

*Citizens Crime Commission  
Homeless Youth Prevention Task Force  
October 2003 – October 2004*

**CITIZENS  
CRIME  
COMMISSION**

*“41% of youth aging out of foster care will spend time in jail; 25% will be homeless for one night or more; and 60% of the young women will become pregnant...”  
Orphan Foundation of America, 2001*

*Citizens Crime Commission  
Homeless Youth Prevention Task Force*

## ***Co-Chairs***

Fred Stickel, Publisher, The Oregonian  
James B. Jeddelloh, CPA, President, Perkins & Company, P.C., and Chair, Citizens Crime Commission

## ***Ex-Officio Members***

Oregon Senator Kate Brown  
Multnomah County Commissioner Lisa Naito.

## ***Task Force Members***

Michael Balter, Stuart Hall, Richard Inukai, Philip Kalberer, Julie Leuvrey, Peter Nickerson, Kandis Brewer  
Nunn, George Richardson, Donald Washburn

## ***Staff***

Maggie Miller, Executive Director, Citizens Crime Commission  
Louise L. Grant, Associate Director, Citizens Crime Commission

## ***Special thanks to***

Jerry Burns, Department of Human Services Manager  
Caitlin Campbell, Multnomah County Homeless Youth Project Coordinator  
Carolyn Graft, Department of Human Services Assistant Manager  
Mary Li, Multnomah County Office of School and Community Partnerships

## ***Mission***

The mission of the Citizens Crime Commission's Homeless Youth Prevention Task Force is to identify ways to eliminate institutional, political and social barriers that hinder Portland's at-risk homeless youth from moving off the streets and into a stable, safe and productive life style. Institutional, political and social barriers will be replaced by proven efficient and cost-effective system changes.

## ***Goal***

To provide effective, alternative service and residential options for Department of Human Services' youth who are not thriving in traditional placements to prevent these youth from considering homelessness as a long-term solution.

# **Introduction**

The "street" lifestyle is harmful to the physical and emotional health of our youth and increases their risk of becoming part of the adult homeless population and/or the criminal justice system. The existence of young homeless teens is unhealthy for the community, in that it breeds illicit activity and crime, intimidates law-abiding citizens, and is destructive to the livability of the community.

A necessary goal of any plan or program for helping homeless youth is to help them transition to a more stable, secure and nurturing environment. Helping our youth grow to maturity is a community responsibility and should be a high priority for the greater Portland community and the state of Oregon.

The Citizens Crime Commission advocates for sound, cost-effective and efficient public safety policies that improve the livability of our community. Part of that mission is to support appropriate services for “at-risk” youth so they do not become part of the expensive and desolate adult criminal justice system. We believe the state of Oregon is abdicating their responsibility by not providing needed services that would help adolescents either currently or previously involved in the foster care system transition to a more productive and safe future.

## Cost Comparison Services vs. Incarceration

Oregon Youth Authority	\$139 per day
Juvenile Justice detention	\$215 per day
Homeless youth bed with some services	\$52.18-\$71.71 per day

# Executive Summary

In the summer of 1997, the Citizens Crime Commission (CCC) and the Association for Portland Progress formed a joint committee to address the problems related to homeless youth and the structure of the homeless youth system.

This joint committee found the existing service for homeless/displaced youth in downtown Portland to be inadequate in scope and quantity, plagued by competing philosophical approaches, woefully under-funded, poorly coordinated, and undermined by a lack of government leadership. A summary of findings and recommendations were published in the 1998 report “Services to Homeless Youth in Portland”.

This committee developed a series of value statements that became a platform for guiding future work:

- Helping our youth grow to maturity, particularly those who are homeless, is a community-wide responsibility and should be a high priority for the greater Portland community.
- The “street” lifestyle is harmful to the physical and emotional health of our youth, and increases their risk of becoming part of the adult homeless population and/or the criminal justice system.
- A necessary goal/objective of any plan or program for helping homeless youth is to help them transition to a more stable, secure, and nurturing environment. Reunification of a homeless youth with a family member should always be explored.
- The existence of homeless teens is unhealthy for the community in that it breeds illicit activity and crime, intimidates law-abiding citizens, and is destructive to community livability.
- The active enforcement of so-called entry level or “livability” crimes is an essential aspect of helping at-risk and homeless youth transition to a healthier and safer environment. To be effective, the process for enforcement must include both compassionate administration and meaningful sanctions.
- The service delivery system for homeless youth should have measurable outcomes.

In response to the 1998 report, Multnomah County formed an Ad Hoc Committee to make allocation recommendations to improve services in Portland. One of the three recommendations of that report is the focus of the 2003 Citizens Crime Commission’s Homeless Youth Prevention Task Force. That recommendation states: “A significant number of homeless youth have come from the foster care system. Many of these are younger youth who are not ready for independent living.” The Ad Hoc Committee felt strongly that there was a need to advocate for services from the Department of Human Services’ State Office for Services to Children and Families (DHS).

In November of 2001 and October 2003, the Multnomah County Auditor released audits of the homeless youth continuum. In both audits, there are recommendations to strengthen linkages with the state foster care system for services. The 2003 audit states, “Linkage with some outside systems, such as the Youth Investment system and the Police Bureau have improved. Others need attention, particularly with the adult homeless system and foster care. This is an issue that will need constant attention.”

The main precipitating factor in the formation of the Homeless Youth Prevention Task Force was the testimony from the three homeless youth providers that make up the Continuum. They reported that 35% to 50% of the youth they are serving come from the foster care system. They also report that the youth are discharged to the Portland Downtown Homeless Youth Service System with inadequate discharge planning and the inability to access services from the state.

The Homeless Youth Prevention Task Force heard compelling testimony from state and local policy makers and interviewed staff who provide services to homeless youth and youth in foster care. The Task Force examined 50 case studies of youth in the homeless youth system with reported DHS involvement. The trends they observed include:

- DHS is not providing services for youth who should be in their care.
- There is a failure to communicate with homeless youth providers regarding DHS youth accessing services.
- Youth are “dumped” on homeless youth providers, thus transferring responsibility from DHS to the homeless youth system and Multnomah County.
- Youth are coming from outside the tri-county area and are an increasing burden to the Multnomah County system.
- Inappropriate referrals of DHS youth to homeless youth services, such as predatory sex offenders, are endangering other youth in homeless youth system care.
- Failure to make runaway reports.
- Inadequate services for girls.
- Referrals are made to the criminal justice system by way of police.
- Difficulty for homeless youth providers to make contact with DHS at night and on weekends.
- State youth become a financial burden to the homeless youth system and Multnomah County.
- Lack of intervention leads youth to end up in the adult system, either as homeless adults or involvement in the adult criminal justice system.

The Task Force recognized that there are numerous advocates working to ensure policy changes and move forward to prevent more youth from entering the street life. All involved in these discussions agreed if we could create long-term accountability, and an outcome-driven plan to pay now, instead of later, it would be a win, win.

Partners include Oregon Department of Human Services, Juvenile Rights Project, homeless youth providers, county and state policy-makers, Oregon Alliance of Children’s Programs, Homeless and Runaway Youth Coalition, Governor Kulongoski’s office, Oregon Commission on Children, Families, and Community, members of the business community, and citizens.

The Homeless Youth Prevention Taskforce developed recommendations in the areas of collaboration, capacity, funding, and legislation. Our success requires continued communication among advocates to implement strategies that can make an impact despite limited infrastructure.

# Testimony and Findings

1. Oregon Research Institute's 1999 "Psychosocial Characteristic of Homeless Adolescents in the Portland Metro Area" by Dr. Noell:

- Homeless youth are coming to the streets at various ages, but the majority of youth are between the ages of 17-21.
- Levels of serious depression for homeless youth are higher than the norm for the general adolescent population.
- Over 90% of homeless youth have used some form of drugs or alcohol.
- 36% of girls reported childhood sexual abuse.
- **38% of youth had been in foster care before coming to the streets.**
- When asked whose idea it was to be on the streets, between 3.4% of boys and 5.1% of girls said "child services".
- Homeless youth often trade or sell sex for basic needs.
- Rates of HIV and Hepatitis C infection are reportedly higher in this group.

2. FY 2000-2001 Year End Data Summary Report to the Homeless Youth Services Continuum Oversight Committee by Planning and Evaluation Division, Department of County Human Services:

"Although homeless youth population is one which presents many issues which must be addressed as they work to exit street life, two areas of common experience stand out as issues which may merit specific systematic attention because of both the high rate of youth involvement and the opportunity to coordinate with an existing system:

## *Foster Care System Involvement*

At assessment, one out of every four reported that he or she was currently involved with SCF and 9 out of every 10 youth reported that he or she has had involvement with SCF in the past. While an important caveat to these figures is that most of the youth being served by the Homeless Youth Continuum (NAFY, Outside In, and Janus) are coming from the Foster Care System....

## *Probation and Parole*

While there is a high frequency of involvement with the Justice System in general, almost half of the youth assessed reported that they had been involved in the past 12 months. One out of every 10 youth assessed reported they were on parole or probation at the time of assessment.

3. Homeless Youth Oversight Committee Report for July 1, 2002 - June 30, 2003:

- Total number of homeless youth served by providers in 2003: 713
- 634 total responses out of 713 served:
  - Within the tri-county area: 321 or 51%
  - Outside the tri-county area 313 or 49%

4. Approximate numbers of homeless youth on the streets in 2003: 1,500 (Homeless Youth Oversight Committee Report).

5. Testimony before the Homeless Youth Prevention Task Force

October 28, 2004 testimony provided by Mary Li, Multnomah County:

- There are presently 13,000 children in foster care in Oregon.
- Thirty percent or 4,000 are adolescents.
- Fifty percent or 2,000 of these teens return home. That leaves 2,000 teens in foster care who could end up on the streets.
- Statistics show that 40 to 50% of adolescent homeless kids are coming from the foster care system. Thus, homeless youth providers are acting as a safety net for the state system.
- Public safety issue such as: panhandling, prostitution, shop lifting, theft, drug use and livability issues.

October 28, 2003 testimony provided by Dennis Morrow, Director, Janus Youth Services:

- 40% to 50% of homeless kids come from foster care.
- Kids are termed to the street from DHS.
- These kids can't get back in the system.
- DHS hides these problems.
- The county is eliminating the Family Center Network.

October 28, 2003, testimony provided by Dr. Ben deHaan, Director, Criminal Justice Research Institute, Hatfield School of Government:

- Child abuse and homelessness overlap.
- Abuse causes criminal conduct.
- The homeless youth commit petty crimes to live; they commit twice as many property crimes.
- It appears our state is willing to tolerate petty, non-violent crime.
- A huge part of our budget goes to maintaining our prisons.
- 41% of kids in the foster care system have parents that are convicted felons and are in prison.
- 50% of kids in the Oregon Youth Authority (OYA) will go to adult prison.
- Foster care kids that go to OYA learn from high-risk youth.
- 80% of these kids have physically and sexually abused.

#### 6. Comments regarding the foster care issue from other professionals:

- Citizens Crime Commission received a telephone call from Romona Foley, Assistant Director for Children and Families, Oregon Department of Human Services. Ms. Foley stated DHS is not providing the needed services to adolescents and that is definitely exacerbating the homeless youth problem in Portland and throughout Oregon. She would like to work with us to solve the problem.
- E-mail to Citizens Crime Commission from Portland Police Commander Rosie Sizer: "On a broader scale, street disorder continues to be a big problem in Central Precinct. It seemed to be worse last spring and summer than during any other period in my tenure at Central Precinct. Street robberies are the most violent manifestation of the street robbery problem. In addition, we receive numerous complaints about drug dealing, panhandling, littering, loitering, and disorderly conduct. Not all of these complaints fall neatly into the Oregon Revised Statutes. I think the homeless youth system and downtown Portland suffers mightily from the degeneration of the social support systems to include the foster care system, mental health, A&D services."
- A discussion was held between Ms. Julie McFarland, attorney with the Juvenile Rights Project, and Citizens Crime Commission regarding the task force's goal of having the state's money "follow the child". Ms. McFarland believes the CCC task force is on the right track.

Ms. McFarland stated the DHS has the federal money to do what we are proposing and that our task force must make downtown services as part of a case plan.

On the positive side, Ms. McFarland said the Juvenile Rights Project just pushed through a new law making it mandatory that judges review any transition plan before a youth is discharged from the custody of the state. She also stated that any judge who realizes that DHS workers are discharging foster kids to the street would “come down hard on that case worker.”

- Co-Chairs of the Homeless Youth Prevention Task Force met June 4, 2004 with Gary Weeks, Director of the Oregon Department of Human Services. Mr. Weeks heard first hand how lack of services for adolescents under DHS supervision is burdening our local providers and contributing to the number of homeless youth on the streets of Portland. Siting budget issues as the reason for lack of services, he directed his local managers to work with us to improve communication and help as much as possible to increase capacity.



# Recommendations

## 1. Increase Communication and Collaboration

- Establish positive dialogue between the homeless youth system providers and DHS.
- Educate and train homeless youth system providers regarding assessment to determine eligibility for DHS involvement.
- Improve communication on status of youth and cases between systems.
- Increase collaboration between child welfare and criminal justice professionals.
- Create a single point of contact with decision-making authority in each system.
- Ensure data sharing and joint case management.
- Collaborate with county mental health services for adolescents.
- Provide linkages to community services for those cases not able to be reopened.
- Engage parents more effectively and increase accountability.

## 2. Expand Capacity of Homeless Youth System

- Create additional emergency bed capacity for specific use by this population, such as expanding capacity at Harry's Mother and Boys and Girls Aid Society.
- Implement New Avenues for Youth proposal to expand capacity by a minimum of two additional slots.
- Develop therapeutic foster care resources for adolescents.
- Create transition plans for youth leaving DHS custody, including housing and day services.

## 3. Increase Resources Available for Adolescents

- Develop funding sources from Oregon Youth Authority, foster care funds, Behavioral Residential Services. Explore state and federal funding opportunities.
- Research and apply for foundation grants.
- Use resources available in DHS and homeless youth systems to create wrap-around service packages.

## 4. Advocate for Changes in State and Federal Law

- Educate local, state, and federal elected officials on homeless youth issues.
- Create a funding model emphasizing local administration of funds.
- Change state policy to allow services for youth ages 18 to 21.
- Create policy directives for joint case planning for adolescent services.
- Form work group with DHS, Homeless Youth Providers, and Juvenile Rights Project to draft legislation allowing state monies to follow youth and local control of funds.
- Restrict the closing of cases of older youth and develop a process for opening new cases on returning clients.
- Develop policy to prohibit the court from vacating custody until DHS caseworkers have a plan for self-support and housing.
- Educate judges on issues related to vacating custody.

# Appendices

Appendix A: Testimony

Appendix B: References

Appendix C: Proposed Population/Service Matrix for Joint DHS and  
CCC Review Process

Appendix D: DHS Response to CCC Matrix

Appendix E: CCC Policy Recommendations

# Appendix A: Testimony

Senator Kate Brown

Multnomah County Commissioner Lisa Naito

Rob Abrams, Project Manager, Oregon Department of Human Services

Kevin Donegan, Director of Community Services, Janus Youth Services

Carolyn Graf, Assistant Manager, Department of Human Services

Dr. Ben deHaan, Director, Criminal Justice Research Institute, Hatfield School of Government

Mary Li, Multnomah, Manager, County School and Community Partnership

Janet Miller, Executive Director, Juvenile Rights Project

Dennis Morrow, Director Janus Youth Services

Kathy Oliver, Director, Outside In

Daniel Pitasky, Associate Director, New Avenues for Youth

Mickey Serice, Deputy Director, Oregon Department of Human Services

Commander Rosie Sizer, Portland Police, Central Precinct

Gary Weeks, Director, Oregon Department of Human Services

# Appendix B: References

Connected By 25: A Plan for Investing in Successful Futures for Foster Youth

Prepared by: The Youth Transition Funders Group Foster Care Work Group with The Finance Project

Impact Report: Effects of Modifications to Homeless Youth Continuum Implemented July 2003. Submitted by A. Foucek & Associates; Office Address 833 SE Main St. #415, Portland, OR 97214

Psychosocial Characteristics of Homeless Adolescents in the Portland Metro Area

By John Noell, Ph.D, Paul Rohde, Ph.D, Linda Ochs, M.S. Oregon Research Institute; Eric Margolis, Ph.D. Arizona State University. Funded by National Institute for Allergy and Infectious Diseases

Ad Hoc Committee on Downtown Portland Homeless Youth Services. Committee Report on Service Plan and Allocation Recommendations July 1998. Multnomah County Department of Community and Family Services Division of Community Programs & Partnerships

Homeless Youth Services Continuum; Review of System Outcomes November 2001; Suzanne Flynn, Multnomah County Auditor

Audit Follow-Up Report #6, October 2003 Homeless Youth Services Continuum. Suzanne Flynn, Multnomah County Auditor

Service Efforts and Accomplishments Social and Health Services FY2002 (printed Feb. 2003) Suzanne Flynn, Multnomah County Auditor

Department of Human Services 2003 Legislative Session; Major Initiatives and the 2003-2005 Budget (From DHS website)

Street youths shun services for curb life by Jim Redden, Portland Tribune, July 29, 2003

Homeless youth need adults who care by Kristine Cunningham and Yvonne Sanchez, The Seattle Times, May 15, 2001

Services to Homeless Youth in Portland: Report of the Joint Homeless Youth Assessment Committee of the Citizens Crime Commission and Association for Portland Progress Revised March 7, 1998. Co-Chairs: Fred Stickel, Les Aucoin

Homeless and Runaway Youth Health and Health Needs; A Position Paper of the Society for Adolescent Medicine; Journal of Adolescent Health: 1992; 13:717-726. Prepared by James Farrow, M.D., Robert W. Deisher, M.D., Richard Brown, M.D., John W. Kulig, M.D., M.P.H, and Michele D. Kipke, Ph.D.

Thug-style justice among Portland's street kids reaches extreme; by Maxine Bernstein, The Oregonian, 11/10/02

Chronic Juvenile Offenders in Multnomah County. Research and Evaluation Services Multnomah County Department of Community Justice, Elizabeth Autio, MPA, Liang Wu, Scott Keir, Ph.D.

Office of School and Community Partnerships & Homeless Youth Oversight Committee Program Update to the Board of County Commissioners, October 31, 2002

Housing First, a special report, Youth Leaving Foster Care, NPR 2002

Troubled Lives, Troubling Prospects: System Teens Transitioning to Adulthood, Julie H. McFarlane, Senior Attorney, STAT!Project! Revised September 6, 2003

Homeless Youth, the root causes are ignored, from Topics Concerning the Australian Community, Doctor Mark Cooray, LLB

**Appendix C**  
**Proposed Population/Service Matrix for Joint DHS and CCC Review Process**  
**September 8, 2004**

	<b>Population Demographics Statewide</b>	<b>Population Demographics in Multnomah County</b>	<b>Primary Barriers Faced/Needs for Service</b>	<b>Proposed Service Delivery Response Changes</b>
<p><b>1. Adolescents currently open in SCF System</b></p> <p><i>Overall goal of DHS- Child Welfare is to ensure the safety, permanency and well being of children.</i></p>	<p>In FY '03, 3,973 adolescents were served in foster care statewide.</p> <ul style="list-style-type: none"> <li>▪ 33.8% of adolescents in foster care reside in Multnomah County</li> <li>▪ 29% reside in Marion (331), Washington (295), Lane (273), and Clackamas (255) Counties</li> <li>▪ The only other counties with 100 or more adolescents in care are Klamath (117), Linn (115) and Jackson (104) counties</li> </ul>	<p>For Federal Fiscal Year (FFY) 2003, 33.8% of the statewide total of adolescents (ages 13-21), or 1,343 youth in foster care resided in Multnomah County. This represented 39.3% of children of all ages in care in the county for FFY 2003; Statewide, 29.5% of children of all ages in care were 13 or older. For June 2004, the daily average number of adolescents in care in the county was 765.5.</p> <p>Homeless Youth Continuum data reports 136 youth under the age of 18 indicating current or past DHS involvement upon intake that were engaged in the Continuum between January and June of 2004. 3 of these youth currently have open cases with DHS.</p>	<p>Missed opportunity to effectively use resources available in both systems to create wrap around service packages designed to create pathways to independence.</p> <p>Lack of communication through single point of contact; data collection/sharing; and, intentional commitment to co-case management.</p> <p>Lack of systemic ownership for adolescent services. No policy directives that call for joint case planning between systems or collaboration around joint planning for adolescent services as a whole.</p> <p>Lack of resources available for adolescents.</p> <p>Lack of methods to hold parents accountable for the care of their children.</p> <p>Federal and State laws prohibit service delivery response changes.</p> <p>On January 1, 2005, the State will be transferring control of monies used for funding residential placement for children to county mental health departments. It will then be the responsibility of counties to either fund residential placements or develop other options such as therapeutic foster care. The impact on placements for adolescents is unclear.</p>	<p>a. Single point of contact w/decision making authority in each system</p> <p>b. Commitment to co-case management between SCF and Homeless Youth System (HYS) for appropriate adolescents in foster care</p> <p>c. Participation in HYS services integrated into SCF case plan for appropriate adolescents in foster care</p> <p>d. Support for increased capacity for therapeutic foster care for adolescents</p> <p>e. Additional bed capacity created in Multnomah County for specific use by this population including adolescent foster care development</p> <p>f. State \$ follows the child in every individual case plan</p> <p>g. More effectively engage parents and increase accountability</p> <p>For actions already taken or those in process of implementation, refer to the DHS response to the CCC Matrix in <b>Attachment A, pages 1-10.</b></p>

	Population Demographics Statewide	Population Demographics in Multnomah County	Primary Barriers Faced/Needs for Service	Proposed Service Delivery Response Changes
<p><b>2. Adolescents previously open in SCF System and now closed but may still be eligible for service</b></p>	<p>Statewide data for adolescents ages 13 – 21 experiencing abuse and the percentage of those subsequently re-abused within a 6 month period from October 2002 – September 2003:</p> <ul style="list-style-type: none"> <li>▪ 1,938 adolescents abused</li> <li>▪ 22.4% re-abused</li> </ul> <p>There has been an increase in the number of teens entering care in the past six months in Oregon. Of the youth who entered foster care, some are on their second or subsequent foster care episode. The re-entry rate for teens is higher compared to the re-entry rate for all children, which in the past year has been between 7.8% and 8.6% in Oregon. However, over the past year the re-entry rate for these youth has been decreasing.</p> <p>For more information and data on re-entry and re-abuse rates both Statewide and within Multnomah County, refer to the Memorandum in <b>Attachment A</b>, pages 11-13 from Anna Cox dated Sept. 3, 2004.</p>	<p>Multnomah County data for adolescents ages 13 – 21 experiencing abuse and the percentage of those subsequently re-abused within a 6 month period from October 2003 – September 2003:</p> <ul style="list-style-type: none"> <li>▪ 345 adolescents abused</li> <li>▪ 18.6% re-abused</li> </ul> <p>Overall, the re-abuse rate for teens is lower in Multnomah County when compared to the state. In most recent periods, the re-abuse rate for teens has increased slightly in Multnomah, going from a low of 3.4% to 5.5% and then 6.2% in the most recently reported quarter (July – Sept. '03).</p> <p>Multnomah County does not reflect the Statewide pattern of increases in the number of teens entering care in the past six months but instead, shows a relatively flat trend with a small decrease in teen entrants between January – March 2004.</p> <p>The decrease in re-entry rates is more remarkable in Multnomah County – within the past 4 quarters the rate for teens has been halved, going from 20.5% to 9.9%.</p> <p>Homeless Youth Continuum data reports 136 youth under the age of 18 indicating current or past DHS involvement upon intake between January and June of 2004. 133 of these youth had past involvement with DHS and may continue to be eligible for DHS services as they are under age 18.</p>	<p>Missed opportunity to effectively use resources available in both systems to create wrap around service packages designed to create pathways to independence.</p> <p>Lack of: communication through single point of contact; data collection/sharing; and, intentional commitment to co-case management.</p> <p>Lack of systemic ownership for adolescent services. No policy directives that call for joint case planning between systems or collaboration around joint planning for adolescent services as a whole.</p> <p>Lack of resources available for adolescents.</p> <p>Federal and State laws prohibit service delivery response changes.</p> <p>By law and policy, Juvenile Court is responsible for deciding when DHS may close cases on children in DHS custody. The court also has the authority to place children back in the custody of DHS. To reopen a case, DHS must go through the same sequence of procedures to take a child or adolescent into care as is necessary when a case is opened initially.</p> <p>Cases not able to be reopened due to legal and policy requirements.</p> <p>Without an open case, services cannot be provided by DHS.</p>	<p>a. Commitment to reopen closed cases at point of re-engagement</p> <p>b. For cases not able to be reopened, a commitment to providing linkage to community services</p> <p>c. Better education and communication on the status of youth and cases between systems</p>

3. Adolescents that appear to be eligible for DHS but are not based on current practice.	Population Demographics Statewide	Population Demographics in Multnomah County	Primary Barriers Faced/Needs for Service	Proposed Service Delivery Response Changes
	<p>Estimate of the number of incidences of runaways statewide in 2003:</p> <ul style="list-style-type: none"> <li>▪ 11,781</li> </ul> <p>Number of adolescent runaway incidences statewide in 2003:</p> <ul style="list-style-type: none"> <li>▪ 10,938</li> </ul>	<p>Number of incidences of adolescent runaways in Multnomah County in 2003:</p> <ul style="list-style-type: none"> <li>▪ 3,259</li> </ul> <p>In fiscal year '03 – '04, 703 youth were served in the Homeless Youth Continuum. Due to their homeless status, these youth would be eligible for DHS services based on the fact that they are homeless due to neglect, abuse and other factors.</p> <p>Following is a subset of youth served:</p> <p>Continuum data between January and June of 2004 indicates that at least 18 youth not involved with DHS at any point, would be eligible for DHS services due to the following factors:</p> <ul style="list-style-type: none"> <li>▪ Parental A/D abuse – 5</li> <li>▪ Parental abuse and A/D use – 2</li> <li>▪ Parent abuse – 2</li> <li>▪ Runaways from foster care – 4</li> <li>▪ Serious criminal activity – 2</li> <li>▪ Parents are homeless – 1</li> <li>▪ DHS involvement in another state - 2</li> </ul> <p>See <b>Attachment B</b> for detailed descriptions of youth with no current or past DHS involvement.</p> <p>Reception Center data between January and July of 2004 indicates that staff filed 215 alleged abuse reports on youth 17 and younger brought into the Center by the police. Of these:</p> <ul style="list-style-type: none"> <li>▪ 92 cases were assumed to be DHS eligible due to the severity of the abuse.</li> <li>▪ 12 of the cases involved a parent or guardian who failed to file a run report</li> <li>▪ 10 of the cases included both an abuse report filing and failure on the part of the parent or guardian to file a run report.</li> </ul> <p>See <b>Attachment C</b> for breakdowns by month and other factors resulting in filing of abuse reports.</p>	<p>Missed opportunity to effectively use resources available in both systems to create wrap around service packages designed to create pathways to independence.</p> <p>Lack of: communication through single point of contact; data collection/sharing; and, intentional commitment to co-case management.</p> <p>Lack of systemic ownership for adolescent services. No policy directives that call for joint case planning between systems or collaboration around joint planning for adolescent services as a whole.</p> <p>Lack of resources available for adolescents.</p> <p>Federal and State laws prohibit service delivery response changes.</p> <p>Law requires service eligibility where custodial parent has residency.</p>	<p>a. Statement of SCF responsibility for population and commitment to take action</p> <p>b. A commitment to providing resources and linkage to DHS services</p> <p>c. Train and Educate Homeless Youth System (HYS) regarding assessment to determine eligibility for DHS involvement</p> <p>d. Mechanism to return youth to their county of origin for service</p>

# Appendix D

## RESPONSE TO CCC MATRIX

### I. Adolescents Currently Open in DHS System

1. How many adolescents are there in foster care and where are they located in the state?

For the Federal Fiscal Year (FFY) ending Sept.30, 2003, 3973 adolescents (13- to 21-year-olds) were served in foster care, statewide. This represents 29.5% of the 13,447 of children of all ages in foster care in FFY 2003. Of the statewide total of adolescents in care, slightly more than a third (33.8%), 1343, resided in Multnomah County. In addition to having the largest absolute number of adolescents in care, Multnomah County's number of teens as a percentage of all children in its care for FFY 2003 was above the state average: 39.3% versus 29.5%. To give a perspective on the number of adolescents in care on a daily basis, for the month of June 2004, there were an average of 1976.4 children of all ages in care each day. Of these, 765.6 (38.7%) were adolescents (13-21).

After Multnomah, the counties with the most adolescents in care for FFY 2003 were Marion (331), Washington (295), Lane (273), and Clackamas (255). These five counties (including Multnomah) account for 63% of teens in care. The only other counties with 100 or more adolescents are Klamath (117), Linn (115) and Jackson (104).

2. What is DHS' estimate of the number of runaway and homeless youth 12-18, statewide?

The most recent data available for DHS Runaways is for 2002. In that year, there were 333 reported incidents of children running from foster homes, statewide. Of these, 208 incidents involved girls, and 126 involved boys. This data does *not* suggest that 333 different children were runaways, as some youth ran numerous times and hence generated multiple reports. It should also be noted that this data includes all "runaway events," meaning that the "runs" that are included might be of any duration (one day to an indefinite period of time).

3. Population Demographics in Multnomah County

For FFY 2003, 3418 children were served in foster care in Multnomah County. Of these, 978 (28.6%) were ages 0-5; 32.1% were 6-12; and 39.3% were 13 or older. By branch in Multnomah County, the data breakdown as follows:

<b>Branch:</b>	<b>Ages:</b>			<b>Total</b>
	<b>1-5</b>	<b>6-12</b>	<b>13-21</b>	
<b>East:</b>	208 (29.5%)	202 (28.6%)	296 (41.9%)	706 (100%)
<b>Gresham:</b>	233 (30.8%)	259 (34.2%)	265 (35%)	757 (100%)
<b>Midtown:</b>	200 (27.7%)	242 (33.5%)	280 (38.8%)	722 (100%)
<b>New Market</b>	76 (30.5%)	68 (27.3%)	105 (42.2%)	249 (100%)
<b>N/NE</b>	143 (22.2%)	211 (32.8%)	289 (44.9%)	643 (100%)



<b>St. Johns</b>	118 (34.6%)	115 (33.7)	108 (31.7)	341 (100%)
------------------	----------------	---------------	---------------	---------------

**CCC's Identified Barriers Faced/Needs for Service:**

**Missed opportunity to effectively use resources available in both systems to create wrap-around service packages designed to create pathways to independence.**

**Lack of: communication through single point of contact; data collection/sharing; and, intentional commitment to co-case management.**

These issues are addressed below.

**CCC's Proposed Service Delivery Response Changes:**

**a. Single Point of Contact with Decision-making authority in each system.**

When a youth who is in DHS custody or has the potential to be placed in DHS custody and becomes involved with the Homeless Youth Services (HYS) providers (usually the Access and Reception Center (ARC)), the DHS Child Welfare Hotline is contacted so as to document the information or find a placement for the youth after regular business hours.

Ann Hannan (503-731-3383, ext. 6971), a supervisor at the Child Welfare Hotline, is the DHS contact person for Metro Child Welfare when a problem arises (such as service delivery or breakdown in communication). In efforts to maintain a continuum of communication and discussion between the two agencies, Ann maintains weekly contact with Megan Lammers (Clinical Services Coordinator) of ARC; both Ann and Megan are then able to approach and hopefully resolve the problem or issue within their respective agency. Other Child Welfare Hotline supervisors, Karen Gibbs and Kara Dodson as well as screeners are available for consultation with HYS during weekday and weekend swing shift hours from noon to 11 p.m.

Other coverage hours at the Child Welfare Hotline include: Screening coverage at the hotline from 11:00 p.m. until the day shift screeners are available at 7am Sunday through Thursday by Sandy Morgan. Friday and Saturdays after 11:00 p.m., and on holidays, DHS contracts with the Christie School's Children's Receiving Center (CRC) to answer calls for the hotline. CRC staff do not have access to DHS' database, so a DHS supervisor is available for contact by CRC staff or by ARC staff if necessary. Also available, after hours is a Community Manager for consultation.

**b. Commitment to co-case management between DHS and HYS for appropriate adolescents in foster care.**

DHS Child Welfare is very interested in joining with HYS in identifying youth in its care who are at risk of becoming homeless, and taking steps to prevent this. In the spring of 2004, DHS participated with New Avenues for Youth and Boys and Girls Aid Society in writing a proposal for a grant, which, if it had been received, would have provided funding to have New Avenues and DHS staff co-located in each other's facilities for continuous, ongoing consultation and co-case management. Although the grant was not awarded for this proposal, DHS desires to continue looking at ways to co-locate staff. It is hoped that other grant opportunities for this proposal will arise in the near-term.

**c. Participation in HYS services integrated into DHS case plan for appropriate adolescents in foster care.**

DHS caseworkers are mandated to develop comprehensive transition plans for adolescents in the state's care. In Multnomah County, as part of this process, caseworkers are mandated to hold Youth Decision Meetings

(YDM) to help achieve this goal. The purpose of YDMs is to help youth develop plans to successfully make the transition from dependency in foster care to independence. In the YDM model, youth decide on the agenda for the meetings, as well as who will participate on their team. For those foster children for whom participation in HYS services is likely and/or appropriate, it would be very helpful and desirable to have participation by HYS staff at these meetings. DHS staff will also be strongly encouraged to attend any meetings regarding foster care youth called for by HYS to which they are invited. DHS hopes to work with HYS to develop a system by which to identify cases which should be co-staffed.

**d. Support for increased capacity for therapeutic foster care.**

i. By itself, DHS Child Welfare lacks funding to provide increased capacity for therapeutic foster care for adolescents. In the next several months, funding at the state level that has been devoted to residential care will be transferred to the control of county mental health departments. DHS has assigned a Community Manager-level staff to work with Multnomah County Mental Health in developing placement and other resources for children in need of mental health care.

ii. DHS will soon be announcing Requests For Providers for two family group homes for adolescent boys to serve Multnomah, Washington and Clackamas Counties. Combined, the capacity of these homes will be 10. DHS in Multnomah County will advocate with Central Office that these homes be designed to accommodate the special needs of high-risk youth. DHS proposes that meetings be arranged with members of the HYS community, Central Office staff, and local staff to develop a model that will take into consideration the special characteristics of high-risk youth, and at the same time assure that their safety needs are met.

iii. DHS in Multnomah County is advocating with Central Office to contract with local HYS for beds to serve high-risk youth. HYS have the expertise and motivation to work successfully with this population. It seems reasonable that at the state-level DHS recognize this and tap into this resource that the state has been underutilizing.

**e. Additional bed capacity created in Multnomah County for specific use by this population as a safety valve to case closure.**

i. DHS does not consider it to be good case practice, nor does it condone the closure of cases because of a lack of placement resources. When children are in need of substitute care placements, DHS is mandated to locate appropriate resources. If HYS providers are aware of this practice occurring in Multnomah County, DHS would like to be informed of it so that action may be taken with those caseworkers responsible. In addition, DHS proposes that the agency not seek termination of Temporary Custody of high-risk youth without adequately staffing these cases with representatives of HYS.

ii. DHS is currently making an inventory of foster homes in Multnomah County that accept adolescents, and comparing this list with the number of adolescents in need of placement. Preliminary results indicate that at any given point in time, the number of beds that have been certified is roughly equivalent to the number of children in need of placement. We are also finding that about 40% of the homes that we have for adolescents are "Special Certifications," which means the homes are certified only for specific children named on the foster care certificate. Special Certification homes are most often relatives or others who knew the children before they came into care. These homes may not take in children other than those named on the certificate.

DHS recognizes that because of the flux of children entering and leaving foster homes, having a rough equivalent between number of beds and number of children needing them is inadequate. Child welfare experts estimate that in order to ensure timely placements in appropriate homes, a ratio of two foster home slots per child in care is needed. Through assistance from the Annie E. Casey Foundation, DHS is inventorying all of the foster homes in Multnomah County and identifying them by location. The goal is to provide more foster homes in the areas from which children are removed from their families, so that the children do not have to change schools and move to areas unfamiliar to them. This process is in its early stages, but an inventory of available foster resources is nearing completion, as well as data on where to focus efforts to recruit foster

homes. DHS foresees this as being a long-term project to which it is committed, but it recognizes that progress will not be noticeable overnight.

iii. DHS has surveyed and met with HYS providers to obtain suggestions on how to structure placements that youth at-risk of homelessness would be amenable to accessing. The HYS providers have indicated that the at-risk youth they work with do not desire family-like settings that traditional foster care tries to achieve. Instead, at-risk youth want homes in which they are given more autonomy to self-govern. DHS will explore within the current foster care system whether there are the means to accommodate this desire by adolescents to monitor themselves and each other, while at the same time ensuring that their safety needs are met.

iv. Earlier this year, DHS, along with Boys and Girls Aid Society, assisted New Avenues for Youth in applying for a United Way Grant with a proposal for funding a Therapeutic Foster Home model for adolescents. The proposal put forth a plan to “stabilize youth in DHS care to decrease the number of placement disruptions; implement high-risk intervention plans for youth struggling in placement; and create an array of housing options for high-risk adolescents.”

A cornerstone of the proposal was the recruitment of therapeutic foster homes with specific expertise in dealing with youth with delinquency and emotional problems. Wrap-around services would also have been put in place. Unfortunately, this proposal was not funded. However, we hope to find other opportunities to submit similar proposals, as we feel this is a model that would well-serve adolescents at risk of homelessness.

**f. State \$ follows the child in every individual case plan.**

This is not currently allowed by state and federal regulations and policies.

**II. Adolescents Previously Open in DHS System and Now Closed but Still Eligible for Services**

**a. Commitment to reopen closed cases at point of re-engagement.**

In order to close a Child Welfare case in which the children have been placed in the state’s legal care, the court must vacate custody of the children to the state. The state may take the children back into care only if it can prove that the children are being harmed or are under a threat of harm from their parents or guardians. In section III there is a description of the processes through which Child Welfare can open cases and take children into care.

**III. Adolescents Eligible for Service and Never Open in DHS System.**

**a. Statement of DHS-responsibility for population and commitment to take action.**

DHS in Multnomah County is committed to providing services to those who are eligible, including adolescents. The fact that adolescents in Multnomah County account for a far higher proportion of children served than in the rest of the state (40% vs. 30%) attests to the priority that is being placed on this population by local DHS. Because there seems to be community interest in having DHS in Multnomah County open even more cases for adolescents, below is a description of the processes by which Child Welfare cases are opened.

**How Cases are Opened in DHS Child Welfare**

Attached is a flow chart which shows the process DHS must use in order to assess whether a case may be opened. Cases begin with calls to the Child Welfare Hotline by families, parents, children, police and community members. Hotline Screeners collect information from the caller, check the Child Welfare data system for prior history with the agency, make collateral contacts, and determine the location and corresponding legal jurisdiction of the family’s residence where the abuse or neglect is alleged to have occurred. Based on the information collected, and after consultation with a supervisor, one of three determinations is made: 1) CPS assessment required; 2) Close at screening; 3) Log. A CPS assessment is required if the screener determines the information received constitutes a report of child abuse and a safety

threat is identified. "Close at screening" occurs when it is determined the information alleging child abuse doesn't meet the criteria for a CPS assessment. "Log" means the information received may not meet criteria to initiate a CPS assessment, but may be significant if future related calls are received. On calls that are Logged or Closed at Screening, the agency may make referrals to community resources, but does not open a case.

When it is determined that a CPS assessment is required, the case is assigned to a CPS worker to make a safety assessment. The worker will talk to the child, the child's care givers, which may include other family members, the party that reported the abuse, and others involved with the child, and reviews any history the family may have with Child Welfare. After the assessment is completed, the information is reviewed to determine if the referral is "Founded," "Unfounded," or "Unable to Determine." If it is determined that abuse or neglect has occurred, CPS and law enforcement staff decide, with the help of the family whenever possible, whether the child can be safely left at home. Less than 10 percent of child abuse reports result in children being taken into custody and placed in substitute care. Even when children are in the custody of Child Welfare, the goal for the children is reunification with their families.

If it is determined the child cannot safely be left in the home, there are two potential paths the case may take: court-involved and voluntary. The following pertains to court-involved cases. If the parents of the child are not in agreement with having their children placed in care, law enforcement officers may, with or without the assistance of a Child Welfare worker, place the child in protective custody of DHS. Within 24 judicial hours of the removal of the child from the home, DHS must arrange to have the situation reviewed by the juvenile court at what is called Preliminary or Shelter Hearing. At the Shelter Hearing, the court decides if there is probable cause for the case to proceed and whether, for the short-term, the child should remain in care or be returned home. During this court hearing, Child Welfare must submit a Dependency Petition that lists the allegations against the parents, along with documentation that supports the allegations and substantiates probable cause. In addition, DHS must submit a Reasonable Efforts Document that describes the efforts Child Welfare has made to safely keep the child in the parents' care. If at all possible, a family meeting is held prior to the Shelter Hearing in an attempt to come up with a safety plan that will allow for the child to stay with the parents. If it is necessary to go forward with the petition, the types of allegations that Child Welfare must prove include:

- 1) Abandonment, defined as parental "intent to permanently give up all rights and claims to the child."
- 2) Child selling.
- 3) Mental injury, in which "the parent or care giver's behavior must be related to the observable and substantial impairment of the child's psychological, cognitive, emotional or social well-being and functioning."
- 4) Neglect, including Physical neglect (failure to provide food, shelter, clothing), Medical neglect, lack of supervision and protection appropriate to the child's age, Desertion (leaving the child with another person and failing to reclaim the child), and Psychological neglect. For neglect to be substantiated, it must be shown that there is "an accumulation of harm that can have long term effect on the child's overall physical, mental, or emotional development."
- 5) Physical abuse
- 6) Sexual abuse or exploitation
- 7) Threat of harm, defined as activities, conditions, and circumstances that place the child at threat of substantial harm of physical or sexual abuse, neglect, mental injury or other maltreatment.

Even when allegations can be proven, it is not necessarily in the best interest of a child in the state's custody to be placed in substitute care. If it is possible to put together a safety plan that will meet the child's while the child resides in the parent's home; DHS is legally mandated to do so. Placing children in substitute care becomes an option only when alternatives are not viable.

If the court chooses to place the child in the temporary legal custody of DHS, the parents must decide within 30 days of the Shelter Hearing, whether to admit to or deny the allegations made in the Petition. If the parents deny the allegations, a Jurisdiction/Disposition Hearing is scheduled within 60 days of the Shelter Hearing date. During this time, Child Welfare continues to work with the family to provide services with the intent of helping the parents become able to safely have their children return home. During the time between the Shelter Hearing and the Jurisdiction/Disposition Hearing, DHS also consults with the District Attorney's Office (DA) on the case, since it is actually the DA that brings the allegations against the parents and is charged with substantiating them in court. At the Jurisdiction/Disposition Hearing, if the court finds that DHS has made

Reasonable Efforts to provide services to the family, and that the allegations against the parents are true, the court finds that the case does fall within the jurisdiction of the court and the child remains in the temporary legal custody of DHS. Thereafter, DHS is mandated to continue to work with the family toward a goal of reunification, and the case is reviewed at regular intervals by either the court or the Citizens Review Board.

A second way for children to come into care is through a “Voluntary Placement/Custody Agreement.” In a Voluntary Placement/Custody case, the parents must agree to the services being offered by Child Welfare, and at any time can ask that their case be closed. Although these cases are initiated through the Hotline, there are not considered Child Protection Services cases. Voluntary Placement/Custody Agreements are appropriate when children have emotional, behavioral or mental disorders, or developmental or physical disabilities for which their parents are unable to provide the required level of care; or, when the family has a *temporary* problem in which the parents are unable to fulfill their parental obligations. DHS policy specifically precludes the use of Voluntary Placement/Custody Agreements when “A child refuses to remain home solely due to parent(s)-child conflict; or the parent(s) legal guardian(s) requests placement of the child because of inability to manage the child’s behavior, and the child and family members are unwilling to participate in intensive services focused on reunification of the family.” Whether cases are opened through Voluntary Placement/Custody Agreements or by court order, parents are referred to the Division of Child Support to help pay for the care of their children.

### **Barriers to Placing Youth in DHS’ Care**

- 1) Strict standards of proof of parental neglect or abuse.
- 2) Need for cooperation from youth to substantiate allegations against parents, and to be willing to accept services from DHS.
- 3) In assessing the risk of leaving youth in parental care, protective factors, as well as abuse and neglect, must be weighed. Age is considered to be a major protective factor for children. That is, as children grow older, they are inherently better able to protect themselves. For example, leaving a newborn unattended for a few *hours* would place the child at considerable risk of harm, whereas leaving a 16-year-old unattended for a few *days* may not pose a significant risk. Because of this, establishing that the risk of leaving older youth in their parents’ care can be much more difficult than it is for younger children.
- 4) Parents sometimes oppose having their children placed in care because they are held responsible for the cost of care by the Division of Child Support.
- 5) Legal jurisdiction for minors lies where the custodial parents of the minors reside. Multnomah County Juvenile Court does not have jurisdiction over minors whose parents live in other counties.

### **SURVEY ON DHS, THE HOMELESS YOUTH POPULATION, AND HOMELESS YOUTH SERVICE PROVIDERS**

DHS has conducted a survey of HYS in Multnomah County. Specifically, the providers being surveyed include Insights Teen Parenting, P:EAR, Willamette Bridge/Janus Youth Programs, staff at the Access and Reception Center, Harry’s Mother, New Avenues for Youth, and Outside In. A copy of the survey is located in Addendum C. In addition, DHS has been meeting with HYS staff to get feedback about DHS’ performance in dealing with homeless youth, and suggestions HYS have for changes.

The survey questions were scored from 1 to 5, with 1 representing very good service and 5, poor. In general, the survey results indicate DHS is doing a reasonably good job with regard to communicating with HYS respectfully (average score: 2.63), picking up youth from HYS facilities in a timely manner (2.86), and in making known to HYS what DHS personnel are to be contacted for assistance during normal working hours, Monday through Friday (2.65). DHS scored less well on questions about offering timely and effective service to HYS during normal working hours (3.38) and after hours (3.70), letting HYS know whom to contact after hours (3.15), offering timely and effective service from supervisors when needed (3.33), finding appropriate placements for youth who have sought HYS services (3.36), making runaway reports on youth seeking HYS services (3.37), and in developing contracts with HYS to defray their costs of working with DHS youth (3.88). The agency scored poorly on questions regarding having enough foster homes to accommodate the number of adolescents in care (4.59), having enough emergency placement beds available after hours (4.29), and in making efforts to develop alternative placement models for chronic runners (4.26).

## **HYS Staff Interviews**

A common thread among the different providers was the lack of appropriate placements for adolescents. Not only should there be more homes for teens, but a new model needs to be developed for youth who do not feel comfortable in traditional foster homes. Many staff suggested an alternate model in which youth are given much more autonomy and opportunities for developing house rules monitoring each other's behaviors should be explored. In such homes, the roles of the foster parents would be more akin to those of mentors rather than be parental. Other common themes included the need for better training for foster parents on the specific needs and attributes of adolescents, and the need for adolescents to be placed in culturally and ethnically suitable homes.

One suggestion was for the development of a Receiving Center for adolescents, where youth would be able to stay for 4 or 5 days while a long-term placement was located. Another idea was that a shelter for adolescents be located on the East side, so that at-risk youth do not become "indoctrinated" by chronically homeless youth into adopting a homeless lifestyle.

HYS staff made several comments about the lack of preparation youth receive for the transition from foster care to adult independence. Specifically, it was recommended that more youth be referred to the Independent Living Program, and that "transitional housing" be made available.

Another repeated comment was that DHS caseworkers appear to be over-worked, burned-out, and somewhat apathetic, and often appear not to like adolescents. Too frequently, DHS workers seem to wait until the last minute to try to place teens, and have sometimes expressed to HYS a preference for their youth running rather than face the prospect of having to place them. A staff member at the Access and Reception Center reported her observation that she sees 85-90% positive outcomes for youth who report good relationships with their caseworkers, but negative outcomes when there are poor relationships.

## **ACTIONS BEING TAKEN BY DHS**

### Working with HYS and Community Partners

DHS has had ongoing meetings with New Avenues for Youth, a homeless youth advocacy and services agency in Portland, and Boys and Girls Aid Society, which provides a variety of social services in the tri-county area. DHS and its partners have identified several areas in which the agencies can work more cooperatively to better-serve at-risk youth. The first area involves cross-training. DHS caseworkers receive little specific training on homeless youth issues, and could benefit by learning from counterparts at New Avenues. DHS' partners, on the other hand, have little understanding of the administrative rules and policies that dictate child welfare practice. The second area of better cooperation would involve co-location of staff. Contingent on the availability of funding through a grant, New Avenues has offered to have two staff located in DHS adolescent units to be available for consultation and participation in Youth Decision Meetings. Similarly dependent on funding, DHS has offered to house an Alcohol and Drug Specialist caseworker half-time at New Avenues to help with youth with ties to DHS. A third area of cooperation would involve all three partners in developing new foster homes specifically trained for and devoted to serving at-risk youth. Because the level of cooperation needed to carry out the above-noted goals would involve significant expenditures, New Avenues, with assistance from Boys and Girls Aid Society and DHS, will continue to look for grant opportunities such as the one from United Way which was not obtained.

## Transition Plans

DHS caseworkers are mandated to develop comprehensive transition plans with every adolescent in care. At a minimum, these plans are to include provision for housing, employment, education, health and community/support. Short of circumstances beyond caseworkers' control, such as lack of knowledge of youths' whereabouts, Child Welfare supervisors should not approve the closing of cases without transition plans in place.

## Cluster Homes Model

This is an innovative model Child Welfare is trying to introduce into Multnomah County. The premise is that 3 to 5 highly skilled and trained homes will form close working relationships with each other, share resources, and provide respite for each other. In addition, the clusters will work closely with the mental health system. A mental health professional will be assigned to each cluster of homes. To this point in time, the local Service Delivery Area has met with resistance from Central Office in having this model approved for implementation.

## Youth Decision Meetings

Youth Decision Meetings (YDMs) are somewhat related to Team Decision Meetings (TDM) and Family Decision Meetings (FDM) that DHS has been offering to families for some time. Like TDMs and FDMs, these meetings are typically led by skilled facilitators from Intensive Family Services. Unlike TDMs and FDMs, YDMs are intended to focus solely on the needs of youth. In fact, youth control virtually all aspects of the meeting, beginning with whom is invited to participate as well as the agenda. In their early teens, youth may begin a series of meetings that continue as long as they are involved with Child Welfare. Intentionally, Child Welfare exerts little control over these meetings, but it is hoped the youth will use them to make plans to successfully transition into adulthood. Caseworkers in Multnomah County are mandated to offer YDMs to all youth they serve, and must document in the case record when this service is refused.

## Family-To-Family Initiatives

Under the guidance of the Annie E. Casey Foundation, Child Welfare in Multnomah County is in the midst of assessing the resources available for its foster children. A concerted effort is being made to determine the number of foster homes that serve adolescents and where they are located. Child Welfare is aware that it has a dearth of foster beds for teens. Through the mapping of foster homes that is occurring, the agency is becoming cognizant of the fact that the homes it does have are not necessarily located in the areas from which children are coming into care. One of the Family-To-Family concepts Child Welfare in Multnomah County is embracing is the emphasis placed on trying to place children in the school catchment areas whence they were removed from their homes. By pinpointing the areas where children are being removed, Child Welfare will be better able to focus foster parent recruitment efforts where they are most needed.

An example of efforts being made to develop new foster homes for adolescents is the "Teen Poster Contest." Adolescents in foster care are designing foster care recruitment posters that will be judged by a jury of community members in October. A selection of the best posters will be printed for posting and distribution throughout Multnomah County. Some of the posters will be printed as place mats which several local restaurants have agreed to use.

# Appendix E

## Citizen’s Crime Commission Policy Recommendations— October 11, 2004

The dynamics of homeless youth have changed dramatically over the years and the social service delivery system is still catching up. Homeless youth have historically been seen as kids on the run. Their homeless status was viewed as a temporary or episodic event that would likely resolve itself more quickly with intervention. While this description does apply to some adolescents, there is a growing and significant number of young adults for whom being homeless is a chronic and often unavoidable fact of life. In communities where homeless youth congregate, local government has become acutely aware of the changing dynamic. State government and DHS are now catching up. While unfortunate, currently the State is the best option for parent surrogacy available for this population.. The Citizen’s Crime Commission is recommending to the Governor and DHS the policies listed below to create a new component in the DHS continuum of services to needy youth.

<b>Policy #1: Agree that Homeless Youth are neglected as a result of being homeless and therefore eligible for some type of service from DHS.</b>	<b>Policy #2: Reaffirm Mandate to serve Teens.</b>	<b>Policy #3: Develop Resources for the Foster Youth/Homeless Youth Population.</b>	<b>Low-Cost or No-Cost Immediate Actions to Take</b>
<ul style="list-style-type: none"> <li>▪ Create a new status for service between Legal Custody /Commitment and Termination of Legal Custody/Commitment.</li> <li>▪ Set standards for dismissal of Legal Custody/Commitment for youth aging out of foster care.</li> <li>▪ Advocate for cases to remain open until the youth’s 18th birthday, unless a permanent plan such as reunification with parents or adoption is achieved.</li> <li>▪ Co- case management and planning for service between DHS, Homeless Youth System (HYS), Mental Health System, Oregon Youth Authority, and other systems.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Money follows the youth (Mandate to manage at State level for State funds).</li> <li>▪ Address County cost sharing (ie. Detention or ESD models). County where youth lives should share in the cost of providing services.</li> <li>▪ Identify the true cost of care.</li> <li>▪ Create “tracks of service” for teens within the DHS system.</li> <li>▪ Expand the service cut-off to at least age 21 from 18 (Federal cost shift is underway).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Parental responsibility.</li> <li>▪ Homeless Youth System to create the ability to access BRS/Title 19 funding.</li> <li>▪ Tap children’s Mental Health funding at the County level to fund services for teens.</li> </ul>	<ul style="list-style-type: none"> <li>▪ DHS to pay for foster care youth residing at Harry’s Mother on weekends.</li> <li>▪ Create 2 homeless youth crisis beds.</li> <li>▪ Establish a single point of contact between DHS and Homeless Youth Systems with authority to make disposition decisions.</li> <li>▪ Enter into contracts to provide cross-training between staff in DHS and HYS systems.</li> <li>▪ There is a lack of licensing for facilities serving ages 18 – 21.</li> </ul>

**Pilot Project Recommendation:**

The Crime Commission recommends that the Governor and DHS conduct a pilot project in 3 areas, Portland, Eugene, and Ashland. The cost in Multnomah County based on service to approximately 100 youth ages 12 to 17 would be approximately \$1 million dollars. The goals of the program would be to implement the above policy recommendations.