Community Transition Services
Annual Report – State Fiscal Year 2025

Washington State Department of
CHILDREN, YOUTH & FAMILIES

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CONTENTS

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Introduction

Background

In 2021, Washington State passed Bill E2SHB 1186, which directed the Department of Children, Youth, and Families (DCYF) – specifically its Juvenile Rehabilitation division (JR) – to create the Community Transition Services (CTS) program.

The legislation envisioned a program to provide therapeutic, community-based custody options for juveniles transitioning out of confinement as a least restrictive mechanism to increase access to developmentally appropriate supports, "including housing assistance, behavioral health treatment, independent living, employment, education, and family and community connections."[1]

In the program, participants live in the community but are monitored electronically with an ankle bracelet. They also get help with housing, behavioral health, education, employment, and family or community support. State funding allows DCYF to provide rental vouchers for up to six months if participants can't find housing on their own.

The goal of CTS is to help young people move from confinement back into the community in the least restrictive way possible, while giving them access to important supports like housing help, mental health treatment, job opportunities, education, and connections with family and community. The law also required DCYF to design and implement a risk assessment tool to determine eligibility for community transition services. The tool must avoid bias based on race, ethnicity, gender, or age.

JR placed its first participant in CTS in late May 2024, seven months after the program's assessment process was approved in October 2023. As of July 1, 2025, there have been 25 participants in the program.

Methods

The CTS law requires DCYF to regularly track program performance and share results about participants. This report, created by DCYF's Office of Innovation, Alignment & Accountability (OIAA), includes data through the end of state fiscal year 2025 (June 30, 2025).

The Automated Client Tracking system (ACT) is the JR system of record. For this report, information from ACT was reviewed, including:

- Reports on behavior and incidents
- Drug testing (urinalysis) results
- Integrated Developmental Evaluation and Assessment (IDEA) records, need domain levels, and eligibility rankings

[1] Washington State Bill E2SHB 1186 of 2021, section 1, p. 2.

- Client moves reports
- Future plans for each participant
- Client Activity and Service Tracking (CAST) reports
- Case Notes from staff
- Uploaded documents

Additionally, the author reviewed CTS documentation stored on the JR shared drive and has discussed program details.

Electronic Home Monitoring in Washington

Electronic Home Monitoring (EHM) has been used both by JR parole and WA juvenile courts. It is intended to promote youth accountability, rehabilitation, community safety, and prevent recidivism. JR uses EHM as an alternative to confinement following parole violations, allowing youth to remain in the community if deemed safe. Juvenile courts use EHM:

- **Before a court decision** (pre-adjudication) to keep youth engaged in positive activities.
- **After a court decision** (post-adjudication) as a less restrictive alternative to detention.

A 2023 report from the Washington State Center for Court Research[2] showed that between 2010 and 2020:

- Juvenile courts ordered EHM 10,756 times for 5,449 youth.
- DCYF/JR used EHM 93 times for 69 youth.
- Juvenile court use of EHM dropped from 2.25 youth per 1,000 in 2010 to 0.61 in 2020, partly due to COVID-19 and fewer court referrals.

Eligibility for EHM depends on factors like the youth's offense history, risk assessment results, housing stability, and past compliance. Some courts don't allow youth with violent or sexual offenses to participate.

Who was on EHM?

- Most youth were male: 68% in juvenile courts, 91% in DCYF/JR.
- Youth of color made up 56% of juvenile court placements and 64% of DCYF/JR placements.
- Average age was 15.5 years old.
- Theft or robbery was the most common offense (26% of cases).
- Average time on EHM: 7 days for juvenile courts, 14 days for DCYF/JR.

[2] Washington State's Use of Electronic Home Monitoring in the Juvenile Justice System. Administrative Office of the Courts (AOC), Washington State Center for Court Research. March 2023.

The report concluded EHM is a useful alternative to detention that can promote accountability and rehabilitation. But it also found that better data tracking and program improvements are needed to fully measure its impact and make it more effective statewide.

CTS Eligibility and Selection

From May 1, 2024, to June 30, 2025, JR institutions and community facilities (not counting youth in the CTS program) housed an average of 428 clients each day. During that time, the total JR physical residential capacity was about 440.

Under the CTS law, some people are automatically not eligible for the program[3]. This includes:

- Persons with pending criminal charges or active arrest warrants
- Persons who will be transferred to, are in the custody of, or are under the supervision of the Department of Corrections
- Persons found guilty of first- or second-degree murder
- Persons considered a "persistent offender" under Washington State law (RCW 9.94A.030)
- Level III sex offenders
- Persons requiring out-of-state placement

According to the DCYF publication "Community Transition Services Information Sheet"[4], a young person is eligible for CTS if:

- "They are on a JR sentence and have served 60% of their minimum sentence and no less than 15 weeks;
- Are in a JR facility serving a sentence with the Department of Corrections (DOC) and have a release date before their 26th birthday and have served 60% of their term of confinement and at least 15 weeks;[5]
- JR has determined that the CTS program is in the best interest of the individual and community using a risk assessment tool and has considered the availability of placement, treatment, and programming.
    - This determination must include consideration of the person's behavior while in confinement and any disciplinary considerations."

Between May 2024 and June 2025, 178 youth became eligible for consideration for the CTS program. They qualified based on:

- The amount of time they had served
- No automatic disqualifications under the law

[3] Washington State Bill E2SHB 1186 of 2021, section 2, p. 3.
[4] DCYF PUBLICATION JR_0038 (10-2024): https://www.dcyf.wa.gov/sites/default/files/pubs/JR_0038.pdf
[5] Having DOC Supervision upon completion of their residential obligation does not disqualify them from eligibility for CTS.

- A minimum-security classification

This group included some youth who were not considered for CTS because:

- They were still in a JR institution instead of a community facility (CF) [6]
- They did not have an in-state address or an acceptable place to live
- They had only a short time left on their sentence

Because of these factors, not all of the 178 youth were truly eligible or a good fit for CTS — and ACT records do not show how many met all requirements.

How the process works:

1. **Initial review:** Each month, JR regional staff work with CF administrators to decide if newly eligible youth show readiness for CTS. They look for positive behavior, commitment to school or work, and ability to be independent.
2. **Youth meeting:** Staff meet with the youth to explain the CTS program, learn about their interest, and talk about where they would live after release.
3. **Staff recommendation:** If the youth is interested and staff believe they are a good fit, the case goes to the Multi-disciplinary Team (MDT).
4. **MDT review:** If MDT agrees the youth may be suitable, they recommend further screening. At this point, the youth is tracked as a "future candidate."
5. **Detailed screening:** This step reviews behavior records, drug/alcohol test results, progress in treatment, future goals, home or placement visits, available support from family or community, and the planned CTS schedule.
6. **Final decision:**
    - For youth with a **B felony or lower**, the Regional Administrator decides.
    - For youth with a **Class A felony**, the JR Assistant Secretary decides.
7. **Approval and transfer:** If approved, a transfer date is set and shared with the youth and their family.

CTS Screening Form in ACT

The CTS screening module in ACT was created to record screening details and the final decision made by the CTS Review Board. It's meant to include:

- Treatment recommendations
- A planned weekly schedule of activities and movements
- Initial service plans, which would later be added to the client's official Future Plan once they enter CTS

Together with the CAST module — which tracks service outcomes — these tools are meant to guide each client's personalized CTS experience.

[6] In the first year of implementation, JR has prioritized CTS placements for youth who have already demonstrated good behavior at a community facility, a less secure environment than JR institutions.

However, after the first CTS client, the screening module hasn't been fully used. Currently, there is no documentation in ACT of the review process for CTS candidates nor explanations of why some clients were not moved forward. When a youth is about to enter CTS, their Future Plan is updated with CTS-related goals — but these goals are general and don't specifically reflect the CTS setting, local community opportunities, or targeted therapeutic services.

The IDEA Assessment

The IDEA is a detailed evaluation that looks at 7 need domains:

1. School
2. Associations (peer relationships)
3. Family
4. Drugs/Alcohol
5. Attitudes/Behaviors
6. Aggression
7. Social Skills

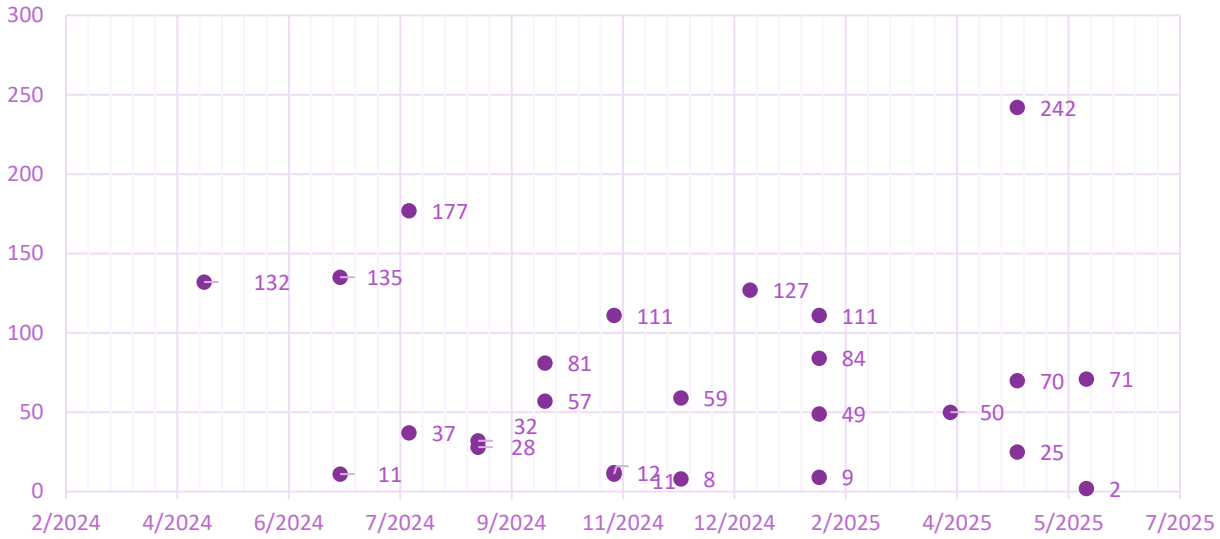
Youth are assessed every 120 days, and scores in each domain can change over time. Each month, OIAA creates an IDEA CTS eligibility ranking. This ranking averages each youth's scores across the 7 domains and ranks all JR clients — whether or not they are automatically ruled out for CTS — from:

- **1** = lowest overall need
- **430** = highest overall need (number depends on actual population)

After automatic disqualifications (set by CTS law) are applied, this ranking is one factor in deciding if a youth might do well in CTS. A lower score means fewer risk factors linked to criminal behavior.

On average, CTS clients had a ranking of **69.2** in the month before they entered the program. For the 25 youth who joined CTS, their rankings at the time of entry ranged from **2 to 242**, with an average of **69** — roughly the **16th percentile**. Figure 1. below shows the ranking at date of CTS entry for each of the 25 CTS clients in chronological order.

Figure 1. CTS Client IDEA Rankings at Time of Approval



Data source: DCYF. (August 2025). *CTS Monitoring Dataset* [May 2024 – June 2025]. JR Automated Client Tracking.

Participant Demographics

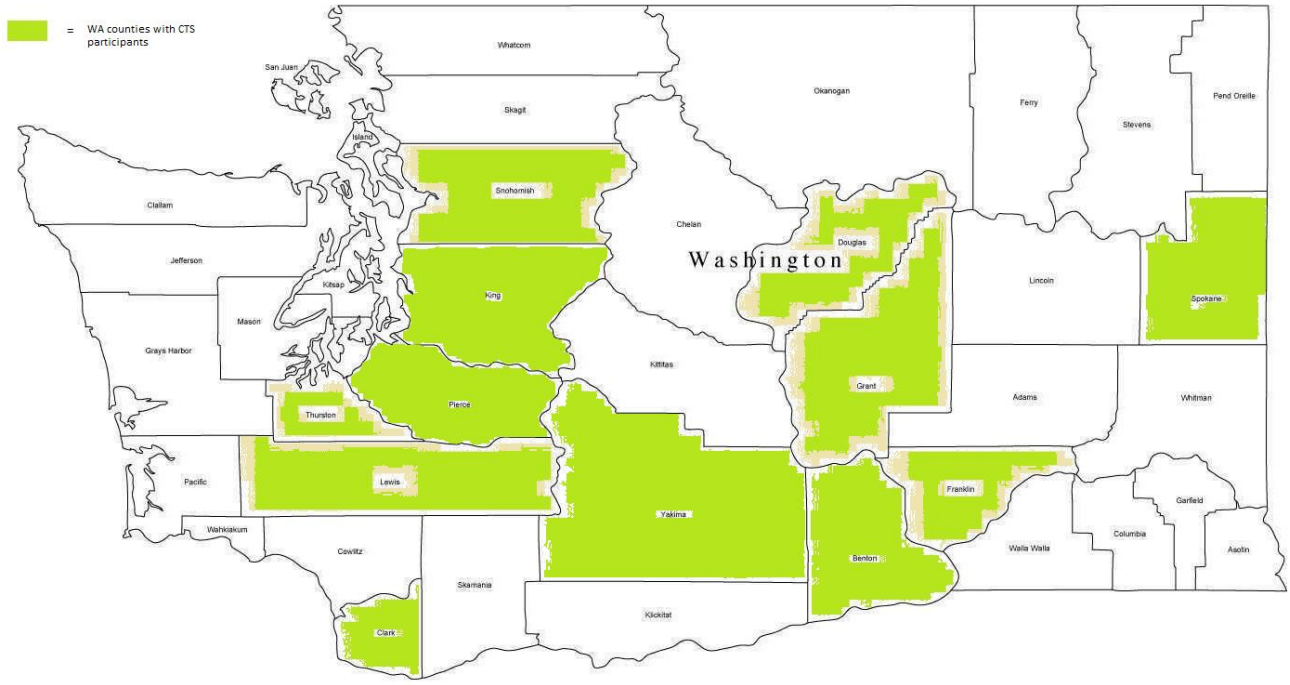
As of July 1, 2025, a total of 25 youth have participated in CTS. As OIAA does not publicly report aggregated data smaller than 10 to avoid identification, more detailed demographics are not available at this stage. A subset of this total:

- are still active in the program
- were returned to JR institutional custody for violations
- successfully completed CTS and were released

Participant ages ranged from **15 to 25 years old**, with an average age of **21** — which is higher than the average age of all JR clients (**18** years). The overwhelming majority of participants were male, reflecting the JR population.

Participants were from all 6 JR regions and the following counties (see Figure 2 below): Benton, Clark, Douglas, Franklin, Grant, King, Lewis, Pierce, Snohomish, Spokane, Thurston and Yakima.

Figure 2. Map of Washington Counties with Current and /or Past CTS Participants



Data source: DCYF. (August 2025). JR Automated Client Tracking [May 2024 – June 2025].

Outcomes

Time on CTS

Time on CTS

Of the clients who have either finished the CTS program or been sent back to a JR institution, time spent in CTS ranged from **24 to 181 days**, with an average of **87 days**.

A percentage of these clients were returned to JR custody for violations. For those returnees, time on CTS ranged from **36 to 125 days**, averaging **76 days**.
The reasons for being returned included:

- Drug-related violations
- Possession of firearms
- Posting of videos displaying firearm possession

CTS Client Engagement with Program Staff

While in the CTS program, clients are expected to meet regularly with JR staff. According to JR CTS Procedure 03-Accountability and Monitoring Activities (see appendix), these face-to-face

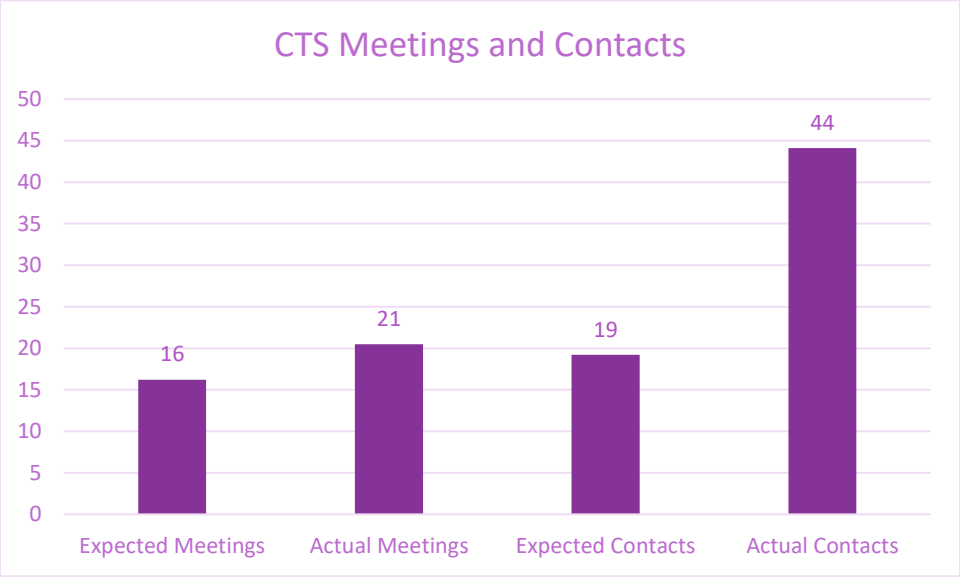
meetings — either in person or virtually — should happen twice during the first week and once a week after that. All meetings are documented in ACT.

ACT records show that:

- **40% of participants** had fewer meetings than expected
- **60% of participants** had more meetings than expected
- On average, clients were scheduled for **16 meetings** but actually had **21** documented meetings

In addition to these meetings, CTS clients are expected to have phone check-ins with JR staff every weekday (Monday through Friday). According to ACT, each client was expected to have about **19 phone contacts** during the period reviewed, but the actual average was **44** documented contacts.

Figure 3. Average Expected and Actual CTS meetings and contacts



Data source: DCYF. (August 2025). *CTS Monitoring Dataset* [May 2024 – June 2025]. JR Automated Client Tracking.

Community Supports

One of the main benefits of CTS is that it allows participants to set and work toward goals they couldn't achieve while in JR institutions or community facilities. These goals might include:

- Working or attending school outside of standard hours[7]
- Joining community programs or receiving local support
- Living independently

The CAST module in ACT is where this type of progress should be recorded.

[7] After an initial 7-day CTS-transition period where movements are further restricted, clients on CTS are required to be in their residence for a minimum of 8 hours per day and must adhere to a pre-arranged schedule and pre-approved locations/activities.

Thus far, there have been **CAST entries** for **24%** of the CTS participants. Entries list the following activities:

- Participants leaving (dropping out of) community service, education, employment, or substance use disorder (SUD) treatment programs
- Partial completion of college
- Partial completion of part-time employment
- Partial completion of the Homeless Option & Prevention Effort program
- Completion of full-time employment
- Completion of mental health treatment
- Completion of SUD relapse prevention

Thus far in the CTS program, there is no documented evidence that participants have set goals in their future plans or taken part in programs beyond what's available in a community facility — such as work or education. One key exception is the opportunity for participants to live with their children, significant other, or parent/guardian. Most CTS clients have said this is an important benefit of the program.

With approval, CTS clients can travel to other counties for work or school, but so far no such cases have been documented. The main type of documented support from JR has been financial help with housing costs. Twelve youth have received an average of **$3,830** each for rent, mortgage payment, or other housing expenses — totaling **$45,957**.

Summary

Conclusions

The CTS program has been implemented, and **more than two thirds** of participants have completed the rest of their sentence on CTS and been released from DCYF custody — some moving on to parole aftercare.

Program staff say that a major benefit of CTS is helping youth build independent living skills. Many participants are living on their own for the first time, which means they must keep a work schedule, arrange transportation, shop for groceries, cook meals, and manage their money. Some are also in relationships and parenting children. While it's difficult to conclude that this matches the original therapeutic goals of the law, these life skills are still important outcomes.

In the first year, CTS placements focused on youth who showed maturity and had lower needs in areas like mental health, substance use, and aggression[8]. Over time, younger and less experienced participants may be placed in CTS. These younger clients could have higher needs,

[8] It is also possible that there is a broader effect on JR youth, in general, to improve and maintain their behavior at institutions or community facilities in order to move onto CTS.

which may increase the importance of community supports such as counseling, substance use treatment, and anger management programs.

However, there is currently no clear, documented program framework explaining how CTS is different from living in a community facility. To show that CTS is being run effectively and in line with the law's intent, creating a holistic program model — linking community placement, treatment services, housing support, and clear short- and medium-term goals — could provide a starting point for program evaluation.

Recommendations

To improve CTS programming, documentation, and results, the following steps are recommended:

- **Use ACT tools to set clear goals:** Make full use of the Future Plan and CTS Screening modules in ACT. For each approved CTS candidate, set clear, achievable goals *before* they transfer to CTS. Track progress using appropriate CAST entries for each goal or activity.
    - Goals should involve opportunities and supports that community facility residents don't already have, and should connect with verified community-based organizations.
    - This may require the ACT Development Team and CTS staff to adjust the current ACT module to address statewide barriers to its use.

- **Create and track CTS-specific measures:** Develop program metrics that are different from those used for community facilities and reflect the concept of "quality implementation" described in the law. Possible metrics include:
    - Monitoring participation in community-focused therapy or skill-building programs tailored to each client's needs and interests.
    - Tracking access to and participation in financial literacy classes.
    - Evaluation of CTS implementation feasibility among staff.
    - Tracking how well CTS becomes a normal, integrated part of JR programming over time ("implementation penetration") [9].
    - Measuring "implementation fidelity" — whether supports are delivered as intended and how they lead to positive client outcomes.

- **Clarify and document eligibility criteria:** Review best-practice eligibility rules and develop applicable policy. Document expected time frames for applications and reviews. Each step of considering a CTS-eligible client should be recorded in ACT (ideally in the

[9] This can be accomplished in coordination with the OIAA CTS Implementation Study currently underway.

CTS screening module). This will help build an evidence base for decisions when clients are found to be ineligible or not a good fit.

- **Ensure capacity and resources match program needs:** Make sure staffing levels and community resources are appropriate to support the planned statewide CTS capacity (originally assumed to be 50 clients at one time).
- **Customize monitoring schedules:** Ensure the monitoring contract allows each CTS client's schedule and locations to be tailored to their needs. A consistent enrollment and scheduling process across sites is needed before compliance can be effectively tracked.

Appendix

Community Transition Services Procedure 01:

Supporting Well Being, Health, and Community Connections states:

1.“Supporting health, wellbeing and community connections for CTS participants involves three main areas:

1.1. Addressing needs based on the Integrated Developmental Evaluation and Assessment (IDEA)

1.2. Supporting youth driven Future Plans

1.3. Incorporating communication and feedback from youth, family members (where applicable), natural supports, and community providers into programming activities.

2.JR staff support CTS participants through building community partnerships to provide services that address their identified needs and foster success in achieving reentry goals.

2.1. JR staff use a trauma-informed lens and healing centered principles to encourage active participation in community events, skill building activities with a focus on identifying strengths and assets for each CTS participant.

2.1.1. Trauma informed lens includes:

2.1.1.1. understanding how trauma impacts adolescent and emerging adult brain development

2.1.1.2. building relationships and trust

2.1.1.3. recognizing stress reactions and triggers

2.1.1.4. modeling healthy emotional regulation skills and positive coping strategies

2.1.1.5. building hope

2.1.1.6. practicing mindfulness and self-care

2.1.2. Healing centered principles include:

2.1.2.1.a core foundation of empathy for young people who have experienced trauma

2.1.2.2.a focus on hope

2.1.2.3. fostering critical reflection to understand how trauma impacts, but does not define the young person

2.1.2.4. encouraging civic participation (voting, volunteering, community service, etc.)

2.2. JR staff ensure all young people have equitable access to community resources.

2.3. JR staff ensure young people can access community resources, as needed, to support reentry goals and success in CTS.

JR staff encourage young people to share their experience with community providers to ensure they are getting their needs met effectively. This feedback is shared with JR staff who oversee contracted providers.”

Community Transition Services Contact Expectations CTS Procedure 03 Accountability and Monitoring Activities:

CTS CONTACT EXPECTATIONS

7. The JRC2, JRC1, or designee, follows contact expectations that include but are not limited to:

7.1. for the first seven days of the young person's transfer to the CTS program:

7.1.1. In person (or phone if in person not available) contact daily Monday - Friday.

7.1.1.1. Two of these contacts are in the form of in-person CTS meetings.

7.1.1.1.1. CTS participant leaves a message or text on weekends during the first week to the community counselor as a check-in.

7.1.2. Contacts and monitoring may occur by JRC1, Officer of the Day, or Community Facility staff after hours and weekends, depending on local procedures.

7.1.3. First in person contact occurs on CTS day one to install electronic monitoring equipment and ensure communication expectations are outlined and clearly understood by both the young person participating in CTS and the JRC2 and JRC1.

7.1.4. check in with providers, employers, and those the young person are living with at least once in the first seven days of the CTS participation.

7.2. for the remainder of the young person's time participating in CTS:

7.2.1. weekly face to face meeting, or virtual if face to face in not an option due to distance or weather-related concerns, with supervisory approval.

7.2.2. phone/electronic contact daily Monday – Friday.

7.2.3. random urinalysis or cheek swab testing as needed.

7.2.4. contact with family (if available), employers, educators, providers, etc. twice a month.

7.2.5. if young person is serving a sentence with the Department of Corrections (DOC) and has a period of community custody upon completion of their residential sentence, contacts the DOC Classification Counselor, or designee, as needed but no less than twice a month to inform them of the CTS participants' progress in the program.