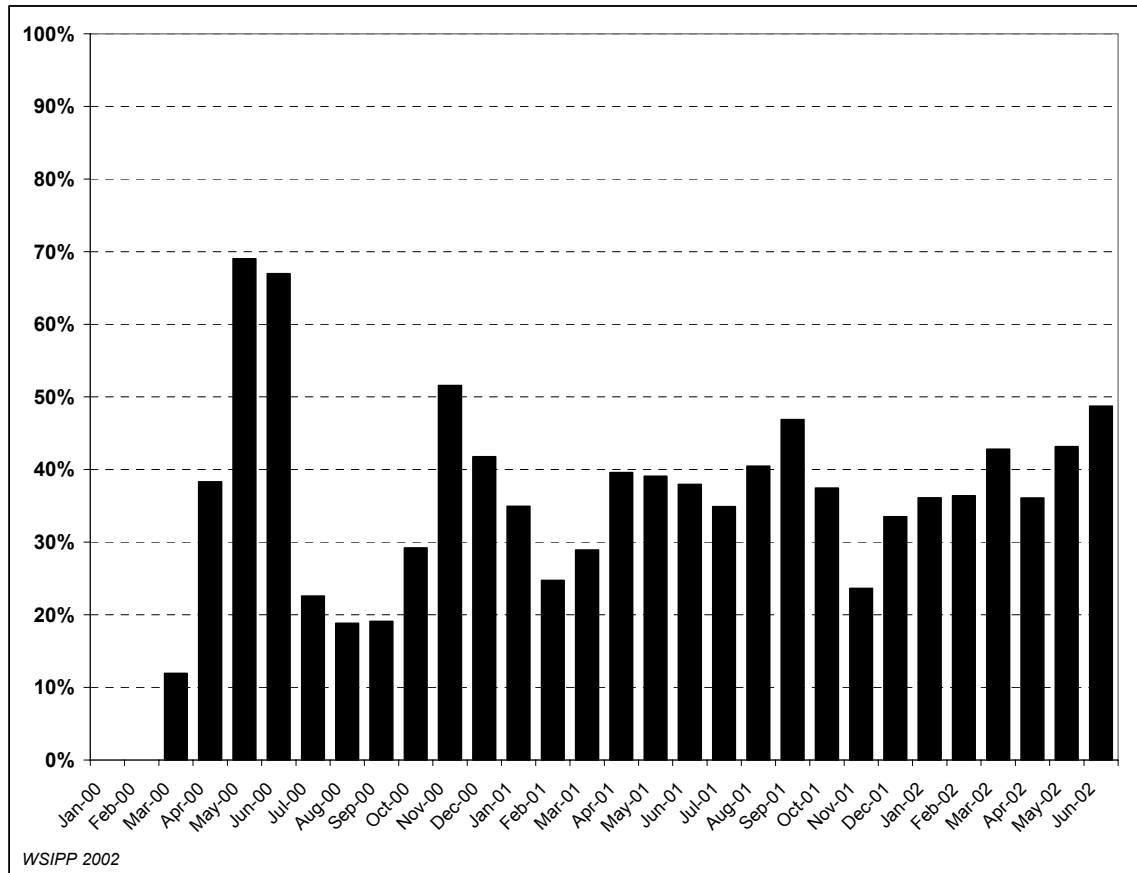
**Number of Youth Served.** As of June 2002, 310 youth made 357 entries to HOPE Centers.

**Occupancy.** HOPE Centers are paid \$3,364 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*.

The state provided for 22,065 bed nights during the first two program years (January 2000 through June 2002). According to monthly census forms, a total of 7,833 bed nights were actually used, resulting in a total occupancy rate for this time period of 35 percent. Exhibit 4 displays the combined monthly occupancy rate for all providers over time.



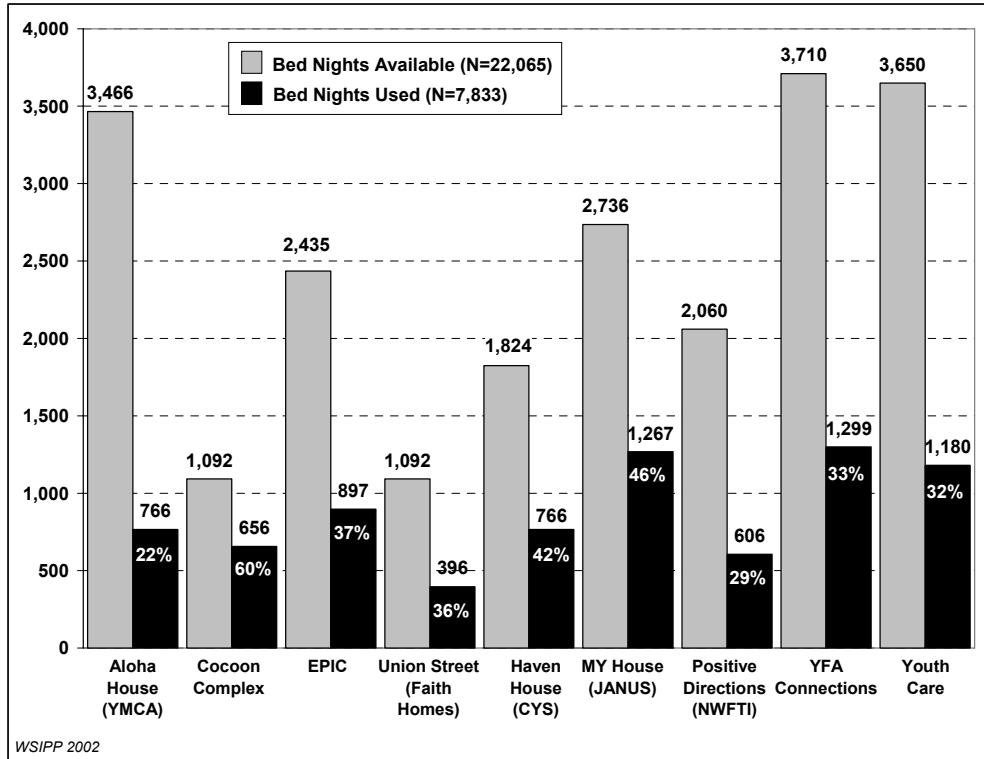
**Exhibit 4**  
**Combined Monthly Occupancy Rates of HOPE Centers:**  
**January 2000–June 2002**



Occupancy rates for individual providers ranged from 22 percent to 60 percent (see Exhibit 5). Factors that may have contributed to low occupancy rates will be discussed later in this report. Exhibits 5 and 6 examine occupancy by individual facilities and then by DSHS regions.

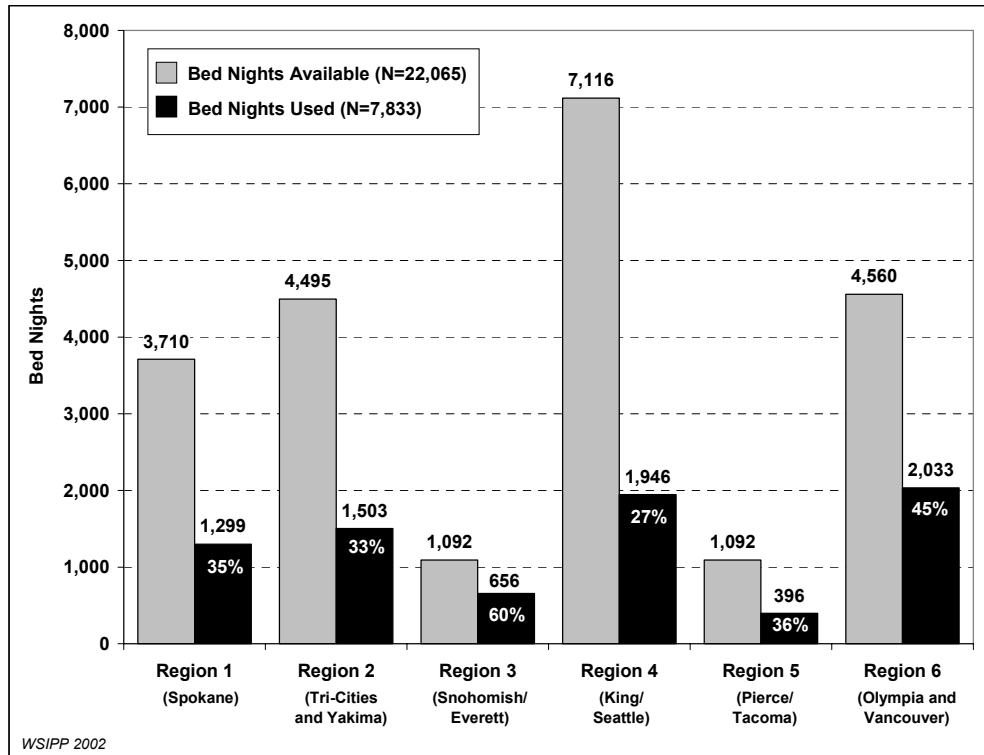
**Exhibit 5**

**HOPE Center Occupancy Rates by Provider: January 2000–June 2002**



**Exhibit 6**

**HOPE Center Occupancy Rates by Region: January 2000–June 2002**



Region 3 (Snohomish County/Everett) had the highest occupancy rates (60 percent), whereas three other regions had rates under 40 percent. The expectations of high demand for HOPE beds in Region 4 (King County/Seattle) was not realized. Although the street youth population in Seattle is the most visible one in the state, this area also has the most extensive resources for these youth. A 2002 Street Youth Task Force study reported King County has approximately 286 shelter and transitional housing beds available for homeless youth, young adults, and their infants, noting that most of these “go unused each night.”<sup>14</sup>

## Eligibility Criteria for HOPE Participants

The statute defined HOPE beds as a resource for “street youth” and specified the following definition: *Street youth means 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.*<sup>15</sup>

As HOPE Centers became operational, many questions emerged about eligibility requirements. Program staff and Department of Social and Health Services (DSHS) staff raised questions concerning the interpretation of this statutory definition as well as procedures to follow in identifying potential residents and clarifying their eligibility. In June 2001, the Children’s Administration in DSHS distributed a memo identifying four scenarios and the appropriate procedures to be followed (see Exhibit 7).<sup>16</sup> These included the following:

- A HOPE Center staff person (PAL) identifying a potential resident;
- A DCFS caseworker identifying a potential resident;
- A CRC program identifying a potential resident; and
- A youth requesting admission.

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<sup>14</sup> Street Youth Task Force, *Barriers to Shelter Study, Pilot Project Needs Assessment: Final Recommendations Report* (Seattle: City of Seattle, March 31, 2002), 4.

<sup>15</sup> RCW 74.15.020(8).

<sup>16</sup> Memo to HOPE Center Administrators from Rosalyn Oreskovich, Assistant Secretary, Children’s Administration, Department of Social and Health Services, June 27, 2001.

**Exhibit 7**  
**Eligibility Procedures for HOPE Centers**

<b>Placement &amp; Liaison Specialist</b>	<b>DCFS Staff</b>	<b>Transfer From CRC</b>	<b>Self Referrals</b>
<ul style="list-style-type: none"> <li>• The HOPE Center PAL has determined that placement into a HOPE Center would best meet the adolescent's specific service needs.</li> <li>• The PAL contacts the local DCFS office to make a case referral.</li> <li>• A DCFS social worker is assigned, and an information sharing conference is arranged, including a discussion of the youth's current legal status. The conference can be face-to-face or via the telephone. The youth may or may not be present at the conference.</li> <li>• Agreement reached on adolescent's entry into program; date of entry established.</li> <li>• Legal authorization to place, if not already established, must be obtained within the first 72 hours of placement.</li> </ul>	<ul style="list-style-type: none"> <li>• DCFS staff has identified youth for whom placement into a HOPE Center appears appropriate.</li> <li>• Arrange an information sharing conference with the HOPE Center prior to intake. The conference can either be face-to-face or via the telephone. The youth may or may not be included in the conference, as is deemed appropriate.</li> <li>• HOPE Center agrees to accept placement of youth into their program, and a placement date is established.</li> </ul>	<ul style="list-style-type: none"> <li>• Adolescent placed at either secure or semi-secure CRC programs may be transferred to a HOPE Center program.</li> <li>• A staffing shall be conducted to share information, discuss the youth's legal status, and arrange for the appropriate legal authorization to place prior to placement in the HOPE Center.</li> <li>• The transfer may occur if consensus is reached between the adolescent, DCFS, and the HOPE Center on placement of the youth into the HOPE Center program.</li> </ul>	<ul style="list-style-type: none"> <li>• Youth may self-present at HOPE Centers for services at any time.</li> <li>• The HOPE Center's PAL shall meet with the youth within eight hours of the youth self-presenting for services.</li> <li>• The PAL is responsible for assessing the youth's current legal status within the eight hours.</li> <li>• The PAL must attempt to notify the youth's parent(s) or legal guardian and inform them of the youth's entry into the HOPE Center.</li> <li>• The PAL shall notify DCFS ASAP and make a referral for services.</li> <li>• Legal authorization to place must be obtained within 72 hours of the youth's entry into the program.</li> </ul>

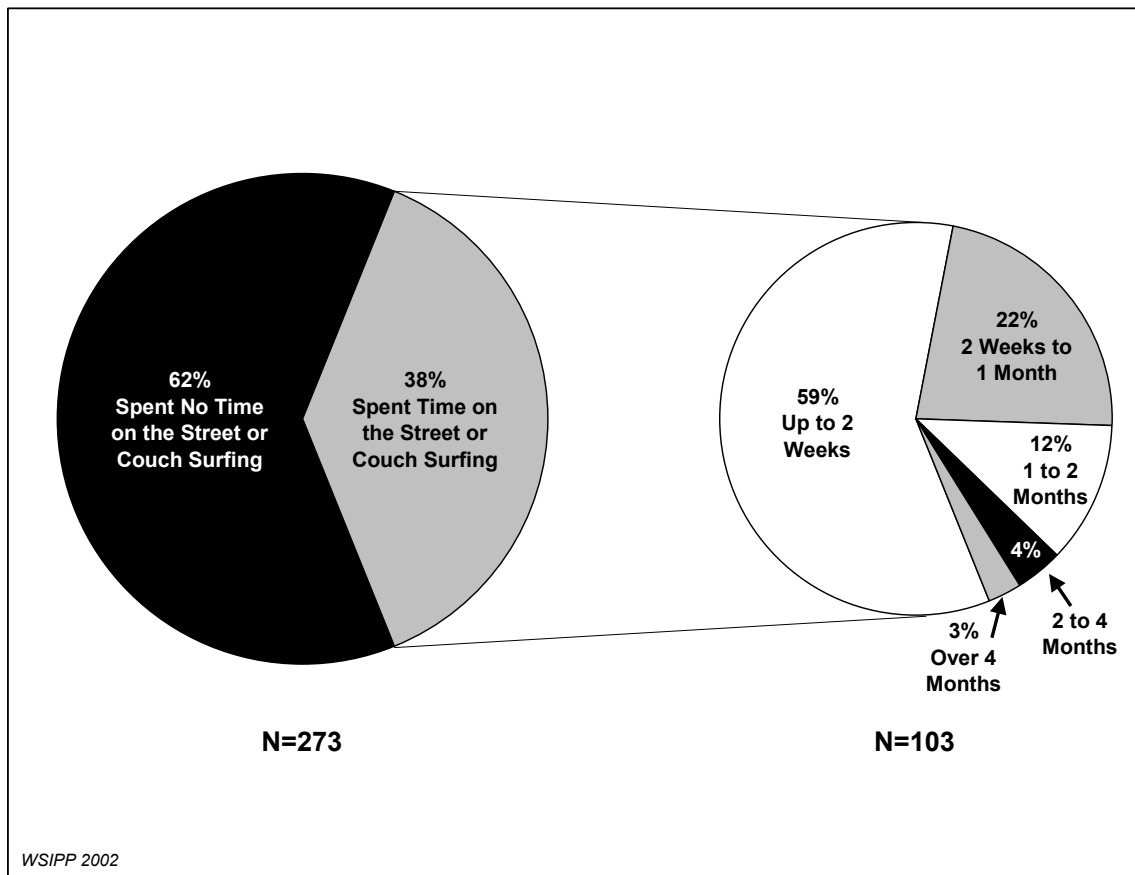
Department of Social and Health Services, June 27, 2001.

## Characteristics of HOPE Youth

Several characteristics of youth who resided in HOPE Centers were examined.

**Homeless Experience.** Most youth admitted to HOPE Centers could not be described as meeting the common definition of “street youth.” At least 170 out of 273 youth admitted (62 percent) had not spent any time couch surfing or on the street in the six months before their HOPE stays.

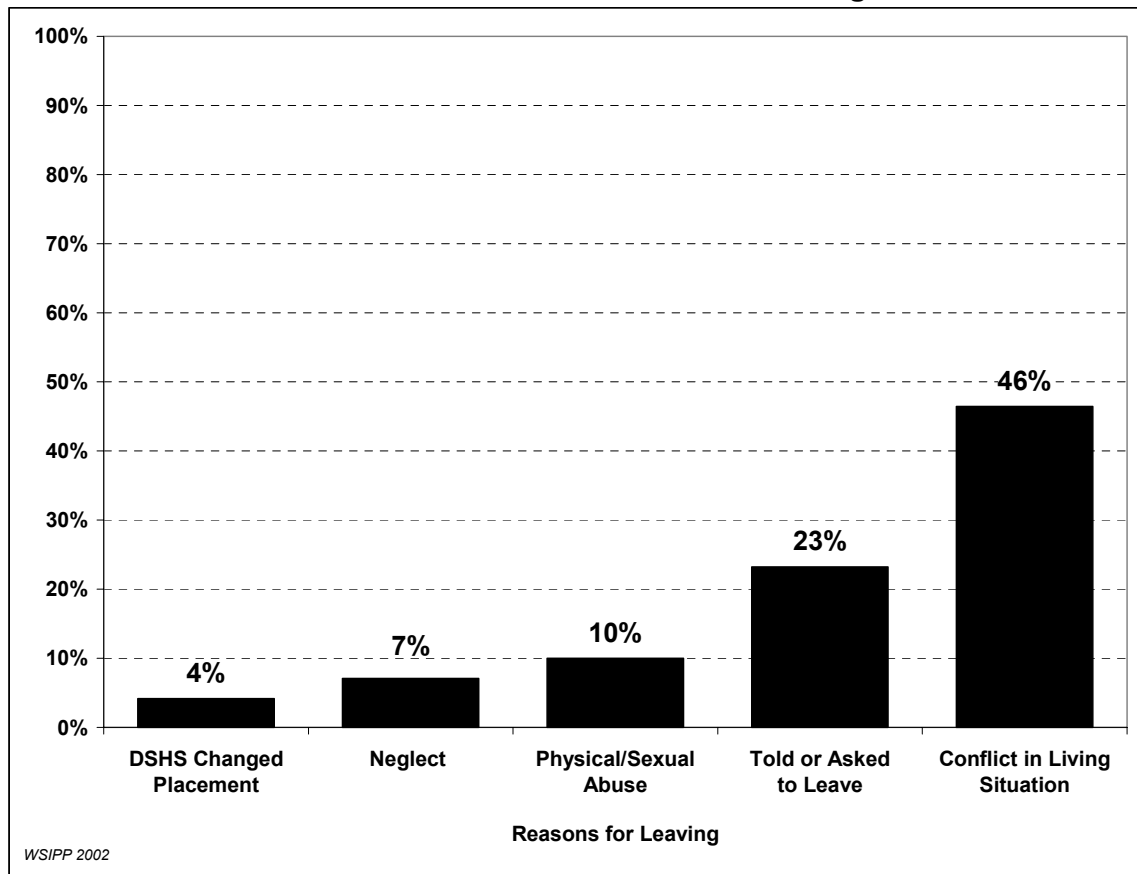
*Exhibit 8*  
**Homelessness Six Months Prior to Admission**  
**(Percentage of Cases Reported)**



**Age, Gender, and Ethnicity.** The majority of youth (60 percent) who entered HOPE Centers were between the ages of 16 and 18 (32 percent were 14 to 15, and 8 percent were 10 to 13). Most HOPE youth were female (56 percent). Of the 292 youth for whom ethnicity was reported, 67 percent were White, 10 percent were Hispanic, 9 percent were Multi-ethnic, 7 percent were Black, 6 percent were Native American, and 1 percent were Asian.

**Prior Living Situation.** Youth were asked why they left their last permanent living situation. Almost half reported that conflict led them to leave, with another 23 percent reporting that they were told or asked to leave. In many policy discussions about runaway and homeless youth, physical and sexual abuse is often cited as a key factor for the youth’s decision to leave; 10 percent of HOPE youth reported this cause. Exhibit 9 displays the reasons HOPE youth gave for leaving their last permanent living situation.

**Exhibit 9**  
**Reasons HOPE Youth Left Last Permanent Living Situation**



**Child Protection/Child Welfare.** Over three-quarters of HOPE youth had some prior involvement with the child welfare system, with 13 percent having 11 or more prior Child Protective Service (CPS) referrals (see Exhibit 10).<sup>17</sup>

<sup>17</sup> This information was obtained by matching names and residents with state databases, and thus did not rely on residents’ recall.

**Exhibit 10**  
**Prior CPS Referrals for HOPE Youth**

<b>Prior CPS Referrals</b>	<b>Number</b>	<b>Percent</b>
<b>Zero</b>	70	23%
<b>1 to 2</b>	69	22%
<b>3 to 5</b>	67	22%
<b>6 to 10</b>	65	21%
<b>11 or More</b>	39	13%
<b>Total</b>	310	

Percentages may not add to 100 due to rounding.

In terms of child welfare services, researchers examined the HOPE youths' involvement with services such as Family Reconciliation Services (FRS). DSHS provides voluntary counseling services to families in crisis through the FRS program. Families requesting FRS are offered Phase I (Intake and Assessment) services. Families determined to need further intervention are referred for Phase II in-home crisis counseling.

Prior to a HOPE stay, 71 percent of youth had received Phase I FRS services. After a HOPE stay, one-quarter of the youth received these services. The more intensive Phase II services were provided to 15 HOPE youth (5 percent) and their families following their HOPE stay.

**Education.** At entry to a HOPE Center, 52 percent of youth reported current school enrollment.

**Employment.** Eight percent of HOPE youth reported having a paying job at the time they entered or exited a center, and 9 percent reported doing occasional work for pay for it.

**Length of Stay.** The average length of stay in a HOPE Center was 22 days.

### **Service Referrals Provided by HOPE Centers**

**Needs and Services.** As described earlier, HOPE Centers are intended to connect youth with appropriate services and treatment. Exhibit 11 summarizes the service needs for youth who were identified by HOPE Centers.

**Exhibit 11**  
**Assessed Needs and Referrals by HOPE Centers**

Youth Service Needs and Referrals	HOPE Youth
Alcohol/Substance Abuse Treatment	54%
Physical Health Treatment	51%
Mental Health Treatment	50%
Basic Education	46%
Dental Treatment	46%
Employment Assistance	40%
Family Reconciliation Services	37%
Legal Assistance	10%
Special Education	7%

Based on 310 youth for whom data were available.

**Alcohol/Drug Services.** Frequently, substance abuse plays a role in the lives of runaway and street youth. Exhibit 12 shows the history of substance abuse for HOPE youth. Following a stay in a HOPE Center, 33 percent (102 of the 310) of youth in the study group received a professional assessment for drug or alcohol use. The most frequent referral was for outpatient treatment.

**Exhibit 12**  
**History of Substance Abuse in HOPE Youth**

Primary Drug in Substance History	Number	Percent
Alcohol	21	21%
Marijuana	62	61%
Methamphetamine	7	7%
No Substance Abuse	4	4%
Other	8	8%
<b>Total Assessed</b>	102	

Percentages may not add to 100 due to rounding.

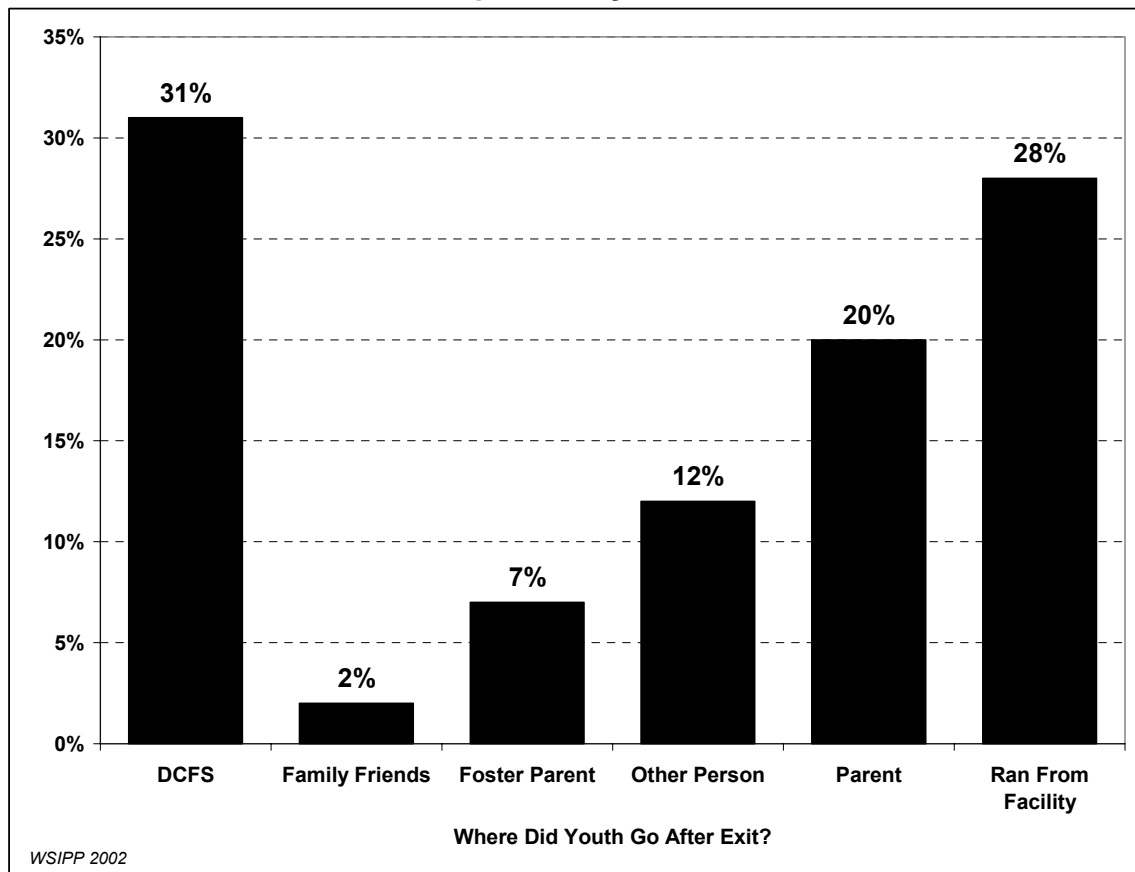
**Mental Health Services.** Providers reported that 24 percent of HOPE youth received outpatient mental health treatment during their stay. Because these services can be difficult to arrange within the 30-day time period, this figure may not reflect the proportion of youth identified as needing this service.



## Exits From HOPE Centers

Exhibit 13 displays how youth exited HOPE Centers. The two most common ways that youth left the facility were release to DCFS (31 percent) and running away (28 percent).

**Exhibit 13**  
**Who Took Responsibility for Youth at Exit?**



## Outcomes of Youth Participating in HOPE Centers

Following outcomes for youth in HOPE programs presents many methodological and practical difficulties. In general, youth in these programs have a long history of personal and family turmoil. A 30-day residential program may provide benefits to these youth, but their starting point needs to be taken into account. For many transitory youth, remaining in a safe, secure, and supportive environment for 30 days is a positive outcome. Beyond this stay, the HOPE program is meant to connect youth to treatment services, help them reconcile with family members, and assist in skill development for independent living.

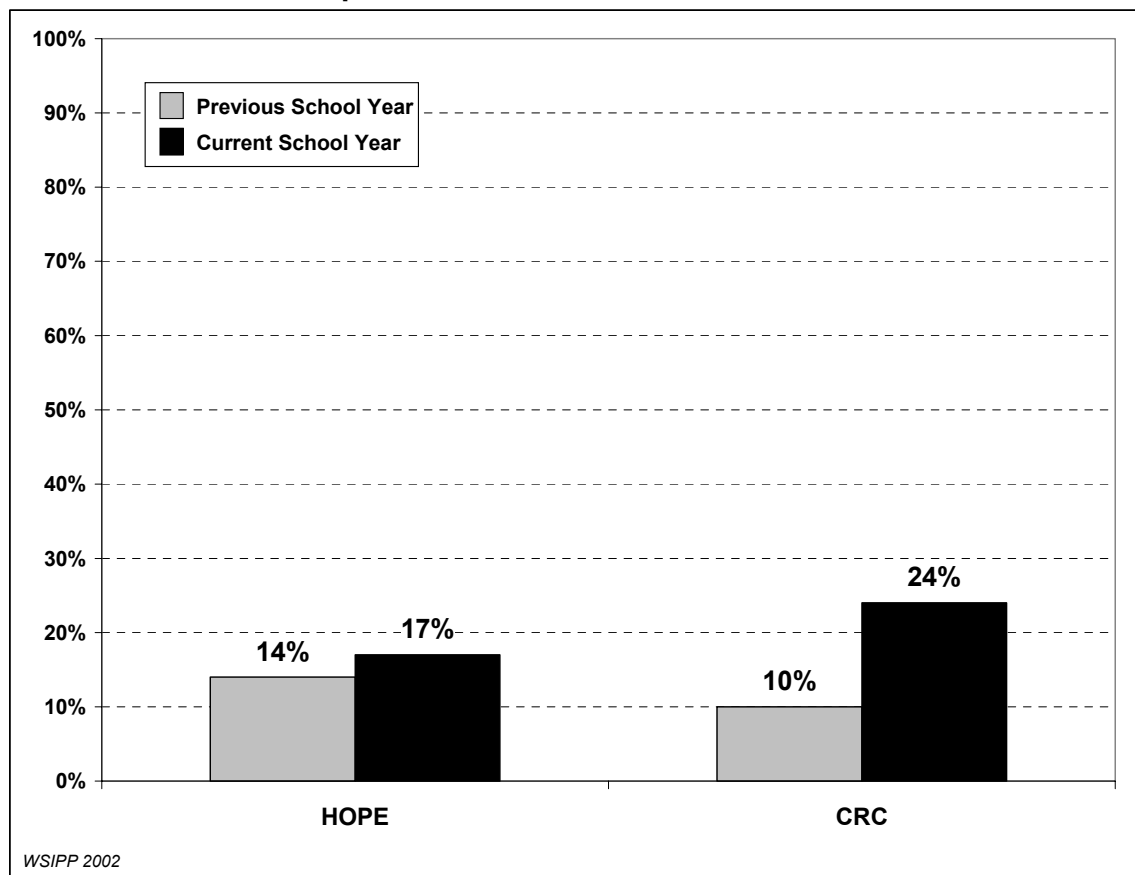
To evaluate the HOPE program, outcomes of HOPE youth were compared with a similar group of youth who stayed in CRCs. This comparison allowed researchers to investigate whether the HOPE program elements—its voluntary nature, higher staffing level, and longer length of stay—resulted in better outcomes for the participants. The comparison

group was selected by collecting data on HOPE youth and then identifying a comparison group of CRC youth with a similar demographic profile, family background, and street experience.<sup>18</sup> The analysis examined outcomes from March 2000 through June 2001, thus reflecting changes that occurred at least 12 months after leaving the facility.

**School Attendance.** In terms of education, some differences emerged between CRC and HOPE youth:

- Compared with the previous school year, enrollment during the current school year increased slightly for HOPE youth and decreased slightly for CRC youth. The differences between both groups, however, are not statistically significant.
- During the current school year, the dropout rate for youth in the CRC comparison group more than doubled (10 percent to 24 percent) compared with the previous school year (see Exhibit 14). The dropout rate for HOPE youth increased by only 3 percent.
- In addition, only 23 HOPE youth (7.5 percent) had truancy petitions filed after a stay compared with 34 CRC youth (11 percent).

**Exhibit 14**  
**Dropout Rates of HOPE and CRC Youth**

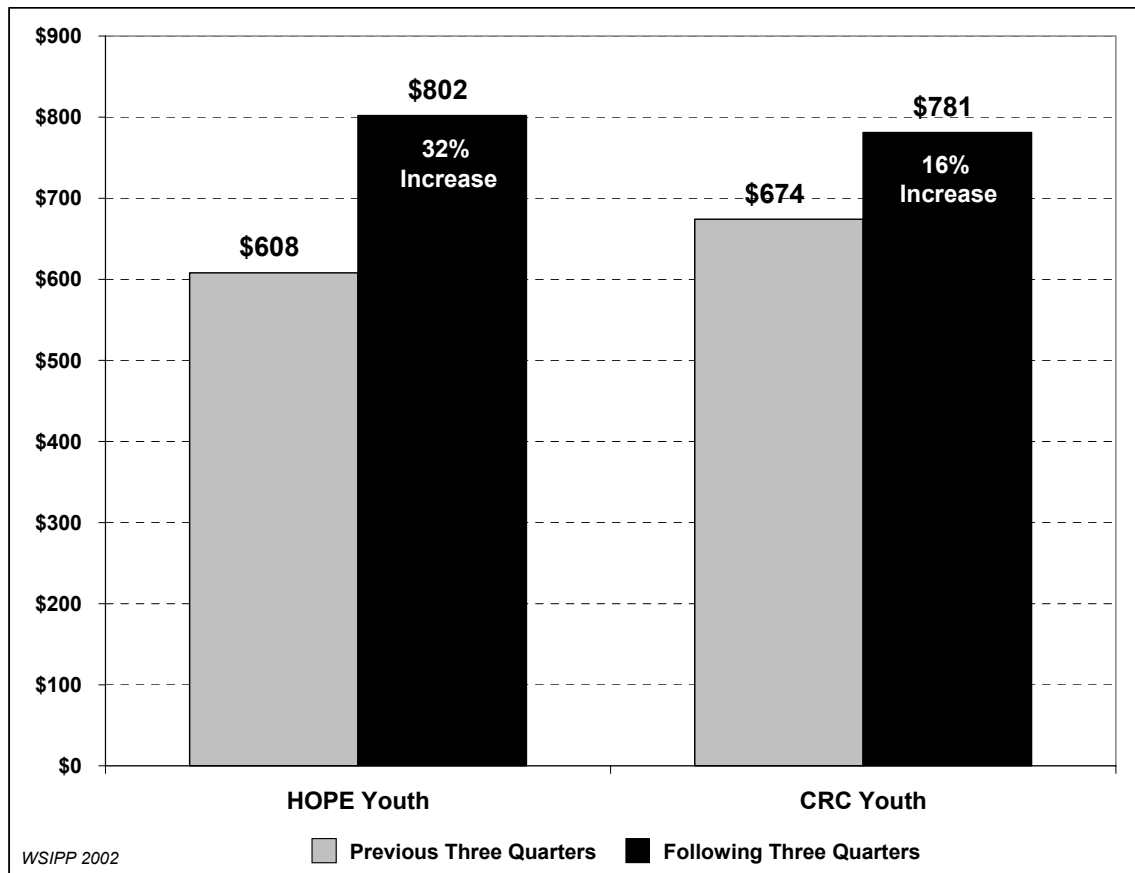


<sup>18</sup> See Appendix A for the methodology used in selecting the CRC comparison group.

**Employment Outcomes.** Employment data reveal that employment rates in the calendar quarter before and after admission were similar for both CRC and HOPE youth. Prior to admission, 11 percent of CRC youth were employed compared with 13 percent of HOPE youth. When employment records were examined for the time period following admission, 13 percent of CRC youth were employed compared with 15 percent of HOPE youth.

Exhibit 15 displays the wage gains of HOPE and CRC youth. In the three quarters prior to a HOPE stay, employed youth earned an average of \$608 per quarter compared with CRC youth, who earned \$674 per quarter. While there were no significant differences in the employment rates for HOPE and CRC youth following program participation, HOPE youth had slightly higher wage gains. In the three calendar quarters after leaving the program, HOPE youth earned an average of \$802, (a 32 percent increase), while CRC youth earned an average quarterly wage of \$781 (a 16 percent increase).

**Exhibit 15**  
**Employment Gains of HOPE and CRC Youth Before and After Admission**



**Street Experience.** While youth in HOPE Centers and youth in the CRC comparison group shared many characteristics, important differences were evident:

- 43 percent of HOPE youth spent more than two weeks of the previous six months in a temporary sleeping arrangement (couch surfing). Only 24 percent of youth in the CRC group had the same level of couch surfing in the previous six months.
- HOPE youth had not lived in a permanent living situation for 161 days, on average. CRC youth, in comparison, had been away from a permanent living situation for 89 days.

## Family Court Activity

**Civil Filings.** Three types of civil petitions can be filed in juvenile court to address concerns regarding runaway and street youth:

- **At-Risk Youth (ARY) Petition.** An ARY 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 and meet certain requirements, such as regular school attendance, counseling, participation in treatment programs, or other conditions that the court deems necessary.
- **Child in Need of Services (CHINS) Petition.** This 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 a short-term out-of-home placement (up to 14 days) is deemed necessary to assist the youth and family.
- **Truancy Petition.** A truancy petition must be filed by a *school district official*. A court can order the child to stay in school (or face detention) if they have more than seven unexcused absences in a month or ten unexcused absences in a school year.

Sixty-one petitions were filed for 53 HOPE youth (17 percent) following a HOPE stay: 9 ARY, 23 truancy, and 29 CHINS.

## Criminal Activity

The Legislature directed that the research assess outcomes related to criminal activity. We compared HOPE and CRC youth in terms of their criminal records after their exit and found HOPE youth had significantly lower crime rates (see Exhibit 16). Since most youth enter a CRC because they are picked up by the police, whereas HOPE youth are selected by caseworkers, this difference in crime rates may not be the result of the program but a difference in selection criteria.

*Exhibit 16*  
**Crime Rates of HOPE and CRC Youth**

	HOPE Youth		CRC Youth	
	Number	Percent	Number	Percent
<b>Any (misdemeanor or felony)</b>	12	4%	58	18%
<b>Felony</b>	1	0%	20	6%
<b>Violent Felony</b>	0	0%	7	2%
<b>Total Youth</b>	329		314	

### Perspectives From Caseworkers and Providers

In addition to examining data on participants, the researchers interviewed state caseworkers and HOPE and RLSP staff to learn their views on the programs. The interviews were conducted during the fall of 2002. (Appendix B describes the interview methodology.)

**Persistent Question: What Constitutes Homelessness and Thus Determines Eligibility?** In an interim report on the HOPE program, the Institute identified eligibility issues as causing confusion.<sup>19</sup> In recent interviews, DCFS caseworkers and HOPE Center providers reported ongoing frustrations and ambiguities about this definition.

- “The definitions and purposes of this program remain unclear, confusing, and not understood.”
- “I was always quite clear on who was appropriate for which program.... However, after a period of [about] a year and a half or so of only marginal use of both those programs..., I was wishing that a broader category could be appropriate.”
- “We don’t have a high number of homeless kids and those beds are sitting there. So I think sometimes social workers may change some things here and there on the referral to get the kids in the HOPE Center.”
- “We’re looking for [state dependent] youth that don’t have a safe and stable placement. ...but we’re not seeing a ton of street youth as you would categorize them, just coming straight off the street, [but rather we tend to see] someone who’s couch surfing or someone not in a safe location [who may] ultimately wind up homeless if interventions aren’t done.”

A caseworker in one region reported that, in her view, a homeless youth was defined as someone with a period of homelessness “anywhere in the background of the youth.” Another reported an “unspoken” agreement began in 2002 to relax the definition of homelessness and fill more beds. Another region chose not to “fudge” the definition, according to a caseworker, and ended up with a comparatively low utilization rate.

<sup>19</sup> McLain, *Evaluation of the HOPE Act*, 21.

One DCFS caseworker noted that the bed utilization can be viewed in more than one way. “Maybe low utilization is 50 percent utilization. But that’s 50 percent youth that have been reached in some sort of capacity...”

When providers were asked to comment on eligibility, many of the same issues were raised.

- “Because [eligibility] was so strictly defined, [youth] actually had to be on the street and seek services; well, that just does not happen, as we found.”
- “My understanding of the HOPE program is that it’s for the homeless state dependent youth. And there aren’t a lot of them.”
- We define homelessness as “the kids that don’t have a secure environment, a reliable place to live on a daily basis.”
- “I needed to broaden my perspective of street and homeless kids. Just because we don’t have them out on the corner doesn’t mean that they still aren’t homeless. We’ve got kids that sleep in abandoned buildings, a lot of kids sleeping in cars, and couch surfing.”

Some providers reported frustrations because they could not use the HOPE beds for youth who, in their judgment, needed the service: “It’s a “frustrating situation when [there’s] a bed and a kid but we can’t place them because they weren’t on the street.” One provider explained, “I get calls for kids who need beds, yet we can’t place them because they don’t have caseworkers, or they’re not willing to call DSHS.”

**How Are Youth Referred?** Providers and DCFS offices reported youth were usually referred to HOPE beds from DCFS social workers, CRCs, or within the HOPE/RLSP facility (especially if the two are combined). One provider reported, “[Most youth] are coming from our crisis beds and are then being referred from the social worker after that.... There’s been very few that have come directly from home or the streets or detention.”

Many providers dedicated staff specifically to outreach, and because of an intensive effort also received some referrals from shelters, treatment centers, and law enforcement and detention centers.

**Self-Referrals.** Few youth entered HOPE Centers through self-referral. Providers and DCFS caseworkers who were interviewed commented that many homeless and street youth are unlikely to use this process because they resist a structured environment and will not accept restrictions on their choices. One provider reported, “Only a few [youth self-refer]. And those were advised by either a probation officer or a social worker.” Another stated, “Typically, most of self-referrals are with the kids coming to the crisis bed and [hearing] about the program, and they self-refer themselves that way.”

**Relationships Between Providers and DCFS.** Clear differences emerged among the regions in terms of relationships between providers and DCFS. Half the providers and regions reported good working relationships, with one DCFS office commenting: “I think there’s been a lot of effort to work on that together and make that work out fine.” Another provider that has established good contact with the DCFS office states, “I don’t have a problem [with DCFS]. I’m interpreting things in the same way, oftentimes, that they are.”

One DCFS staff member noted that the differences in missions for DCFS and providers “create conflict in spite of everyone’s best efforts to work together.” As one provider reported, “There’s been some difficulties. I had an in-depth conversation with an FRS [Family Reconciliation Service] social worker about what FRS’s idea about what the HOPE bed is for, and it was very different from [our] view.” In addition, two providers noted that state caseworkers do not appear to want to file dependency cases for youth who are close to 18, so youth in this situation are not approved for HOPE beds. Obtaining medical coupons and other services from the state was also mentioned as a difficulty.

**Is 30 Days Adequate?** 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. Many providers reported that the 30-day stay was an adequate amount of time, particularly since there is an option to request an extension. “I think 30 days is long enough. Sometimes I know that if there’s a placement option that has to just wait a week or two for things to get finalized, then sometimes we’ll extend it another three, four days.”

Other providers thought the 30-day time limit was a constraint: “I definitely think 30 days is too short.... Almost every case I’ve had to have an extension on.” Another agreed, “[Thirty days] works, but I think longer would be better. It’s very hard to get everything accomplished in 30 days.”

**Availability of Treatment Services.** Several providers indicated that drug and alcohol treatment services were readily available to youth. One provider reported, “Drug and alcohol assessments [work well] because we’ve got somebody specifically with the contract to provide that service. ...that’s a perfect system right there.” However, providers also reported a considerable lack of medical and dental health treatment as well as mental health counseling.

Both caseworkers and providers noted that HOPE beds are not always used for youth who meet the legislative intent. Sometimes beds are used for youth without state involvement; other times, the beds are used for youth who are state dependent while waiting for another placement. One DCFS office commented, “I see [HOPE] being used right now more for kids that have nowhere to go, meaning no programs will take them.”

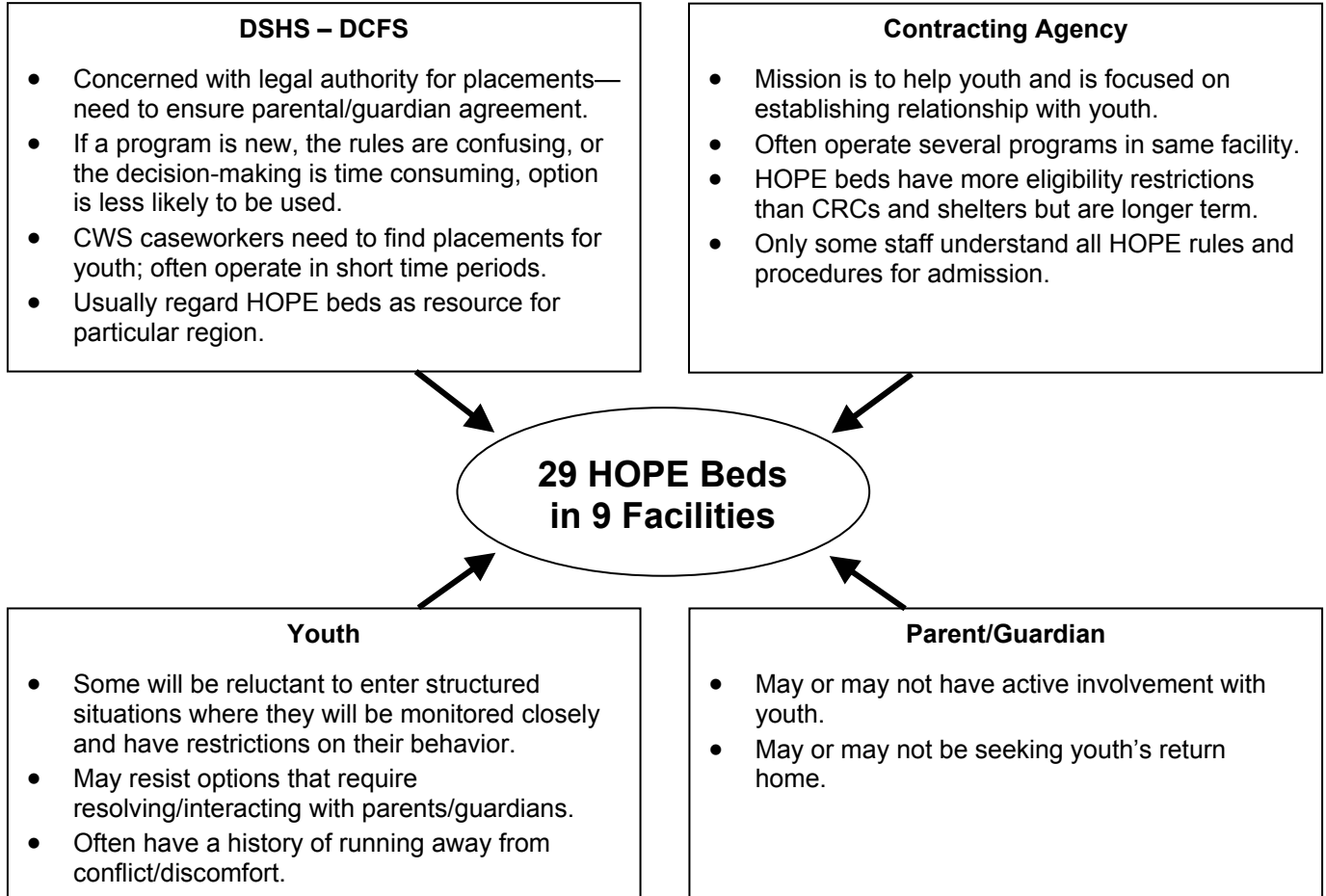
## Summary

HOPE Centers were established to serve homeless youth with the motivation to leave street life. The overall occupancy rate was 35 percent for the facilities across the state, raising questions about the need for these beds.

At least three and sometimes four parties are involved in a decision to place a youth in a HOPE bed: state caseworkers, provider agencies, youth, and parents/guardians. Exhibit 17 summarizes the perspective of each entity, revealing the complex factors that influence the entry decision. Clearly, street youth are a challenging population, and the state has

difficulty balancing the conflicting goals of providing safety to vulnerable youth while simultaneously reinforcing parental authority.

**Exhibit 17**  
**Four Perspectives on HOPE**





### III. RESPONSIBLE LIVING SKILLS PROGRAMS

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#### Legislative Intent

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

**Target Population: Older Youth Unsuccessful in Foster Care.** Various studies have found that approximately one-third of street youth have been in foster care.<sup>20</sup> Research suggests that the more disruptions a youth experiences (such as multiple housing arrangements and continued running away), the more he or she separates from the family. Over time, it becomes increasingly difficult for chronic runaways and street youth to live in a family environment, including foster homes.<sup>21</sup> In addition, some researchers assert that foster homes and group care may not be appropriate living environments for some 16- and 17-year-old youth seeking to distance themselves from parental ties and become more independent as they transition to adulthood.<sup>22</sup>

Foster care youth are more likely to fare poorly as they enter adulthood. Two to four years after they leave care, these youth, on average, resemble young adults in poverty, with similar high school completion (54 percent), employment rates (49 percent), reliance on public assistance (30 percent), and early parenthood (60 percent).<sup>23</sup> Policymakers and social services advocates have expressed the need for services, support, and training to help youth become self-sufficient once they leave foster care.<sup>24</sup>

In response to this research about foster youth outcomes, the 1999 Legislature created a new program to provide transitional living skills for older youth. The RLSP program was designed for youth who meet specific eligibility criteria. These include being a state dependent, not returning home (or to foster care), not succeeding in previous placements, becoming street youth, and spending time in a secure CRC or HOPE Center. The program is designed for youth who are ready to take responsibility for themselves, able to conform to the program's expectations, and capable of acquiring skills for independent living. Exhibit 18 displays the combined legal status, background, and personal characteristics of an RLSP participant.

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<sup>20</sup> *Youth with Runaway, Throwaway and Homeless Experiences*, 4-24; Ana Marie Cauce et al., "The Characteristics of Mental Health of Homeless Adolescents: Age and Gender Differences," unpublished paper based on research conducted through SHARP (Seattle Homeless Adolescent Research Project, 1993), 10.

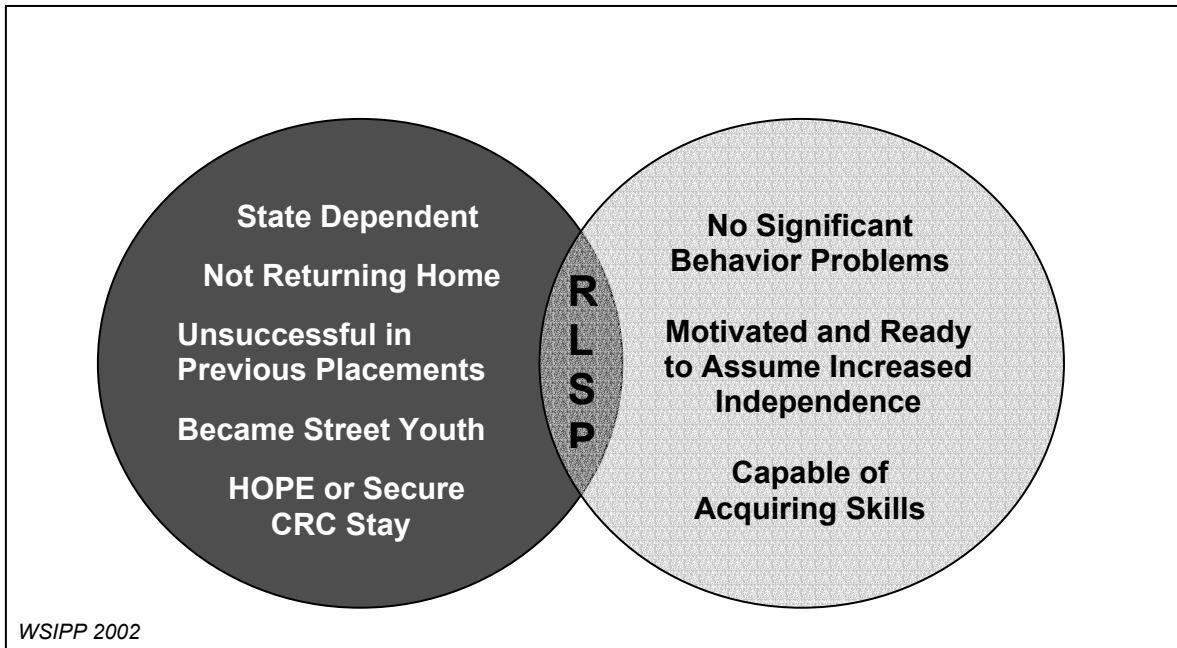
<sup>21</sup> Les Whitbeck and Dan Hoyt, *Nowhere to Grow: Homeless and Runaway Adolescents and Their Families* (New York: Aldine de Gruyter, 1999), 38.

<sup>22</sup> Mark Kroner, "Living Arrangements for Young People Preparing for Independent Living," *Child Welfare* (November-December 1988).

<sup>23</sup> Westat, *A National Evaluation of Title IV-E Foster Care Independent Living Programs for Youth: Final Report* (Washington, D.C.: U.S. Department of Health and Human Services, 1991), 5-1 and 2.

<sup>24</sup> In 1999, Congress increased its support of independent living skills programs from \$70 million to \$140 million nationwide. Mason Burley and Mina Halpern, *Educational Attainment of Foster Youth: Achievement and Graduation Outcomes for Children in State Care* (Olympia, WA: Washington State Institute for Public Policy, November 2001).

*Exhibit 18*  
**Who Is a Likely Candidate for an RLSP?**



Additionally, the youth must be willing to follow program rules prohibiting the use of alcohol, tobacco, controlled substances, violence, and sexual activity between residents.

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

- **Federal Independent Living Program (ILP)** funds were significantly increased in 1999 for programs that help foster care youth receive education, training, and support to transition to self-sufficiency. Any youth likely to be in foster care until age 18 is eligible for services. Some funds are now set aside for both housing and services for youth aged 18 to 21 who have aged out of the foster care system.
- **Federal Transitional Living grants**, along with community funds, support five transitional living programs for youth in Washington. Housing is provided for up to 18 months for youth aged 16 to 21 who are not state dependent but also not likely to be reconciled with their families or another caring home.<sup>25</sup> These programs also provide a range of services to help youth develop skills for independent living.
- **Federal Housing and Urban Development funds** are available for the Supportive Housing Program that targets homeless adults but may also include youth between 18 and 21. Funds for community development block grants have no age

<sup>25</sup> U.S. Code Title 42, The Public Health and Welfare, Chapter 72, The Juvenile Justice and Delinquency Prevention Act, 1974, Subchapter 3 Part B. The 1984 amendment provided funds for Transitional Living Programs.

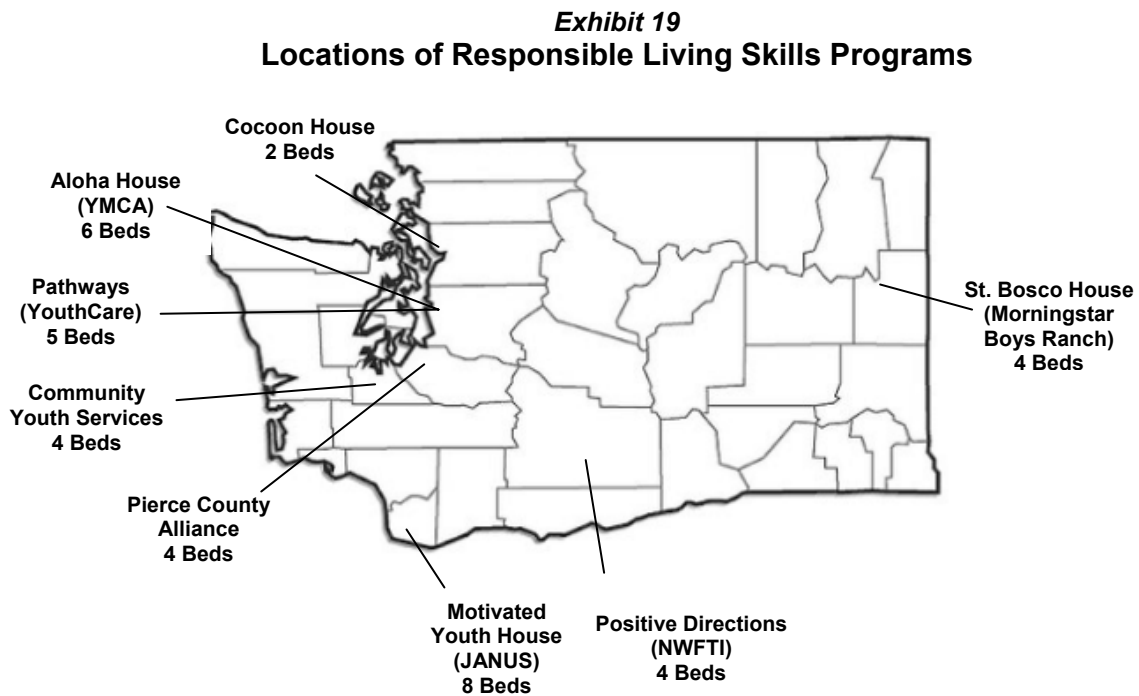
restriction.<sup>26</sup> Funds are distributed based on a community's consolidated plan rather than on a per bed basis.

RLSP is the only state-funded program available for dependent youth that combines both housing and skills development components.

This section describes data collected and submitted by caseworkers for 53 youth<sup>27</sup> who entered and exited an RLSP between April 2000 and June 2002.

## How Have RLSPs Evolved?

Currently, there are 37 RLSP beds located in eight facilities across the state (see Exhibits 19 and 20).



<sup>26</sup> Stewart B. McKinney Homeless Assistance Act, 1987.

<sup>27</sup> This number may represent an undercount as a result of missing data or incomplete reporting forms.

**Exhibit 20**

**Bed Allocations and Placements to Responsible Living Skills Programs**

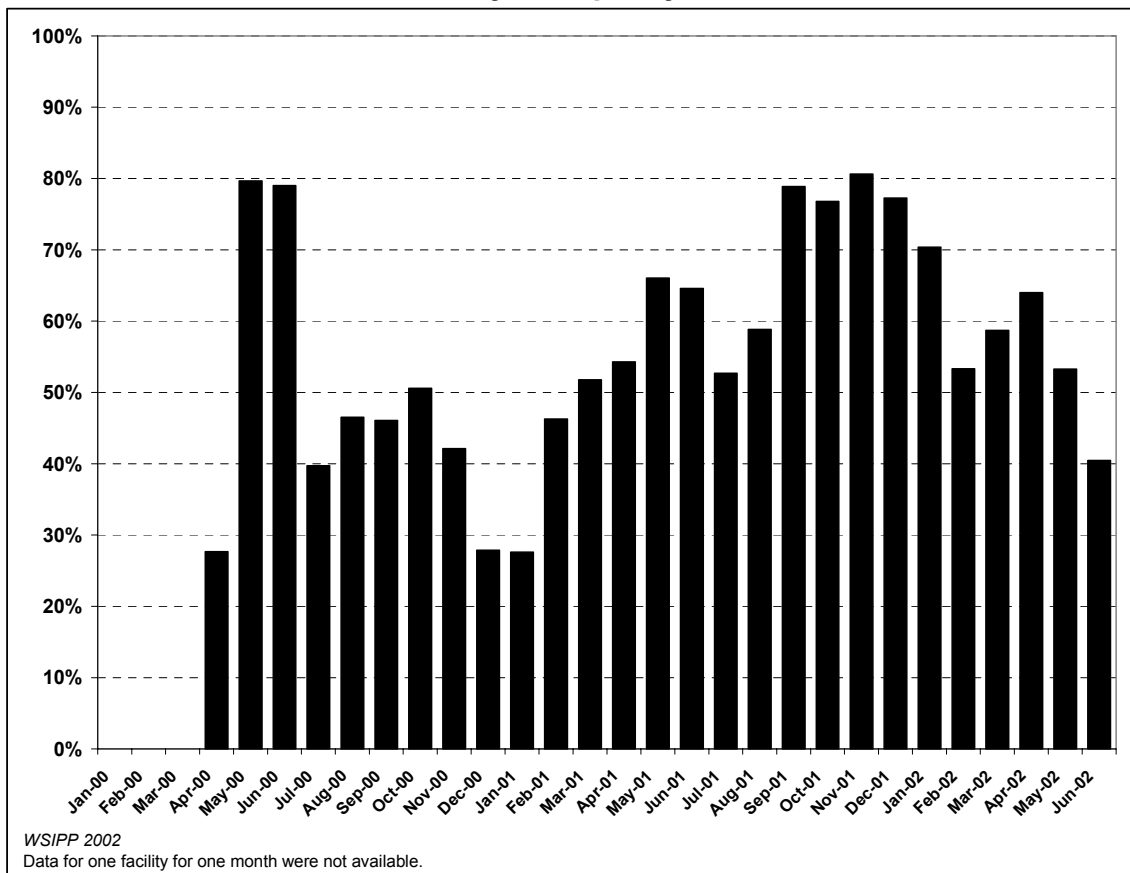
<b>RLSP</b>	<b>Beds</b>	<b>Date of Initial Bed Allocation or Change</b>	<b>Date First Client(s) Admitted</b>
Aloha House (YMCA), Seattle	4 5 6	July 2000 January 2001 December 2001	January 2001
Cocoon House, Everett	2	January 2001	February 2001
Community Youth Services, Olympia	4	October 2002	None admitted at time of report.
Motivated Youth (MY) House (JANUS), Vancouver	8	February 2002	February 2002
Pathways (YouthCare), Seattle	5	July 2000	January 2001
Pierce County Alliance, Tacoma	4	May 2002	May 2002
Positive Directions (NWFTI), Yakima	5 8 4	January 2000 September 2000 February 2001	April 2000
Safe Futures (YFA), Spokane (ceased operation end of 2/02)	5 0	January 2000 March 2002	April 2000
St. Bosco House (Morningstar Boys Ranch), Spokane	4	August 2002	August 2002

**Referral.** Approximately 20 to 25 youth per year are admitted to one of the RLSP sites in Washington. Prior to entering an RLSP, youth must have been in either a secure CRC or a HOPE Center. Slightly more than half (54 percent) the youth came to an RLSP from a HOPE Center. In most cases (80 percent), a DCFS social worker recommended placement to the RLSP.

**Occupancy.** Service providers are paid \$3,109 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.

RLSPs supplied 18,287 bed nights from January 2000 through June 2002. According to monthly summary reports, 9,622 bed nights were used, for an overall occupancy rate of 53 percent. After the first three months, during which no RLSP clients were admitted, monthly occupancy rates varied from 28 percent to 81 percent (see Exhibit 21).

**Exhibit 21**  
**Combined Monthly Occupancy Rates of RLSPs**

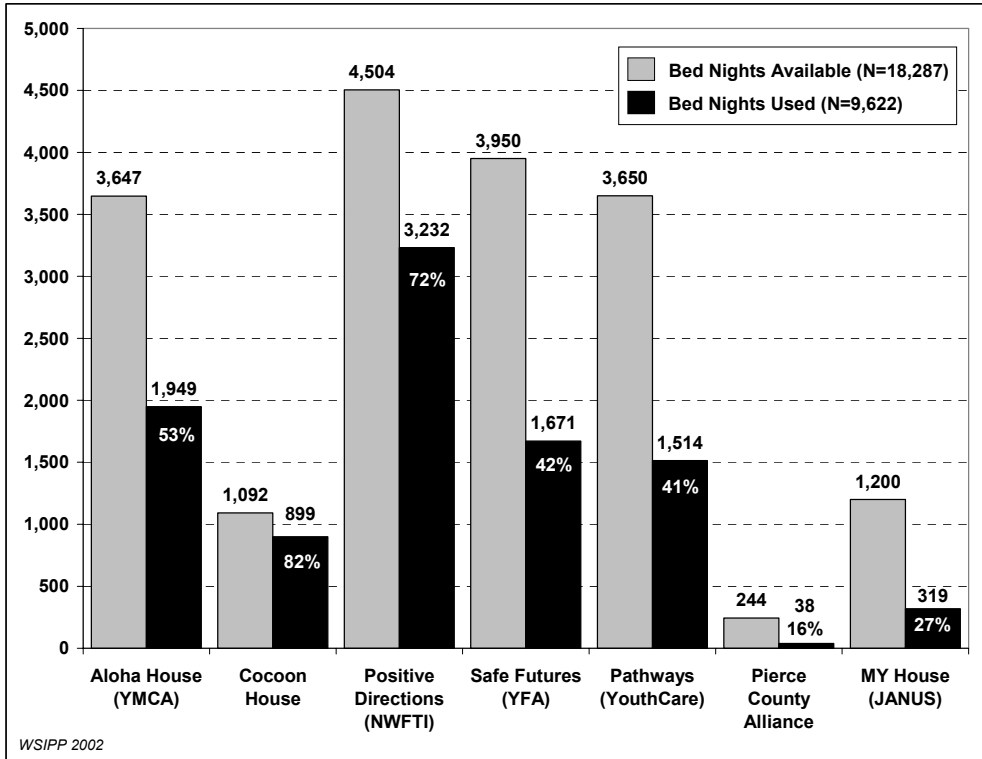


The overall occupancy rate during the study period was 53 percent. Because youth can stay in the program until they turn 18, the total number of residents occupying RLSP beds could be expected to increase during cumulative years.

Occupancy rates for individual providers ranged from 16 percent to 82 percent (see Exhibit 22). Another view of the occupancy rates is gained by comparing DSHS regions (see Exhibit 23). As was the case with HOPE beds, regional practices varied widely in the relative use of RLSP beds.

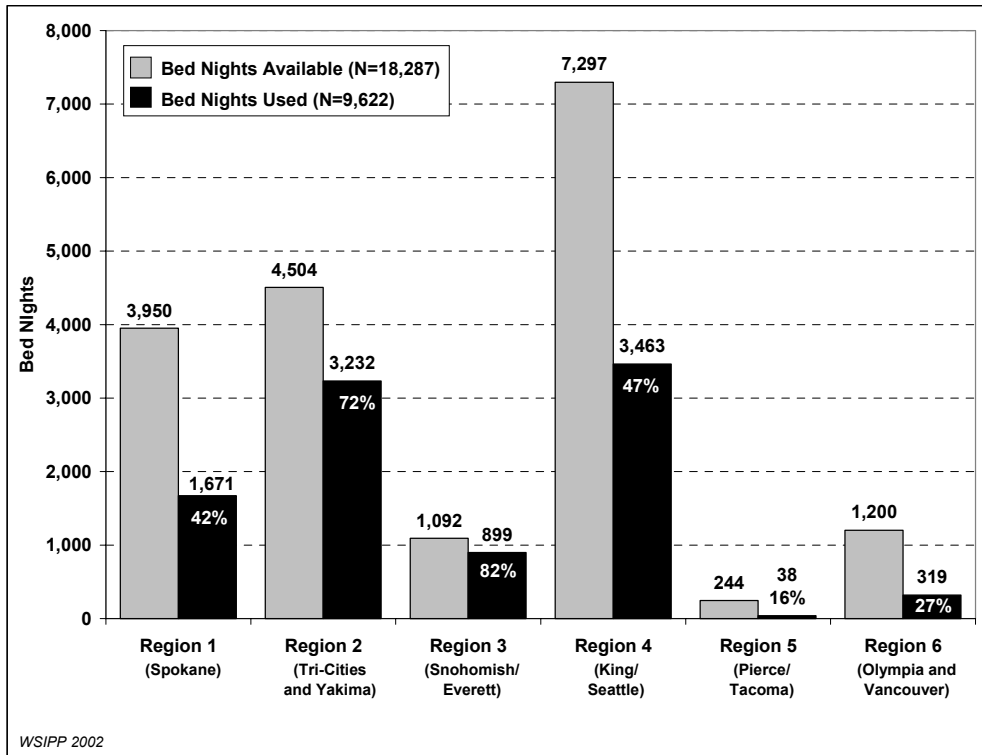
**Exhibit 22**

**RLSP Bed Occupancy Rates by Provider: January 2000–June 2002**



**Exhibit 23**

**RLSP Bed Occupancy Rates by Region: January 2000–June 2002**



## Characteristics of Youth Served by RLSPs

**Age, Gender, and Ethnicity.** The average age of a youth at admission to an RLSP was 16.8 years. Of the 53 youth for which data are available, 41 percent were female. The majority of youth were categorized as White (64 percent); 11 percent were Multi-ethnic, 11 percent were Hispanic, 9 percent were African American, and 4 percent were Native American.

**How Many Youth Are State Dependents?** By statute, RLSP youth must be legally state dependent. In addition, RLSPs are intended as a placement alternative when no other services or placements are successful.<sup>28</sup> For this analysis, data were available for only the first 13 youth placed in an RLSP. Because of the small sample size, the results may not reflect the full population of RLSP youth.

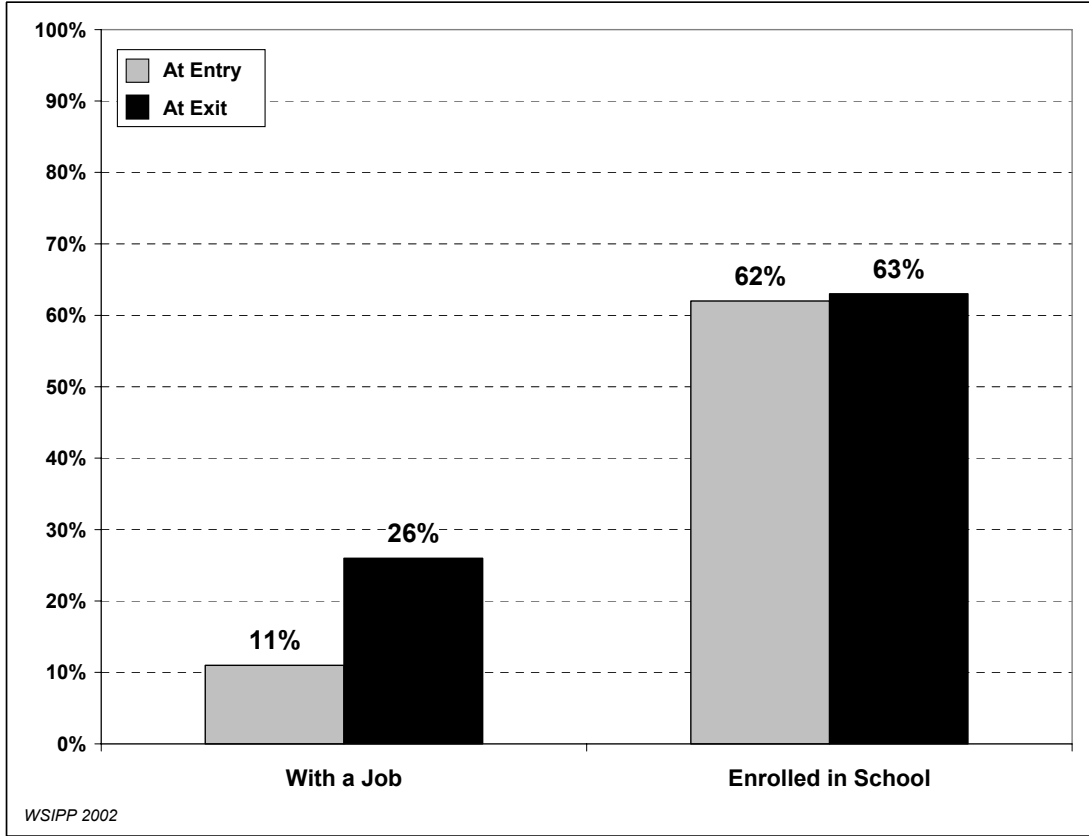
- **Length of Time in Out-of-Home Placement.** The first 13 RLSP youth were in out-of-home placement before coming to an RLSP for an average of just under four years.
- **Number of Placement Events.** RLSP youth experienced multiple changes in out-of-home placements before coming to an RLSP. Sixty-two percent of RLSP youth had been placed in more than ten different living arrangements. The average for this small group of youth was 21.5 different placement events.

**Employment and Education.** Exhibit 24 displays the employment and education status of youth at entry to and exit from an RLSP. Staff reports show the employment status of youth improved between the time they entered and exited an RLSP. School enrollment for RLSP youth remained relatively constant between entry and exit, from 62 percent to 63 percent.

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<sup>28</sup> RCW 74.15.240.

**Exhibit 24**  
**Employment and Education Status of RLSP Youth at Entry and Exit**



Although school enrollment remained relatively constant, RLSP youth attended different types of education programs. At entry, youth were typically enrolled in public or alternative school programs. By the time a youth exited an RLSP, a greater percentage (29 percent) were enrolled in programs at community and technical colleges (see Exhibit 25).

**Exhibit 25**  
**Type of School/Programs RLSP Youth Attended**

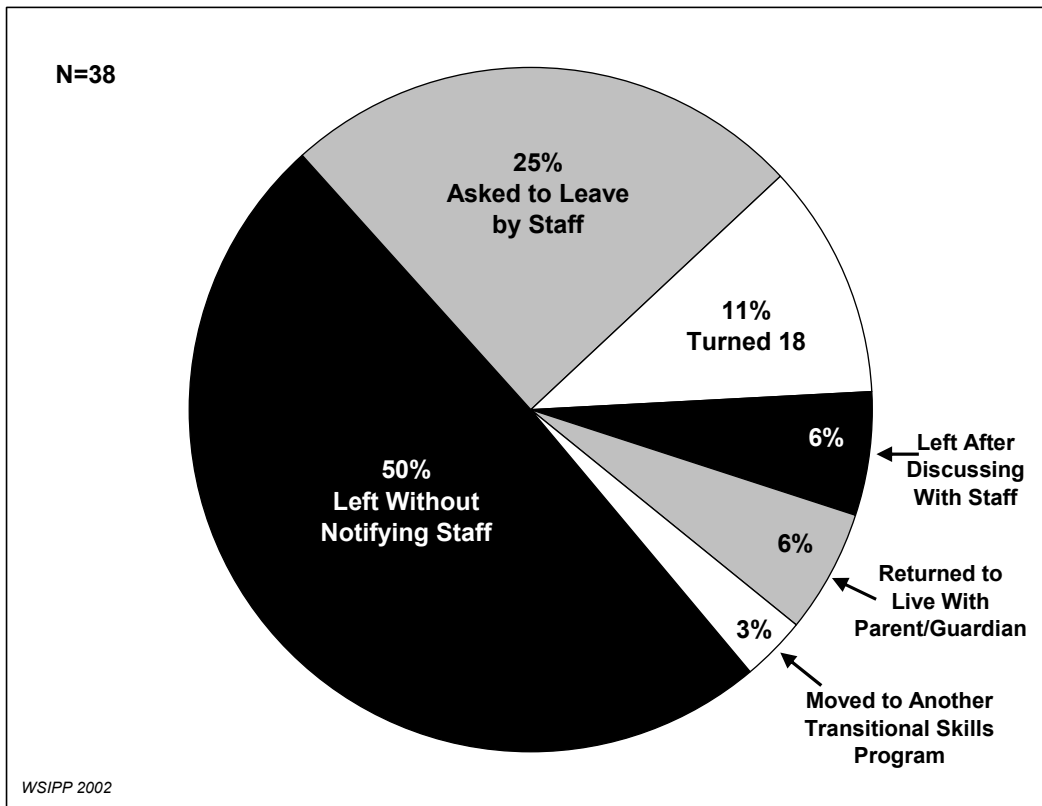
Type of School/Program	At RLSP Entry	At RLSP Exit
Alternative School	36%	25%
Community/Technical College	0%	29%
GED Program	15%	4%
Middle/Junior High/High School	48%	42%

**What Was RLSP Youths' Last Living Situation?** Slightly more than half (54 percent) the youth entered an RLSP from a HOPE Center. In most cases (80 percent), DCFS social workers recommended the placement to an RLSP.



**Destinations After Exit.** During the period of data collection (April 2000 to June 2002), 38 RLSP youth (72 percent of the sample) had exited the program. The reasons for exit provided by RLSP staff are displayed in Exhibit 26. As this exhibit indicates, 81 percent left the facility in one of three ways: without notifying staff, after discussing exit with staff, or after being asked to leave by staff.

**Exhibit 26**  
**Reasons for Leaving RSLP**



**Family Contact.** RLSP staff reported that 74 percent of youth established contact with a parent or family member during their stay. Nearly 60 percent of these youth received family visits regularly (every two weeks or more). Given the history of these youth, this finding suggests that the staff were successful in connecting youth and their families.

**Exhibit 27**  
**Frequency of Family Visits With RLSP Youth**

Frequency of Family Visits With Youth	Percent
Frequent (at least once a week)	26%
Regular (at least once every two weeks)	33%
Some (at least once a month)	22%
Rare (at least once during stay at RLSP)	19%

In addition, staff reported 34 percent of youth connected with a significant adult (mentor), and 41 percent reconnected with a family member.

## Services Provided By RLSPs

Service needs for RLSP youth are extensive and varied. Exhibit 28 lists the needs that were assessed and the services provided, as reported by RLSP staff.

**Exhibit 28**  
**Needs Assessed and Services Provided by RLSPs**

Services	Percent of Youth Needing Service	Percent of Youth Receiving Service
Daily Living Skills	92%	87%
Income Maintenance	91%	58%
Dental Health Exam/Treatment	89%	50%
Housing Know How	87%	66%
Physical Health Exam/Treatment	85%	71%
Basic Education	72%	68%
Interpersonal Skills	72%	74%
Connection With Significant Adult/Mentor	70%	26%
Vocational Assistance	68%	37%
Vocational Training	55%	18%
Alcohol/Substance Abuse Treatment, Outpatient	47%	32%
Mental Health Treatment, Outpatient	45%	39%
Remediation Education	4%	0%

## Perspectives From Caseworkers and Providers

As was the case with HOPE beds, both providers and caseworkers reported difficulties in determining which youth are appropriate for RLSPs. One DCFS caseworker reported that “the one part that we get hung up on is that a youth must have resided at either the secure CRC or a HOPE bed at some point. And then also, along with that, to be a state dependent.” Providers also struggle with referrals: “Sometimes I’ll get a call from a caseworker for a youth who almost fits the criteria, but they don’t necessarily know the specifics in terms of homelessness or [that the youth] had to have been in a secure CRC.” Another provider concurred: “We have an extremely difficult time trying to get kids placed into [RLSP because] a youth must have resided at either the secure CRC or a HOPE bed at some point [and] be a dependent.”

Despite this difficulty, several providers and DCFS offices report the RLSPs were working well for resident youth. One provider commented “Our RLSP [beds] have been full since we’ve opened.” DCFS caseworkers expressed a desire to see eligibility for the program

extended to youth who are not state dependent. In one region, both the provider and the DCFS staff person who were interviewed expressed the view that the RLSP program did not work as intended. This region almost never had a youth who qualified and wanted to be in the program.

In early 2002, one agency discontinued providing RLSP services primarily because of low occupancy. Few youth meeting the eligibility requirements under a strict interpretation were identified in this service area.

## **Summary**

**Program Implementation.** To date, 37 RLSP beds have been established in eight locations across the state. Of 18,287 bed nights provided, 9,622 (53 percent) were used. For the first half of 2002, average occupancy was 56 percent.

The eligibility requirements for RLSPs, in combination with the need for youth who were ready to take responsibility and accept the program's behavioral requirements, limited the number of youth suitable for the program. Approximately 80 percent of those who entered an RLSP during the research time frame left the program because they either ran away, left after talking with staff, or were asked to leave. However, for those youth who met the requirements and accepted the program expectations, the program offered security and an opportunity to prepare for adulthood.



## IV. PERSPECTIVES FROM YOUTH AND PARENTS

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To obtain the views of youth and parents, the research plan included an interview component. Extensive efforts were made to reach as many youth and parents as possible; the success of these efforts varied. (These efforts and the human subject protection procedures are detailed in Appendix C.) Each section references the number of interviews and the proportion of the population this figure represents.

### HOPE Youth

Interviews were completed with *86 youth, or 30 percent* of those enrolled in HOPE from the beginning through May 31, 2002. Exhibit 29 displays the number and gender of HOPE youth enrolled (as tracked by interviewers) and interviewed by site. Interviewers generally waited 30 days after exit from HOPE before initiating the survey to give youth time to reflect on their stay in HOPE and to gain experience with their new placement.

**Gender.** More girls are enrolled in the HOPE program (54 percent) and disproportionately more girls were interviewed (63 percent). (Both Aloha House and Faith Homes admitted only girls.)

*Exhibit 29*  
**Number and Gender of HOPE Youth  
 Enrolled and Interviewed by Site**

Program and Site	Total Enrolled			Total Interviewed		
	Girls	Boys	Total	Girls	Boys	Total
Aloha House, Seattle	23	-	23	7	-	7
Cocoon Complex, Everett	9	12	21	5	2	7
EPIC, Kennewick*	17	22	39	10	11	21
Faith Homes, Tacoma	20	-	20	14	-	14
Haven House, Olympia	13	16	29	4	2	6
MY House, Vancouver	16	22	38	2	6	8
Positive Directions, Yakima	11	5	16	6	4	10
Riley House, Spokane	32	19	51	4	3	7
YouthCare, Seattle	13	33	46	2	4	6
<b>Total</b>	<b>154</b>	<b>129</b>	<b>283</b>	<b>54</b>	<b>32</b>	<b>86</b>

\*Gender of one youth unknown.

**Length of Stay.** There was considerable variation in the time interviewed youth spent in the HOPE program prior to another placement. Overall, they spent an average of 27 days in HOPE. Length of stay pertains only to those interviewed and may not be typical of all

program youth at the particular site. Length of stay, however, may be a factor in who was available to be interviewed. Youth who stayed longer may have been more stable, more receptive to the program, and, thus, more stable upon transition.

Youth with longer stays were also, presumably, more able to comment on the array of services they received while in the HOPE program. Interviews were completed with youth who had spent less than a week in HOPE (nine youth) and with those who had spent quite a bit longer—over 45 days (11 youth).

**Age.** The mean age of those interviewed was 15.5 years. The youngest was 12 and the oldest 17. The distribution was quite skewed—the median age was 16.0 years. Over one-third of those interviewed were 17, and 22 percent were 16.

**Exhibit 30**  
**Average Age and Length of Stay of**  
**Those Interviewed by Site**

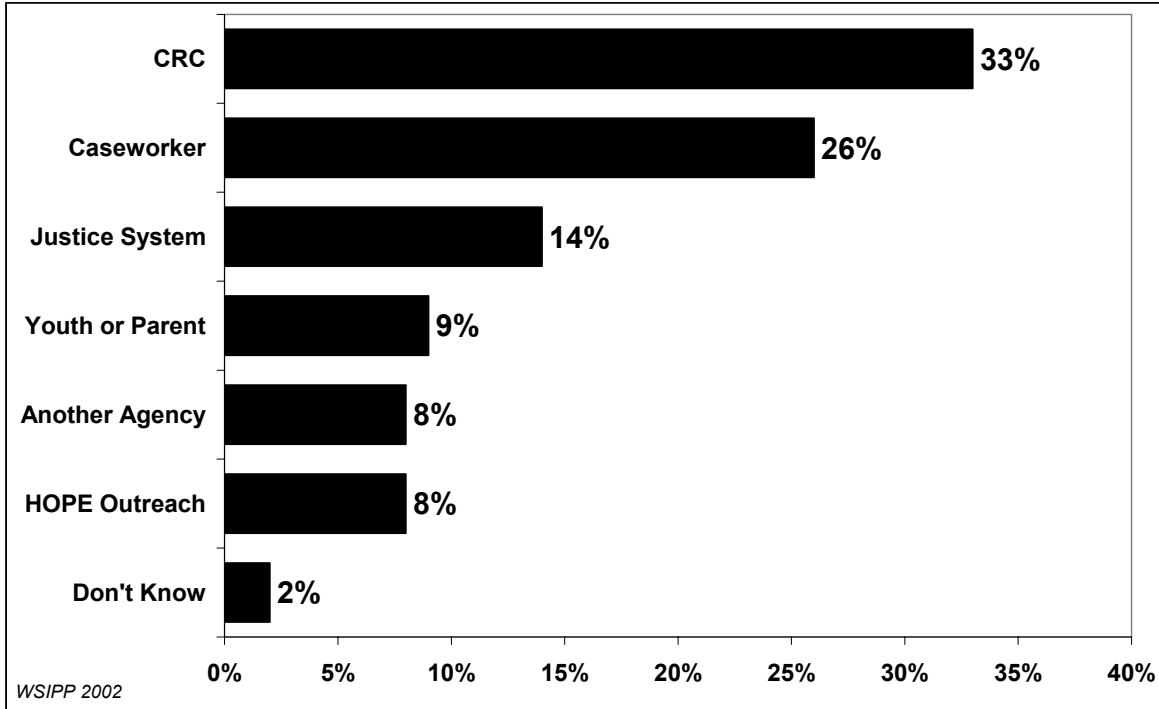
<b>Program and Site</b>	<b>Mean Age</b>	<b>Mean Length of Stay (LOS)</b>
<b>Aloha House, Seattle</b>	15.3	49 days
<b>Cocoon Complex, Everett</b>	15.6	25 days
<b>EPIC, Kennewick</b>	15.6	23 days
<b>Faith Homes, Tacoma</b>	15.4	22 days
<b>Haven House, Olympia*</b>	16.6	43.5 days
<b>Oak Bridge, Vancouver</b>	16.5	30 days
<b>Positive Directions, Yakima</b>	15.3	20 days
<b>Riley House, Spokane</b>	14.3	35 days
<b>YouthCare, Seattle</b>	15.5	19.5 days
<b>Total</b>	<b>15.5</b>	<b>27 days</b>

\*Age of one youth unknown.

### **Referrals to the HOPE Center**

Crisis Residential Centers (CRCs) were the largest source of referrals for youth entering the HOPE program: one-third of youth entered following a stay in a CRC. The second highest category was referrals from caseworkers (26 percent). The justice system (police, probation, and the courts) also referred youth to the HOPE Center. A few enrollees learned of HOPE Centers through a parent or another youth. A similar number knew a staff member at the HOPE Center. Schools and other community agencies also referred. Some sites were working on an expanded outreach to agencies to identify youth suitable for the program.

**Exhibit 31  
Who Referred Youth to HOPE Centers**



Most of the youth interviewed (64 percent) reported they were at the HOPE Center because they wanted to be there. Fourteen percent reported being there because of what someone else wanted. Similarly, most (62 percent) reported they never felt like running away. Only 7 percent reported they felt like running most of the time.

**Duration of Program.** Responses concerning the length of stay were divided: 42 percent of surveyed youth reported the stay was too short, and 44 percent reported it was about right. The remainder believed it was too long.

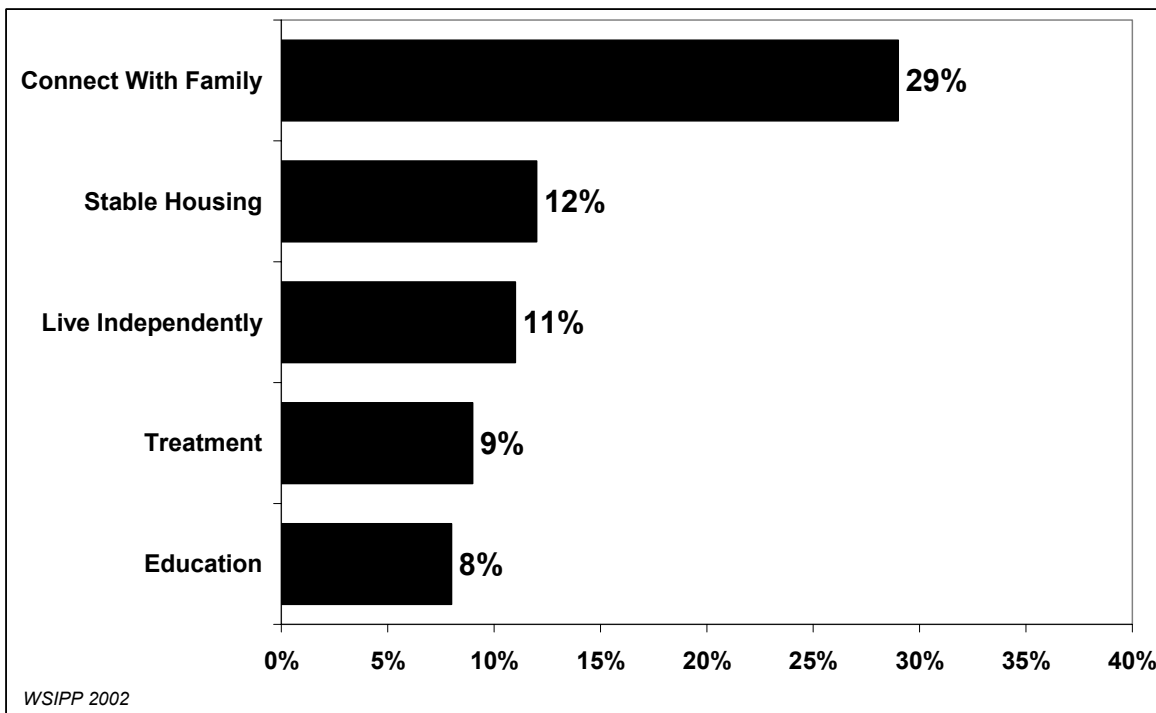
**What Youth Wanted to Accomplish**

Youth were asked about the most important thing they wanted to accomplish when they went into the HOPE program. Frequent goals cited included obtaining safe and/or stable housing, independent living skills, and a variety of services, such as help with education, substance abuse treatment, and mental health services.

A minority of youth appear to have been placed in the program because no other options were available or because there was a need for a temporary placement. As one resident reported: “I didn’t want to accomplish anything. I’m ready for my own life. I chose to live there because I had nowhere else to go.” Another wanted “to find a family that would love me” and was there because of the death a parent.

Another resident “wanted to get out of the tent he was living in with his mother and to have food, a bed to sleep in, and go to school.” He and his mother were homeless, but he did not feel he was in trouble in other ways.

**Exhibit 32**  
**Youths’ Goals While in HOPE Centers**



### How Well HOPE Centers Met Youths’ Needs

Two-thirds of youth interviewed believed the HOPE Center met most of their needs; another 14 percent thought it met some of their needs. Youth surveyed generally spoke well of the program. Although youth were given several opportunities to discuss problems they may have had with the program, few were openly dissatisfied. Of those who were dissatisfied, only 14 percent reported not many of their needs were met; 6 percent felt none were met.

**Differences Due to a HOPE Stay.** Most youth (80 percent) reported a difference in their lives at the time of the interview compared with how things were prior to their HOPE stay, although many had difficulty identifying exactly what was different. Twenty-one percent stated that their family situation had improved: there was less anger and yelling, and family communication was easier following a HOPE stay. Some youth noted that this difference was short-lived: things improved for awhile with the family and then returned to old patterns.

Two other themes emerged in responses about these differences. First, youth reported their housing was stabilized. They were no longer living on the streets or they were living in healthier situations—in some cases foster homes, in others, with members of their family



who provided appropriate care. Second, a number of youth reported that their emotional health and coping abilities were improved.

- “I’m happier with myself and with how things are going in my life.”
- “My life was hectic, now it’s calm. I have some problems, but now things are looking up.”
- “I’m able to live independently. Before [the program], my life was very unstable. It helped me transition into adulthood.”

**Aspects of HOPE That Made a Difference.** Overall, youth who felt they benefited from a HOPE stay credited the program with providing them with support and structure. When asked what about HOPE had made a difference, the largest single response (36 percent) was staff.

- “Staff was always there; they had good hearts and it rubbed off.”
- “Staff was helpful,” and she still stops by to visit.
- “Everything—support. When I needed something, they did all they could to help.”

Some specifically credited the structure of the program in helping them turn their lives around, even though rules were difficult to follow at times.

- “Guidance—helped me set goals and figure out how to reach goals.”
- “Program staff talking with me about how to handle communication.”
- “Guidelines helped me; gave me a lot of structure.”

In contrast to the generally positive view of the program expressed by many youth, about 14 percent of respondents felt that changes in their lives were not related to their stay in the HOPE Center. Instead, they identified changes in their family, peer influence, and other providers as having made the greatest difference.

- “My being gone made my parents realize I was serious about leaving. But (changes were) not really due to the HOPE program.”
- “It wasn’t really anything. My probation officer told me I had to wake up and pay attention or I would go to jail for a long time.”
- “I got sober and started thinking right.”
- “Being away from mom and still having contact helps a lot.”
- Being with a lot of youth her own age helped to lift depression, suicidal feelings—“totally changed me.”

**Recommendation of HOPE Centers to Others.** Eighty percent of surveyed youth reported they would recommend HOPE Centers to others who need help. Another 12 percent reported they might, but it would depend on the circumstances, such as a youth’s

readiness to follow rules and live with the expectations associated with the HOPE program. Nine percent reported they would not recommend HOPE to others.

### Areas of Assistance

Interviewed youth were asked if they believed they needed help with education, medical or dental care, substance abuse treatment, mental health treatment, and getting a job. They also were asked if the program worked with their family or an adult responsible for them. If they responded that they needed help, they were asked if the program assisted and, if assistance was provided, whether or not was useful to them.

*Exhibit 33*

#### Areas of Need, Assistance, and Perceived Usefulness: Surveyed HOPE Youth

Topic Area	Needed Help	HOPE Assisted			Useful to Them		
		Yes	Attempt	No	Very	Somewhat	No
Education	49%	76%	-	24%	66%	31%	3%
Medical/Dental Care	45%	67%	18%	15%	65%	35%	-
Mental Health	43%	46%	11%	43%	71%	23%	6%
Getting a Job	41%	37%	14%	49%	77%	15%	8%
Substance Abuse	27%	74%	13%	13%	82%	12%	6%
Working With Family	*	49%	-	51%	33%	39%	28%

\*Youth were not asked if they thought they needed help working with their family.

**Education.** Nearly half of surveyed youth reported needing help with school. Of these, the majority (76 percent) received assistance, usually with enrolling in school or in an alternative or GED program. Other assistance included monitoring, helping with homework, or arranging transportation to school. Eighty-six percent were in some form of school: nearly half were in regular school, and the remainder were in alternative programs.

**Working With Families.** Almost half the youth reported HOPE Centers worked with a family member or another adult responsible for them. Youth may have been referring to a foster parent or caseworker when answering this question. One-third reported that this focus on working with their family was very useful. Follow-up questions asked if the relationship with the family had improved: 40 percent reported it had improved a little or a lot, 33 percent reported it stayed the same, and 17 percent reported it was worse. At the time of the interview, 18 percent of youth were in family counseling.

**Medical and Dental Care.** Just under half the youth reported needing help with medical and dental care, and most received it or at least had made an appointment. (It was not always possible to find providers willing to accept medical coupons without long waits for appointments, especially for dental care.)

**Substance Abuse.** Over 25 percent of youth thought they needed help because of overuse of drugs and/or alcohol. Almost all received or were offered help. Over 80 percent

who received help reported it was very useful. When asked if they thought they needed help at the time of the interview, 20 percent reported they did and half were involved in treatment. Some youth entering the HOPE program already had treatment providers, both for substance abuse and mental health issues. HOPE Centers usually worked with existing providers to continue the treatment.

**Mental Health.** Forty-three percent of youth reported needing help with depression, anxiety, problems from their childhood, or related issues. About half (46 percent) of these reported receiving help making an appointment with a mental health professional. Another 11 percent reported there was an attempt to help. In addition to this question about mental health, there were other opportunities in the survey to comment on emotional issues. Anger management was frequently discussed, either as an additional need or service, goal, or area of improvement.

**Getting a Job.** Some youth reported being too young to work. Over 40 percent reported needing help with job placement or training. Most (71 percent) did not have jobs at the time of the survey, although 21 percent reported having part-time jobs.

## Transition From HOPE

**Current Living Arrangement.** At the time of the survey, usually a month after exit from HOPE, 31 percent of youth were living with their families, 41 percent were in group homes or foster care, and 14 percent were living with other relatives. These arrangements were consistent with the goals youth had set. It was observed in weekly calls to sites, however, that placements after HOPE were not always known in advance. Some youth did not know where they were going after HOPE until a day or two before they left. Others knew well in advance.

**Nights Homeless or Couch Surfing.** Few of the youth interviewed had spent any nights on the street after the HOPE program. One youth reported spending every night on the street. Altogether, 11 percent of those interviewed reported being homeless some nights since leaving the HOPE program, and 17 percent reported spending at least some nights in temporary sleeping arrangements or “couch surfing.”

**Permanence of Post-HOPE Placement.** Approximately half the youth (53 percent) reported they were likely to stay where they were for six months. The rest thought they might leave and go somewhere else. Of those who said they might leave, the reason given most frequently was wanting to live on their own and to avoid conflict with others in their current living situation. Most had ideas about where they might go, including living with family (19 percent) or friends (11 percent), living independently (22 percent), and moving to another program or facility (19 percent). Fourteen percent did not know where they would go—one thought back to the streets, others were working with social services to find a place.

**Plans for the Future.** Forty percent of youth had made plans, with the help of HOPE staff, for how they were going to manage when they left the program. Almost all thought they

could meet the goals they set in the plans. Eighty percent thought they could get help from the community or family to meet the goals. The rest thought it would be harder to get help.

## **Parent/Guardian Perspectives**

Twenty-one parent interviews were completed, representing six of the nine HOPE Centers. The largest number of interviews (six each) were from MY House in Vancouver and EPIC in Kennewick. Only one parent from each Seattle site was interviewed. Fifteen of the parent interviews corresponded with youth interviews.

Given the low number of interviews, low representation by site, and limited opportunity to correlate responses of parents with those of youth, results of parent interviews are presented as a discussion. Parent impressions are valuable. However, the few parents reached may not be typical of all HOPE youth parents and guardians.

**Length of Stay.** The majority of parents (52 percent) felt the time youth spent in HOPE was too short. They believed that the problems were too great to be resolved within 30 days.

- “She wasn’t there long enough. At first it appeared that things had improved a lot—both trying to be more positive. But gradually she got worse and back to the way she was. Maybe a longer stay would have been helpful; maybe six months.”
- “HOPE program filled a big need; was an island of sanity in a sea of confusion. Helped overcome despair. Counsel and help was a huge help to the family.”

## **Goals for Youth**

Three themes emerged in the goals parents had for the youth: having the children safe and off the streets, getting them help with complex mental health or substance abuse issues, and making them more responsible or accountable for their behavior.

- Wanted her to get stabilized. “She hooked up with a gang, and she has changed. Will be very hard to change her.”
- “To increase his self-esteem. He had a lot of adults pulling for him; staff helped him see the potential others saw in him and that he could do better.”
- “To recognize for himself that he needed to be responsible and accountable.”
- “Getting on track in terms of getting him off drugs and alcohol; help him be functional; lessen rebelliousness.”

**Needs.** Most parents interviewed felt their youth’s needs were met, at least to some extent (43 percent felt all needs were met; 38 percent felt only some were met). However, 10 percent of parents did not feel any of their child’s needs were met. Parents felt that HOPE staff usually tried to meet the often complex needs of the youth but were at times challenged by the extent of those needs, lack of time, or unwillingness of the youth to

cooperate. Most expressed satisfaction with HOPE. Only one parent would not refer a youth needing help to the HOPE program.

Most of the comments about specific unmet needs related to regrets about the HOPE Center not having more control, longer stays, or more aggressive treatment and management of mental health problems.

- “Might need a lock-down for children like her. She ran after two days both times she was in the HOPE program. Lock-down might have kept her there long enough for any intervention to work. Since she could leave, she did.”
- “Longer stay would have been nice. She needs more time.”
- “Mental health appointment canceled, but no fault of HOPE program. Stronger handholding might have helped him follow through. Pretty lazy and needs stronger direction.”
- “Supposed to be a plan of action before she came home, but that didn’t happen until a week or two after she came home.”

**Difference After HOPE.** Approximately half (52 percent) the parents interviewed had their child living with them at the time of the interview. The youth was living with relatives or friends in 28 percent of the cases. Slightly more than one-third (38 percent) felt life was very different for their child after the HOPE program compared with before, 29 percent thought things were somewhat different, and 33 percent thought things were the same.

- “The program has been a life saver. Not using drugs; relationship good; has gone back to the way it was before.”
- “Kept her off the streets for awhile; some stability now, a job. Does have her independence now.”
- “He’s happier, more self-assured; attending school; not on the streets.”
- “Not screaming and yelling; much calmer.”

Parents credited program staff (25 percent) or program structure and support (33 percent) with having made a difference, although some parents (25 percent) did not attribute the difference to HOPE.

- “Program gave her a breather and a chance to regroup.”
- “Staff treated them like human beings with a problem; they leant support.”
- “Allowed daughter and family to find alternatives; listened to the situation; dealt with the problems that were long-term and gave family the time to work out the problem.”
- “It wasn’t the HOPE program that made the difference, but placement in current program.”

## Parent Involvement

A separate set of questions was asked of HOPE parents/guardians about the opportunity for parental involvement. Three-quarters (76 percent) reported working with staff at the HOPE Center, most weekly or more frequently. Over half (56 percent) found it very helpful, and 19 percent found it somewhat helpful. Another 19 percent did not find involvement with HOPE Center staff helpful at all.

Some interviewed parents felt the program was a “life-saver” in bridging the gap between them and their children. Others commented that they felt excluded by the program, did not play an active role in establishing goals, and were left out in planning for transition from HOPE.

## RLSP Youth

Interviews were completed with *42 youth, or 59 percent* of youth enrolled in RLSP from the beginning through May 31, 2002. Although the original plan was to survey RLSP youth after they had been in the program at least six months, initial difficulties in contacting HOPE youth resulted in shortening the period between enrollment and the interview. RLSP youth were interviewed after 30 days. The advantage of the shorter period was an increased number of interviews. The disadvantage was that youth had limited experience with the program. The number enrolled (as tracked by interviewers) by site is shown in Exhibit 34, along with the number interviewed and gender.

**Gender.** As was the case with HOPE, more girls are enrolled in RLSPs (56 percent) and disproportionately more girls interviewed (67 percent). (Aloha House in Seattle admitted only girls. All other sites admitted both boys and girls.)

*Exhibit 34*  
**Number and Gender of RLSP Youth  
Enrolled and Interviewed by Site**

Program and Site	Total Enrolled			Total Interviewed		
	Girls	Boys	Total	Girls	Boys	Total
Aloha House, Seattle	9	-	9	7	-	7
Cocoon House, Everett	3	3	6	2	2	4
MY House, Vancouver	1	4	5	1	4	5
Positive Directions, Yakima	14	10	24	10	2	12
Safe Futures, Spokane	5	10	15	4	4	8
Pathways, Seattle	8	4	12	4	2	6
<b>Total</b>	<b>40</b>	<b>31</b>	<b>71</b>	<b>28</b>	<b>14</b>	<b>42</b>

Interviewed RLSP youth were older than interviewed HOPE youth. The average age was 16.2 (median 16.0). The youngest was 14 and the oldest 20.

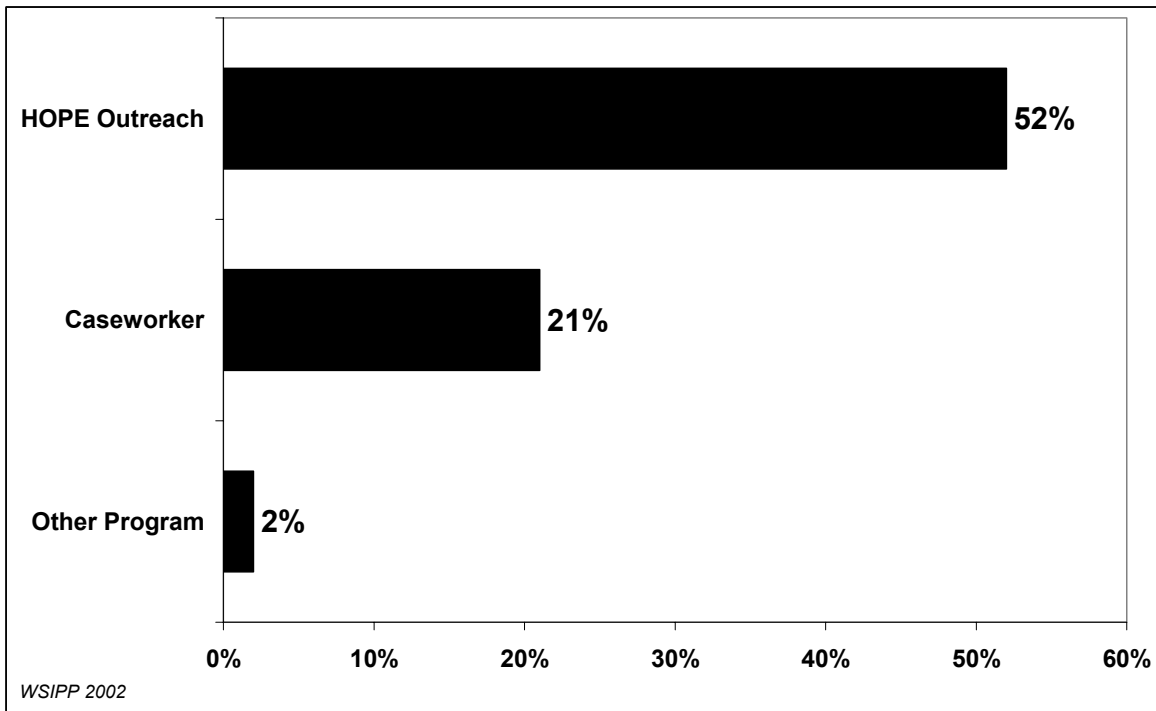
**Exhibit 35**  
**Average Age of RLSP Youth**  
**Interviewed by Site**

<b>Program and Site</b>	<b>Mean Age</b>
Aloha House, Seattle	16.0
Cocoon House, Everett	16.3
MY House, Vancouver	16.4
Positive Directions, Yakima	16.4
Safe Futures, Spokane	16.4
Pathways, Seattle	15.8
<b>Total</b>	<b>16.2</b>

**Referrals to RLSP**

Most RLSP interviewed youth came to the program after participating in the HOPE program. This was particularly true of sites that housed both HOPE Centers and RLSP. Other youth were referred by caseworkers or another program. A few learned about RLSPs from other youth and juvenile justice and social service programs. Youth who stayed in both HOPE Centers and RLSPs noted two distinctions: RLSP offered more freedom and, paradoxically, also required more responsibility.

**Exhibit 36**  
**Who Referred Youth to RLSP**



Youth entering RLSPs expressed high levels of investment in the program. Two-thirds reported they were in the program because they wanted to be there. Another 27 percent reported they were in the program because they and another person equally wanted them to be. Only 7 percent reported they were in the RLSP because someone else wanted them to be.

To some extent, this investment is reflected in youths' feelings about staying in the program or running away. Just under two-thirds reported they "never" or "not often" felt like running away from the program. Only 12 percent felt like running away "most of the time."

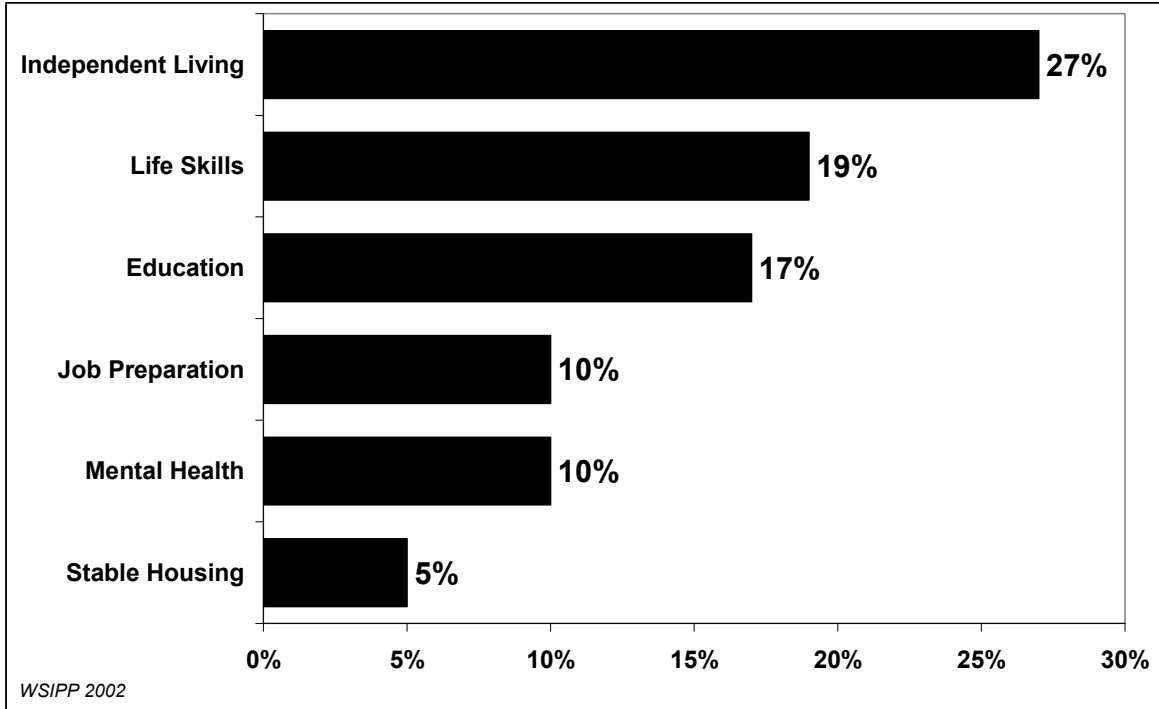
### **What Youth Wanted to Accomplish**

While only 27 percent of interviewed RLSP youth explicitly identified preparing for independent living as their primary goal in the program, in fact many other answers clustered around this motivation. An additional 19 percent reported they wanted to learn living skills, 17 percent stated they were seeking additional education, and 10 percent reported they were seeking job training and job placement. The following statements are summaries from the interviews regarding youths' perspectives.

- "Needed help to live on my own and to learn how to be responsible; was buried before."
- "Getting into school; to actually succeed in a program and not run."
- "Wants to finish school, get a job and be emancipated. Has not family. Wants to be on own without doing anything wrong."
- "To learn how to live on his own; learn how to do what he needs to be an adult; learn how to manage money, get an apartment and keep a job."
- "Wanted to be in a stable place for longer than a year; wanted to change reputation with CPS (always in trouble, always running). Trying to change his life; wants to be totally different. Wants good reputation, good references for job and wants people to like him."



**Exhibit 37**  
**Youths' Goals While in RLSPs**



RLSP youth were surveyed at varying points after entry into the program, but usually after only one month of residence. A few youth were anxious about whether they would have adequate time to develop independent living skills.

- “I want to learn about budgeting, so that I can live on my own. My time is short with going to school and also working. I’m worried about learning all I need to know to live on my own.”
- “I want to find low-income places to live. I’m going to turn 18 in a year and one-half and that’s not much time to learn everything I need to know.”

### **How Well Are RLSPs Preparing Youth to Live Independently?**

RLSP youth who were interviewed generally felt that the program was preparing them to live on their own and contributing to positive changes in their lives. Eighty-six percent thought they were being prepared to live independently (43 percent very well and 43 percent somewhat well). Twelve percent felt they were not being prepared well.

Most of the youth interviewed felt that RLSPs were addressing their particular needs. However, 21 percent reported unmet needs. The specific needs identified varied, but the most frequent (7 percent) was wanting more help finding work (three individuals). Other concerns included finding housing, preparing for turning 18, family issues, and obtaining medical and/or dental care.

**Life Different Than Before.** Eighty-six percent of youth surveyed reported that their lives were different compared with before they entered the RLSP. As with HOPE responses, youth credited two areas equally with this positive change: staff support and the structure and guidance built into the program.

- “Support, structure, and the resources the program led me to.”
- “Independence—they give support, but don’t control.”
- “The program is like a boundary; it helps in a lot of indirect ways. There’s guidance; staff watch over you while you do your own thing. Problems from the past are always going to be there, but with help, they become a scar, not a bleeding wound.”

**What Is Different.** Over one-third (36 percent) reported they were becoming more responsible as a result of the RLSP. Fourteen percent reported their mental health and emotional states were improved, and they had more support. Another 11 percent reported that the program offered more structure. Other changes noted by youth include improved school performance, more freedom, better living skills, and being employed. The following are summaries by interviewers of the youths’ comments.

- “Was living on own before; now has someone watching out for her. Was not going to school and now is.”
- “Off probation now; not in trouble with the law; academic progress good; doing well in school.”
- “It has been stressful. Did not get along with one staff, but now focused on getting a job and staying in school.”
- “A lot happier; not stressed out. Feels he is a very changed person. Has gained weight, stopped using; has a job and getting an education.”
- “When on the run, he had complete control. He has a little less control now, but respects the program a lot, so follows the rules.”
- “More freedom; changed all his friends; trying to get into college.”

### **Specific Needs and Areas of Assistance**

Interviewed youth were asked if they believed they needed help with education, substance abuse treatment, mental health treatment, and getting a job. If they responded that they needed help, they were asked if the program assisted and, if assistance was provided, whether or not it was useful to them.

*Exhibit 38*

**Areas of Need, Assistance, and Perceived Usefulness: RLSP Youth**

Topic Area	Needed Help	RLSP Assisted			Useful to Them		
		Yes	Attempt	No	Very	Somewhat	Not
Education	50%	81%	-	19%	47%	41%	6%
Substance abuse	21%	100%	-	-	63%	25%	12%
Mental health	38%	63%	13%	25%	80%	-	20%
Getting a job	52%	73%	4%	23%	38%	56%	6%

**Education.** Half the RLSP interviewed youth believed they needed help with school. Of these, the majority (81 percent) received assistance, typically with enrolling in school or in an alternative or GED program. Most youth believed this assistance was helpful.

At the time of the interview, most youth were enrolled in school. Only 14 percent were not, most often because they were in transition between programs or had enrolled in college courses for the next quarter. Ten percent were enrolled in college, 31 percent were enrolled in an alternative program, and 38 percent were either in a regular high school or a GED program.

**Substance Abuse.** Just over 20 percent of youth thought they needed help because of overuse of drugs and/or alcohol. All reported they received help, and 88 percent felt it was helpful (63 percent reported it was very helpful and 25 percent somewhat helpful). About one-quarter (24 percent) reported a continuing need for drug and alcohol services. Of these, 60 percent reported they were attending AA or NA meetings, and 70 percent indicated they were in continuing treatment.

A number of youth mentioned addressing their substance abuse problems among their primary goals when they entered the program.

- “I wanted to deal with my drug problem.”
- “I wanted to learn to live independently and how to live sober.”
- “I wanted to be independent, learn interpersonal skills; be clean and sober; be successful.”

**Mental Health.** Over one-third (38 percent) of youth reported needing help with depression, anxiety, problems from their childhood, or related issues. Of these, nearly two-thirds (63 percent) reported receiving help in getting an appointment with a mental health professional; another 13 percent reported there were attempts to help. At the time of the interview, 87 percent who stated a need for mental health services were receiving continuing services.

**Getting a Job.** About half (52 percent) the youth interviewed stated they needed help with job placement or training when they entered the RLSP. Nearly three-quarters (73 percent) reported receiving help with job training, placement, or job search. Another 5 percent

reported that help had been offered to them that they did not pursue. All but one youth felt the job assistance they received was helpful. At the time of the interview, 36 percent of the youth interviewed were working: 21 percent part-time and 14 percent full-time.

### Independent Living Skills

RLSPs are aimed in large part at teaching youth the key skills they need to live and thrive independently. A number of questions focused on what skills youth were learning. However, since the interview was completed after only 30 days of enrollment, many youth were just beginning to develop some of the skills or may not yet have been offered assistance. At the same time, many youth had experience living on their own in other group living situations. Exhibit 39 summarizes the living skills available at RLSPs.

**Exhibit 39**  
**Living Skills Training Offered by RLSPs**

Living Skill	Are You Learning?			Was This Helpful?*		
	Yes	Already Knew	No/ Not Yet	Very	Somewhat	No/Don't Know
<b>Money Management</b>	48%	17%	36%	70%	25%	5%
<b>Food Management</b>	65%	21%	14%	56%	37%	7%
<b>Housing</b>	43%	7%	50%	67%	33%	-
<b>Community Resources</b>	45%	12%	43%	53%	47%	-
<b>Communication Skills</b>	69%	12%	19%	55%	38%	7%

\*Applies only to those learning the skill (those who responded “yes”).

Just under half (48 percent) the youth surveyed reported they were learning money management skills. An additional 17 percent reported they already had these skills. Of those who stated they were learning money management skills, all but one felt the training was useful.

Nearly two-thirds (65 percent) of youth stated they were learning food management skills, such as cooking, shopping, price comparisons, and food safety. Another 21 percent reported having these skills already. Only two youth believed this skill was not helpful.

Less than half the youth (43 percent) reported learning skills for finding and keeping housing, such as signing a lease, living with roommates, and similar issues. However, interviews were conducted relatively early in youths’ projected period of residence, and a number of youth anticipated learning more about housing issues as they progressed in the program.

Similarly, approximately 45 percent of youth reported learning about community resources, and another 12 percent felt they were already familiar with these resources. Again, this skill might be introduced closer to a youth’s planned termination from the RLSP.

Sixty-nine percent of youth reported learning communication skills. An additional 12 percent reported already having these skills. A number of youth made note of changes in communication and their relationships.

- “I have more friends and get out more.”
- “I feel free; can talk differently, can go out.”
- “I have two jobs now and go to school full-time. I was a runaway, had no goals, no plans and wasn’t very social. Now I’m more social and I have goals.”

At the same time, the whole experience was not smooth for all youth. As one youth stated, “It just takes getting used to living in a group setting. It’s not really a family environment, but I’m getting used to it.”



## V. CONCLUSION

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In 1999, the Washington State Legislature passed the HOPE Act, establishing two new service programs for older street youth who have no family support or for whom foster placements have not been successful.

### **HOPE Centers**

Across the state, nine facilities provide 29 HOPE beds. During the study period, these HOPE Centers served 310 youth with an average length of stay of 22 days. The overall occupancy rate was 35 percent. Low occupancy rates were influenced by many factors, including youth choosing other living options, confusion and disagreements between providers and caseworkers about appropriate placements for these beds, and, in some areas, a limited population of street youth.

Most youth admitted to HOPE Centers could not be described as “street youth.” Over 60 percent had not spent any time “couch surfing” or on the street in the prior six months.

The outcomes of HOPE youth were compared with outcomes of youth who spent time in a Crisis Residential Center (CRC). HOPE youth had more positive outcomes than CRC youth in four areas:

- Fewer school dropouts;
- Slightly higher wage gains for those who were employed;
- Lower crime involvement; and
- More likely to reach legal resolution of their living situations.

### **Responsible Living Skills Program (RLSP)**

During the study period, 53 youth entered RLSPs with an overall occupancy rate of 53 percent. Currently, there are 37 RLSP beds in eight facilities across the state.

RLSP youth showed the following positive outcomes following their stay:

- Employment status improved from 11 percent to 26 percent.
- A greater percentage (29 percent) of youth were enrolled in community and technical colleges at exit than at entry.
- 74 percent of RLSP youth established contact with a family member.

The eligibility requirements for RLSPs, in combination with the need for youth to be ready to take responsibility and accept the program’s behavioral requirements, limited the number of youth suitable for the program. Approximately 80 percent of those who entered an RLSP

during the research time frame left the program because they either ran away, left after talking with staff, or were asked to leave. However, for those youth who met the requirements and accepted the program expectations, RLSPs offered security and an opportunity to prepare for adulthood.

State policy options for runaway and street youth must balance two conflicting goals: protecting vulnerable youth from potentially dangerous living environments and reinforcing the value and role of families in raising children. In striving to strike this balance, the legislature set restrictive eligibility requirements for the HOPE program, aiming to assist youth who already had entered street life, were motivated to seek help, and were accepting of a living environment that restricted their freedoms. The low occupancy rates suggest that this particular population of street youth is limited.

RLSPs are aimed at a select group of street youth: state dependents with a history of unsuccessful placements who had a previous stay in a HOPE Center or secure CRC. Additionally, participants must be motivated, have no significant behavioral problems, and be capable of acquiring skills.

The high rate of voluntary exits from RLSPs, combined with the proportion of residents who were asked to leave the facility by staff, demonstrate the significant challenge of finding youth who meet the behavioral/motivational side of the requirements. Providers and caseworkers report that for youth who meet these requirements, the RLSP programs are an excellent resource.



## APPENDIX A: METHODOLOGY FOR CRISIS RESIDENTIAL CENTER COMPARISON GROUP

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Between March 2000 and June 2002, 310 youth made 357 entries to HOPE Centers. During the same time period, 3,956 youth made 6,364 entries to Crisis Residential Centers (CRC) *and* had never been to a HOPE Center. Since the intake form for CRC and HOPE youth include similar questions, a comparison group can be constructed based on like characteristics between the two groups.

### Methodology

A total of 357 intake forms were completed by HOPE staff for program entrants. Since youth may enter a program more than once, the most recent stay for each youth participating in the HOPE program was selected. This resulted in 310 individuals for the study group. In the same time period, nearly 4,000 runaway youth entered secure or semi-secure CRCs and did not have a subsequent HOPE admission.

Given the relatively small number of HOPE participants and the large pool of CRC youth, a “matched pair” method was selected to create a suitable comparison group.<sup>29</sup> This method involves selecting a set of prioritized criteria for matching one or more controls (CRC youth) to a selected number of cases (HOPE youth).

A hierarchy of 11 variables common to both cohorts was created (in order of importance):

- DSHS Region
- Sex
- Legal Status
- Ethnicity
- Age
- Last Family Member Lived With
- Nights on Street in Last 30 Days
- Possibility for Client to Return to Parent
- Living Situation
- Left House Because of Abuse or Neglect
- Left House Because Told To

The matching process begins by first finding CRC youth with the same characteristics as HOPE youth in all 11 categories. Each subsequent matching effort involves removing one category (by priority) and matching on the remaining variables. If there is a tie (e.g., one HOPE youth matches to five CRC youth on eight criteria), the match with the greatest number of the corresponding variables is selected.

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<sup>29</sup> Paul R. Rosenbaum, “Optimal Matching for Observational Studies,” *Journal of the American Statistical Association* 84, no. 408 (1989): 1024-1032.

## Results

As expected, both groups have equal percentages for those variables with high priority (i.e., Region, Sex). In all categories, the proportion of case and control (HOPE/CRC) groups are similar and constitute adequate representation for comparing outcomes of interest.

**Note:** It should be emphasized that the CRC group selected for comparison in this study is not representative of the entire group of CRC youth. In general, CRC youth have less street experience and less time in the foster care system than the population referred to HOPE Centers. There is, however, sufficient diversity and numbers in the CRC population to find youth who closely resemble HOPE participants.

## **APPENDIX B: METHODOLOGY FOR CASEWORKER AND PROVIDER INTERVIEWS**

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Interviews were conducted by telephone with DCFS caseworkers and providers in each of the six DSHS regions. Questions were open-ended, allowing caseworkers and providers in each region to address issues specific to their area.

DCFS caseworkers were asked the following questions:

- We understand that caseworkers and providers both have struggled at times to figure out what types of kids are eligible and appropriate for the 30-day HOPE Center stays and RLSPs. After two years, have the definitions and purposes of these programs become clearer in your region? What works and doesn't work about the programs in your region now?
- Throughout the state, utilization of the 30-day HOPE Center beds has been low, and there has been talk of cutting or diverting the funds for these beds. What do you think should be done with HOPE Center funding: keep it the same, increase it, cut it, or redirect it? Why?
- If state legislators were to ask you what steps should be taken next to connect with homeless and runaway youth and to help them get their lives on track, what would you advise?

Questions for providers were focused more toward specific issues each faced. The following questions were asked of each provider where appropriate:

- In the past six to nine months, have you had much turnover in staff assigned to your HOPE Center and RLSP programs?
- Throughout the state, utilization of the 30-day HOPE Center beds has been low, and there has been talk of cutting or diverting the funds for these beds. From your program's perspective, what should be done with HOPE Center funding: keep it the same, increase it, cut it, or redirect it? Why?
- If state legislators asked you what further steps should be taken to reach homeless and runaway youth and help them get their lives on track, what would you advise?

Other questions for providers included their relationships with DCFS, current outreach efforts, appropriate placement for youth following a 30-day HOPE Center stay, and issues with referrals to the HOPE Centers and RLSPs.

At the end of the interview, DCFS caseworkers and providers were invited to share issues not previously addressed.



## **APPENDIX C: METHODOLOGY FOR YOUTH AND PARENT INTERVIEWS**

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To obtain the views of youth and parents, the research plan included an interview component. Extensive efforts were made to reach as many youth and parents as possible; the success of these efforts varied.

### **Methodology**

The research was conducted with approval from the Washington State Institutional Review Board (WSIRB). The original methodology relied on staff informing interviewers when youth left the program and youth contacting researchers using a toll-free number. It was evident almost from the beginning that substantially more interviewer involvement was necessary to complete the surveys with youth and parents. Therefore, these procedures were modified to increase response. The following discusses the original and modified approaches.

#### **HOPE Center Youth**

All youth leaving HOPE Centers between April 2000 and June 2002 were included in the interview sample. Because the study did not actually begin until April 2001, two groups were effectively included in the sample:

- Youth who left HOPE Centers prior to April 2001
- Youth residing in HOPE Centers on or after April 2001

**Youth Who Left HOPE Centers Prior to April 2001.** Cover letters from each program site, letters from the interviewers introducing the project, and client information sheets were provided to HOPE Centers, with a request that they mail these outreach materials to youth who left the HOPE Centers prior to the onset of the study. Youth were solicited through these materials to call a toll-free study line. Materials made it clear that youth would receive a modest incentive payment for each contact they made with the interviewers.

Virtually no returns were received from these initial mailings. A second letter was distributed to youth approximately six months later. Again, there were no returns and no calls to the toll-free number.

**Youth Residing in HOPE Centers on or After of April 2001.** An outreach flyer, a client information sheet, consent forms, and a laminated wallet card with the study's toll-free number and an incentive reminder were distributed to HOPE Centers with a request that staff seek the consent of youth for contact by the interviewers. If consent was obtained, the HOPE Center staff returned a copy of the consent form to the interviewers and provided the team with youth contact information at exit.

To facilitate the process, a consistent system of contact was set up with each HOPE Center. In weekly calls, the interviewer would review new admissions, signed consents, and planned or unexpected departures from the program.

Once consent was obtained from a youth, an initial conversation introducing the project took place over the phone. Youth received a modest financial incentive for this conversation.

### **Responsible Living Skills Program Youth**

The initial approach proposed for interviewing RLSP youth was to interview all youth resident in the program during a specific month, conducting follow-up interviews at six months. Ultimately, this approach was not successful. Permission was requested of the WSIRB to instead interview RLSP youth once they had been in residence for 30 days. This approach proved successful.

The disadvantage of the 30-day approach was that it limited the potential benefits of services by the time the interview was conducted. However, the advantage was that a greater number of youth were interviewed. Again, modest financial incentives were provided to RLSP residents for participation in the interview.

### **Parents of HOPE Center Participants**

There were essentially three groups of parents of HOPE residents:

1. Parents of youth enrolled in HOPE Centers prior to the effective date of the study (April 2001).
2. Parents of youth enrolled in HOPE Centers after April 2001 with whom HOPE Center staff had face-to-face contact.
3. Parents with whom HOPE Center staff did not have face-to-face contact subsequent to the study's start date.

#### **Parents of Youth Enrolled in HOPE Centers Prior to the Effective Date of the Study.**

Cover letters from each program, letters from the interviewers introducing the project, and parent/guardian information sheets were provided to HOPE Centers with a request that they mail these outreach materials to parents of youth for whom they had contact information. Verbal consent to interview was solicited when parents called a toll-free number. Few calls were received in response to this mailing.

#### **Parents of Youth Enrolled in HOPE Centers After April 2001 With Whom HOPE Center Staff Had Face-to-Face Contact.**

Initially, a client information sheet and letter to parents were provided to HOPE Center staff with a request that they seek cooperation of parents for contact by the interviewers. When parents made contact with the interviewers by phone, verbal consent to complete the interview was obtained. Because there were no calls from parents in response to this approach, the research team sought and received approval to modify the approach. In November 2001, HOPE Center staff began obtaining parent consent to be contacted using a form similar to the youth consent. Interviewers contacted parents 30 days after a youth left the program. No financial incentives were offered to parents of HOPE residents for participation in the interview. The signed consents allowed interviewers to track parents as they did the youth and proved a successful method of obtaining interviews.

**Parents With Whom HOPE Center Staff Did Not Have Face-to-Face Contact Subsequent to the Study’s Start Date.** A final modification was approved by the WSIRB which allowed the interviewers to complete additional parent surveys. Contact information for youth was sometimes a parent’s telephone number. Interviewers had an opportunity to ask permission to do an interview with the parent when they called to make contact with the youth.

**Interview Content**

The follow-up interviews were intended to supplement data drawn from client-level records. The interviews, lasting approximately 15 minutes each, focused on three areas:

- Satisfaction with services received;
- Expectations of services and whether services met those expectations; and
- Effect of the services in meeting the self-defined needs of youth.

**Completed Interviews**

In total, there were 355 enrolled youth tracked for these interviews, 284 in HOPE and 71 in RLSPs. Some youth had multiple admissions to programs (both HOPE and RLSP), some were in HOPE and then transitioned to an RLSP, and some moved between sites. Information on enrollment is based on the most complete data available to the interviewers.

The system of enrollment tracking initiated in August 2001 improved accuracy and yielded more interviews with youth. Before that time, interviewers had no way to know levels of enrollment by site and program or pending exits, relying instead on agency-initiated contact or calls from youth, neither of which were reliable. Youth were counted once, either as HOPE or RLSP. If enrolled in both HOPE and RLSP, most (depending on enrollment sequence) were counted and interviewed as RLSP clients.

**Exhibit C-1  
Number of Youth and Parents Interviewed**

<b>Enrollment and Interviews</b>	<b>Program</b>	
	<b>HOPE</b>	<b>RLSP</b>
Number of Youth Enrolled (Unduplicated)	284	71
Number of Youth Who Exited HOPE or RLSP by April 1, 2001	93	12
Number of Youth in HOPE or RLSP After April 1, 2001	191	59
Number of Youth Interviewed	86	42
Percent of Youth Interviewed	30%	59%
Percent in HOPE or RLSP After April 1, 2001 Interviewed	45%	71%
Number of Parents Interviewed	21	N/A

Most sites incorporated consent forms in the files completed by youth at time of admission. Once the consent to contact was signed, interviewers were able to follow youth and check on them weekly. Nevertheless, it was not possible to interview all the youth. Forty-three percent enrolled in HOPE after the interviews began in April 2001 completed the survey. Considerably more (71 percent) in RLSPs completed the survey.

**Few Youth Who Left the Program Prior to April 2001 Were Interviewed.** Despite letters to youth who left the program prior to April 1, 2001, and the modest financial incentive, there was no response. Interviews completed with youth who left the program before the surveys began were obtained because they returned to the program, sometimes at a different site.

**Most Youth Consented to Be Contacted for the Survey.** Only eight youth refused to be contacted for the survey: six enrolled in HOPE and two enrolled in RLSPs.

**Many Youth Left Without Contact Information.** Most often, youth who signed consents but ran before an alternative placement was found or left their post-program placement could not be found for the interview (64 youth). Most (59) were HOPE youth.

**Few Parents Were Interviewed.** Consents were obtained whenever possible to contact parents to complete an interview. Even if parents were not actually involved with the program, if the contact information for youth was that of a parent (rarely the case), the interviewer would ask permission to complete the parent survey. Twenty-one parent surveys were obtained.

## **Site Differences**

Sites differed in several aspects:

- Programs varied from site to site and may have contributed to length of stay and availability of youth for the surveys. Some sites housed both HOPE and RLSP at the same location, which gave qualifying youth the option of transitioning from HOPE to a less restrictive program. Some sites housed only short-term programs, such as HOPE and CRC beds. Another provider offered both HOPE and RLSP, but the programs were housed across town from one another. Youth who stayed longer and associated with peers who had experience with the survey were a little easier to reach.
- According to staff observations, youth varied by site. Seattle youth appeared to be more “street-wise”: more accustomed to life on the streets and less likely to participate in HOPE or RLSP. They were more likely to run than youth at other sites, although youth ran at all sites. Youth who ran after a few days were usually impossible to reach for the survey.
- Physical settings also varied among sites. Some were operated in residential neighborhoods; others were more institutional and had higher youth populations. These factors may have contributed to length of stay, or, alternatively, been indicative of more transient youth served.



- The type of youth referred varied to some extent, depending on the source of the referral. Some youth had needs or behavioral problems beyond program capabilities and were referred out or left on their own and were not available for interviews.
- Staff relationships with caseworkers were important in obtaining contact information for the interviews. Where relationships were good, staff were able to obtain information and follow-up about changes. Where those relationships were lacking, calls went unanswered and contact was lost.
- The relationship of the staff to the interviewers was very important. Staff were busy, and personnel changed at most sites during the study. Weekly contact with the same individual was very helpful. Until a relationship was established, information was often deficient.