



Agency Recommendation Summary

The Department of Children, Youth, and Families (DCYF) requests a placeholder for funding of approximately \$4,800,000 to \$9,000,000 in the 2025-27 Biennial Budget for the Juvenile Rehabilitation (JR) program to secure and operationalize a smaller housing unit focused on serving young people with high acuity mental health needs to expand JR's continuum of care to include less restrictive (minimum/medium capacity) facilities for young people with mental health diagnoses.

Program Recommendation Summary

020 - Juvenile Rehabilitation

The Department of Children, Youth, and Families (DCYF) requests a placeholder for funding of approximately \$4,800,000 to \$9,000,000 in the 2025-27 Biennial Budget for the Juvenile Rehabilitation (JR) program to secure and operationalize a smaller housing unit focused on serving young people with high acuity mental health needs to expand JR's continuum of care to include less restrictive (minimum/medium capacity) facilities for young people with mental health diagnoses.

090 - Program Support

DCYF requests a placeholder for funding in the 2025-27 Biennial Budget to support the administrative infrastructure needed for the additional funds requested for the expansion of JR's continuum of care.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2026	2027	2025-27	2028	2029	2027-29
Operating Expenditures						
Fund 001 - 1	\$0	\$0	\$0	\$0	\$0	\$0
Total Expenditures	\$0	\$0	\$0	\$0	\$0	\$0

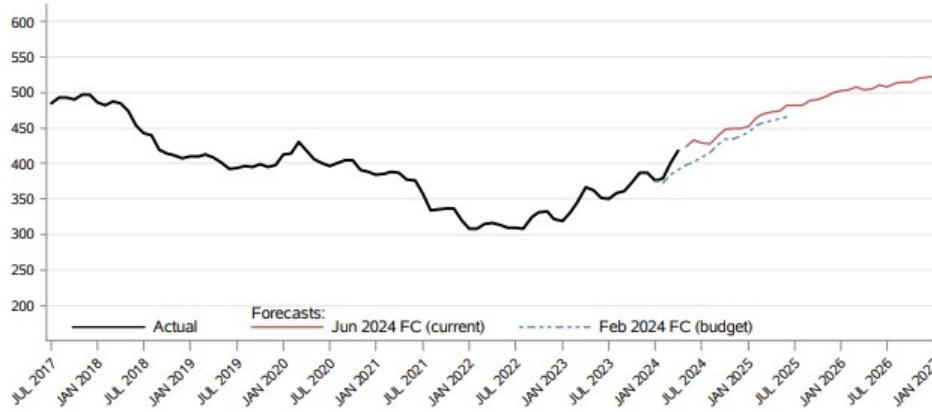
Decision Package Description

Background

The Department of Children, Youth, and Families' (DCYF) Juvenile Rehabilitation's (JR) goal is to deliver treatment, provide resources, and develop skills; in a safe, therapeutic, functional setting, so young people can plan for their future and reenter their communities. With the passage of SB 6160 (2018) and HB 1646 (2019), the residential population within JR has substantially changed. Legislation extended juvenile jurisdiction to age 25 for certain offenses and allows individuals convicted in adult court to remain in the custody of DCYF until their 25th birthday, which aligns with adolescent brain development research and positive outcomes associated with retaining individuals in a juvenile facility as long as possible.

Over the last year, JR's institutions, Echo Glen Children's Center (EGCC) and Green Hill School (GHS), have experienced an influx of entries that have outnumbered releases and coupled with an increase in the overall length of stay, this has caused a significant rise in population. Not only is the population increasing but there are also more young people with complex challenges. Young people entering JR are experiencing the following: 79% with behavioral health treatment needs, 48% requiring substance use disorder treatment, 71% with mental health treatment needs, and 40% with co-occurring mental health and substance use disorders, further compounding the complexity of these young people's needs. The below graph represents the JR caseload from July 2017 through June 2024, as well as the anticipated future caseload through January 2027.

JR Total Caseload Forecast June 2024

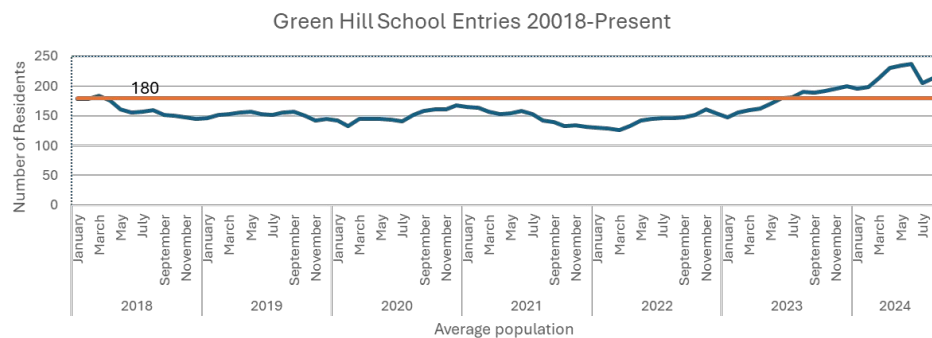


Note: Forecasts of young people entering JR are based on total entries and do not include specific details regarding type of sentence, length of sentence, age, gender, facility identification per individual, etc.

In 2024, JR made improvements to the classification process used to assign security classification and supervision levels to young people committed to JR. JR maintains four security classifications in accordance with WAC 110-730: maximum, medium, institution minimum and minimum. The classification process uses a combination of static risk factors such as crime type, as well as dynamic risk factors such as participation in drug treatment and behavioral health treatment. Subsequently, a multi-disciplinary team then regularly assesses young people and determines their security level. For young people to be eligible for movement to a community facility (CF) or Community Transition Services (CTS), they must meet the requirements for an institutional minimum-security setting.

Many young people who have been sentenced to JR are not eligible for either CTS or CFs, resulting in placement at one of two of JR’s institutions; The Echo Glen Children’s Center (EGCC) or Green Hill School (GHS). EGCC houses and provides treatment and programming for younger male offenders (ages 11-17) and is the only institution for female offenders. The GHS institution houses and provides treatment and programming for the remaining JR population, older adult males (ages 18-25) with overall longer lengths of stay. The population at GHS was 150 in January 2023 and increased to 240 in June 2024. GHS has a safe operational capacity of 180 young people. Therefore, the increase in population experienced between January 2023 and June 2024, exceeded the safe operational capacity by 30%, resulting in safety concerns for staff and residents. This level of overcrowding also creates programing concerns and jeopardizes a rehabilitative and therapeutic environment, which is unjust to the young people, in particular, to those with significant mental and behavioral health conditions, in need of treatment.

The below table represents entries into GHS in relation to the safe operating capacity of 180 residents.



Expand Continuum of Care

A professional, clinician-led approach to serving young people in JR facilities who experience mental health challenges can significantly improve outcomes. This approach has been shown to reduce mental health and substance abuse symptoms, minimize the use of room confinement and restraints, prevent re-traumatization, and lower recidivism rates. JR must increase the capacity for this type of service for young people whose interactions with the criminal justice system make it impossible for them to receive treatment elsewhere.

DCYF must expand the JR continuum and create more placement options for individuals with medium-security classifications with mental health treatment needs while also addressing the demand for increased capacity. DCYF requests funding from the operating budget to secure an additional facility. DCYF is currently exploring facility options, which will require funding to bring online and operationalize. Funding requested may include costs for a lease, maintenance, equipment, IT, and other infrastructure supports. Any new facility will also require staffing, such as

24/7 security officers and custodial staff. Further, this placeholder request will also include funding for medical and contracted services (e.g. behavioral and mental health treatment). Other costs may include, but not limited to, administration, janitorial, food and food preparation.

DCYF is seeking to move toward securing smaller, flexible facilities with a therapeutic design, creating a welcoming, normalized, reformative environment where rehabilitation is more likely. Based on this vision and strategy and with a pressing need for immediate capacity relief at GHS, DCYF requests a placeholder in the 2025-27 biennial budget for funding to operationalize a secured facility.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

This is an expansion to JR, securing an additional facility to meet the urgent capacity demand due to overcrowding in GHS. This is an expansion to JR, securing an additional facility to meet the urgent capacity demand due to overcrowding in GHS. This is an expansion to JR, securing an additional facility to meet the urgent capacity demand due to overcrowding in GHS. This is an expansion to JR, securing an additional facility to meet the urgent capacity demand due to overcrowding in GHS.

Detailed Assumptions and Calculations:

This request is for placeholder. Once a facility has been identified, a detailed funding request will be provided.

Workforce Assumptions:

This request is for placeholder. Once a facility has been identified, a detailed funding request will be provided. This request is for placeholder. Once a facility has been identified, a detailed funding request will be provided.

Historical Funding:

The Department does not have existing funding for these purposes.

Strategic and Performance Outcomes

Strategic Framework:

This request supports DCYF's strategic priority of Eliminating Racial Disproportionality and Advance Racial Equity.

Performance Outcomes:

- Improved health outcomes for individuals served
- Small, community-based facilities with a particular focus on treatment have been shown to decrease recidivism, improve educational outcomes, and reduce the number of critical incidents experienced by both young people and the staff who care for them.

Equity Impacts

Community Outreach and Engagement:

JR has heard very clearly from the community that conditions at Green Hill School are unsustainable, and that young people are not currently getting the full range of programming, including therapeutic mental health supports, that they need to be successful in their futures. Families and community partners have expressed desire for JR to ensure that all young people received promised treatment and support. Young people residing in JR's institutions have also communicated that they are experiencing negative effects of overcrowding. Establishing additional placements with a specialized treatment focus will expand placement options for young people, reducing the bottleneck of young people on Green Hill's campus and provide additional opportunities for treatment and support.

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Disproportional Impact Considerations:

This request aims to enhance JR capacity to effectively and equitably support the disproportionate number of young people of color committed to our care by expanding treatment and services. The expansion of specialized facilities aims to ensure equitable healthcare access for historically marginalized populations.

Target Communities and Populations:

These facilities will focus on young people with the most acute mental health needs. An overwhelming majority of young people who interact with the juvenile rehabilitation system have a diagnosable mental illness. Often, they are unable to access treatment or community-based treatment is not available. According to a congressional study, 2,000 youth are incarcerated every day due to a combination of mental illness and lack of community resource. This critical gap in resources means that young people who are committed to JR often end up in the JR continuum due to their inability to receive the help they need elsewhere.

Community Inputs and Incorporation:

DCYF has consulted with the Child Study Treatment Center staffing model issued by the Department of Social and Health Services (DSHS), Behavioral Health Services (BHS) to inform the staffing needs for a mental health unit that would follow the DSHS BHS clinical staffing model to serve the most acute cases.

Other Collateral Connections

HEAL Act Agencies Supplemental Questions

Not Applicable

Puget Sound Recovery:

Not Applicable

State Workforce Impacts:

Not Applicable

Intergovernmental:

Not Applicable

Stakeholder Impacts:

It is anticipated that stakeholders will support expanding JR's capacity with an additional facility. It is anticipated that stakeholders will support expanding JR's capacity with an additional facility.

State Facilities Impacts:

Not Applicable

Changes from Current Law:

Not Applicable

Legal or Administrative Mandates:

Not Applicable

Governor's Salmon Strategy:

Not Applicable

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Agency Contact Information

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