



## YOUTH & YOUNG ADULT HOUSING RESPONSE TEAM ANNUAL REPORT 2024



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

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## Executive Summary

The Youth and Young Adult Housing Response Team (YYAART) (hereafter referred to simply as the “the response team”) was created at DCYF in response to [SSHB 1905](#) (2022) Sec.2, which requires The Department of Children, Youth, and Families (DCYF) to develop and implement a multi-agency rapid response team to appropriately respond to the needs of youth and young adults, ages 12 through 24, exiting publicly funded systems of care who are at risk for homelessness.

A publicly funded system of care means “the child welfare system, behavioral health system, juvenile justice system, and programs administered by the office of homeless youth” (RCW 43.330.720). This report meets requirements set forth in SSHB 1905 to provide an annual report to the legislature and the governor specified as follows:

*SSHB 1905 (2022) Sec 2(2): By Nov. 1, 2023, and annually thereafter, the department, in coordination with the Office of Homeless Youth Prevention and Protection Programs, shall provide a report to the legislature and the governor, including data and recommendations related to the rapid response team created in this section. The report required under this subsection must be submitted in compliance with RCW 43.01.036 and must include the following:*

- (a) The number of people referred to the rapid response team and the types of people making referrals to the rapid response team;*
- (b) The demographic data of the people served by the rapid response team;*
- (c) The types of services identified as needed for the people served by the rapid response team;*
- (d) The availability of the services identified as needed for the people served by the rapid response team, and*
- (e) The barriers identified to adequately address the needs of people referred to the rapid response team and recommendations to address those barriers.*

In FY24, the response team received 74 referrals, with nearly half of these young people continuing to be served in FY25. Over FY24, the response team has worked to implement systems for identifying youth and young adults that should be served, initiating the use of the response team in a timely manner, and connecting young people to appropriate services. This includes weekly meetings to engage directly with young people to triage housing needs, establishing standard operating procedures to guide practice, and presenting to referrants and system partners.

During this first year of operation, the response team has identified some operational challenges. First, the ability for members of the response team to exchange confidential records for the purpose of care coordination is limited. Each state agency has their own policies and

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procedures for the sharing of confidential records. The work necessary to establish one shared agreement for the response team is substantial.

Second, the response team has limited capacity or ability to provide a “rapid” response for young people immimently facing homelessness given a lack of full time staff at every represented agency dedicated to the response team. The response team must balance its ability to respond to young people in need with the day-to-day work and processes necessary to ensure the team’s operation. The response team also does not operate beyond regular business hours, limiting how soon follow up can occur. To help address this, efforts are made by system partners to submit referrals well in advance of when a young person exits a system of care. However, this is challenging for systems with short lengths of stay who may not know if a parent or guardian will pick up their child until the date of exit. The response team has identified many system gaps that if addressed would better allow youth and young adults to secure and maintain stable housing upon their exit from a system of care. Parents and guardians who are not Medicaid eligible or whose child is not dependent struggle to find high-intensity in-home supports that include assessment, case management, and consistent care coordination for youth with behavioral health needs, as well as those with intellectual or developmental disabilities. Further, many children exhibiting symptoms of an undiagnosed intellectual or developmental disability may not seek or be offered services until families reach a state of crisis. The inability to access timely and appropriate resources contributes to significant parental burn-out, particularly in the wake of the COVID-19 pandemic.

In some instances, a lack of early discharge planning for youth exiting a system of care creates urgency and limits opportunities to identify a plan for housing upon discharge. County-based detention facilities struggle to discharge youth into stable housing when a parent or guardian refuses to pick them up with little or no notice. Detention staff do not have the authority to release the youth on their own, nor does DCYF have placement authority, in most cases, in the absence of child maltreatment. Detention facilities are faced with holding youth beyond their scheduled release date or requesting the youth be taken into protective custody by law enforcement. This is difficult and time-consuming for all, causing system professionals to work against, rather than with, one another.

Each young person has unique strengths and needs. However, what they often have in common is a need for the same, limited resources. Short- and longer-term shelter and housing options are in limited supply, with the majority specifically for short-term crisis intervention. Longer-term Transitional Living Program (TLP) beds are highly coveted; waitlists can be months or even a year long. Without access to more readily available resources, young people resort to shelter hopping. This may be especially true for youth and young adults who have committed a sexual offense as access to housing resources is further limited due to community fears and stigma. Lastly, many young people do not have access to the support and opportunities needed to

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establish lasting, permanent connections, continue their education, and succeed in a vocation or employment.

**To address many of these system gaps and challenges, the response team recommends:**

1. Codify in statute that the response team has authority to exchange confidential information with other state agencies who are members of the team for the purpose of care coordination to meet the needs of youth and young adults served.
2. Expand and invest in relative search teams so this can be an available resource for helping young people find and maintain permanent connections and family supports.
3. Ensure statewide access to flexible funding to address the unique needs of young people experiencing housing instability upon their exit from a system of care.
4. Invest in data infrastructure for tracking exits from publicly funded systems of care. Additional resources should be invested to better integrate, understand, and analyze available data across systems of care and provide further system recommendations.
5. Invest in housing for youth who have committed a sex offense. There is a severe lack of existing housing options for young people who have committed a sex offense(s), in addition to no/lack of discrete, targeted programs for young people in these situations.
6. Increase availability of in-home behavioral health supports to all Washington youth and families, regardless of income or child welfare involvement.

## Introduction

In 2022, the Washington State Legislature passed SSHB 1905 (2021-22) to further the state's efforts to reduce homelessness for youth and young adults discharging from publicly funded systems of care. SSHB 1905 created what is now known as the Youth and Young Adult Housing Response Team (YYAART) (hereafter referred to simply as "the response team" to provide a multi-agency, system-level response to support youth and young adults at risk of becoming homeless upon exiting a publicly funded system of care. A publicly funded system of care means "the child welfare system, the behavioral health system, the juvenile justice system, and programs administered by the office of homeless youth" (RCW 43.330.720).

In partnership with the Office of Homeless Youth (OHY), the Health Care Authority (HCA), and the Developmental Disabilities Administration (DDA), DCYF is responsible for implementing the response team. The response team collaborates through real time communications and multiple meetings per week to review complex cases involving young people who do not have a plan for safe and stable housing upon exit from a system of care. The goal is to help young people secure housing and other supports necessary to achieve or maintain safety, stability, and well-being.

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## Background

In 2018, the Washington State Legislature passed [SSB 6560](#) (2017-18) to develop a statewide plan for ensuring no young person will be discharged into homelessness from a system of care. The bill required DCYF and OHY to jointly develop the plan, culminating in the report [Improving Stability for Youth Exiting Systems of Care](#),<sup>1</sup> released in 2020, which outlines many system and community level recommendations for improving transitions and ensuring housing stability upon a young person's exit from a publicly funded system of care. A priority recommendation included new transition planning processes for young people prior to and when exiting systems of care.

Data utilized for this report was provided by DSHS's Research and Data Analysis (RDA) division. RDA publishes semi-annual updates on the number of youth and young adults who experienced homelessness after exiting a behavioral health inpatient, juvenile rehabilitation facility<sup>2</sup>, and/or aged out of foster care. The most recent update, published in March 2024<sup>3</sup>, indicates that homelessness in the 12 months after exiting a system of care decreased 5% from calendar years 2017 to 2021 (see Figure 1). These changes were comparable across systems of care with the exception of homelessness rates among youth aging out of foster care, which were more volatile over time. It is unclear if these changes reflect the effect of policy changes, how data on housing status is collected, who is included in the study population, and/or how post-exit homelessness is measured.<sup>4</sup> Additional analysis is required to determine if there is a causal relationship between the implementation of system level recommendations and this downward trend.

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<sup>1</sup> [Improving Stability for Youth Exiting Systems of Care](#). (2020). Washington State Department of Commerce.

<sup>2</sup> Excluding local and county juvenile detention facilities.

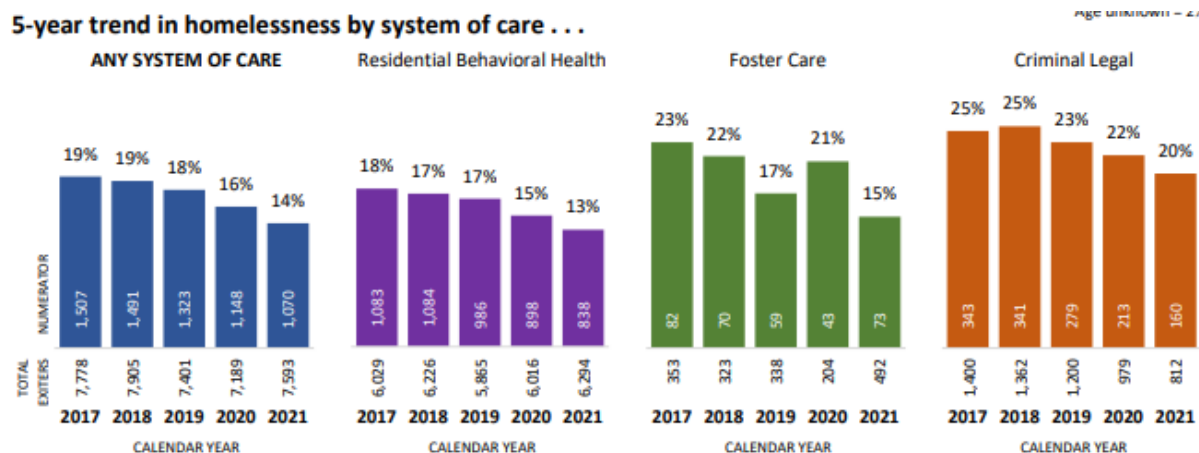
<sup>3</sup> [DSHS Research and Data Analysis \(RDA\). Homelessness Among Youth Exiting Systems of Care in Washington State. \(March, 2024\).](#)

<sup>4</sup> The measure captures information on new bouts of homelessness following exit from a state system of care and does not account for *ongoing homelessness*. This is because state administrative data systems may not capture rapid, short-term changes in housing status over time, making it difficult to distinguish between an individual experiencing homelessness prior to and following contact with a system of care and those who were homeless at some point prior to entry but were no longer homeless at the time of exit.

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Figure 1. 5-year trend in homelessness, within 12 months after exit, by system of care, FY 2017-2021



Source: [DSHS Research and Data Analysis \(RDA\). Homelessness Among Youth Exiting Systems of Care in Washington State. \(March 2024\)](#)

The goal of SSHB 1905 is to provide a multi-pronged approach to ensure youth exit publicly funded systems of care into safe and stable housing. This includes establishing community services, system responses, and flexible resources to support young people in securing and maintaining housing stability. The creation of the response team reflects the high priority area of improved transition planning from systems of care, further aligning with a highlighted need for partnerships across state agencies, Tribes, and local communities.

## Implementation

The response team, in accordance with SSHB 1905, has continued implementing systems for identifying youth and young adults that should be served, initiating the use of the response team services in a timely manner and connecting young people to appropriate services which has included but, is not limited to, the following activities:

### Presentations to System Partners and Referents

Throughout FY24, the response team presented to many potential referents and system partners to identify youth and young adults that should be served. These audiences included child welfare and juvenile justice staff, Managed Care Organizations, the Children’s Long Term Inpatient Program (CLIP) liaisons, OHY grantees as well as attendees at DCYF’s Children’s Justice Conference. Future presentations are scheduled with Juvenile Court Administrators and attendees of the Housing Stability for Youth in Courts (HSYNC) conference. The team routinely observes an increase in referrals after presenting to groups previously unaware of response team services.

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## Response Team Meetings

To ensure the initiation of the response team in a timely manner, the team established a consistent schedule of five one-hour meeting slots per week to engage directly with young people and their support systems. In addition, the response team meets twice per week to review caseloads, share updates, identify barriers and decide on next steps. The response team also has one operational meeting per week to discuss systemic barriers and ways agencies can make adjustments in policies, practices, or services to better meet the needs of young people exiting systems of care.

## Standard Operating Procedures

The response team continues to refine its Standard Operating Procedures (SOP) based on specific feedback from team members and system partners. For example, the SOPs specify referrals may be submitted up to 90 days prior to or after a young person's exit from a system of care. Establishing this timeline was crucial to ensuring young people can connect to housing resources in a timely manner. The response team then follows eligible young people for a period of 12 months afterward, if agreed by the young person. This aligns with the review period used in RDA's reporting on youth and young adult exiting systems of care. Revisions to the SOPs have been informed by consults with the Attorney General's Office (AGO) and best practices for creating affirming spaces for non-binary and transgender youth as reflected in Appendix C.

## Operational Challenges

### Data and Information Sharing

The exchange of confidential information continues to be an area in need of improvement. Over the last year the response team has been working to finalize a Memorandum of Understanding (MOU) and Data Sharing Agreement (DSA) to memorialize ways the response team members may exchange confidential information for the purpose of care coordination. Until these documents are executed, there is no mutually accessible location in which confidential information can be housed. A draft of these agreements is being reviewed and templated by DCYF ahead of presenting to each agency for consideration and approval. HCA, as a HIPAA-covered agency, must ensure the agreements are consistent with their existing privacy practices. OHY has also expressed concerns regarding sharing client-level information held within the state's Homeless Management Information System (HMIS). While member agencies work to finalize these agreements, response team records are held by DCYF, inaccessible to others, which is a substantial barrier to both coordinating care for youth referred and conducting analysis of response team data.

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## Response Team Capacity

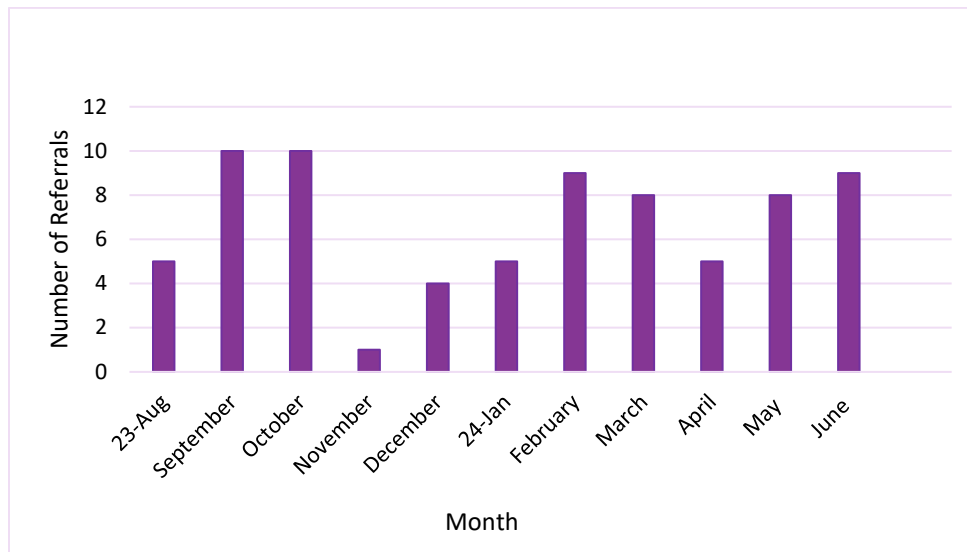
The current staffing structure for the response team includes dedicated Full Time Equivalent (FTE)s for three out of the four members agencies. DDA was not funded for a dedicated full-time employee to meet the operational demands of the response team. Instead, DDA relies on staff with other responsibilities to also serve as core members of the response team.

Even with dedicated FTEs, there are ongoing challenges to implementing the response team in a manner consistent with the legislature’s intent to act rapidly. Young people may have to wait several days to complete an intake and sometimes weeks before a youth-specific meeting can be convened due to team capacity.

Additionally, the response team is not able to follow up on referrals outside of regular business hours, on weekends, or on holidays. Operations are also affected when individual staff are unavailable due to illness or scheduled time off. Juvenile justice partners have noted a lack of emergent responsiveness is a particular challenge given they have no authority to detain youth beyond their scheduled date of release. Therefore, efforts by system partners to submit referrals in advance of when a young person is expected to exit is crucial.

In FY24, the team received 74 referrals (6.7 avg. per month), nearly half of which continue being served into FY25 as the team continues to monitor young people. Since the team prioritizes coordinating services for youth actively being served, there is less operational capacity for other aspects of implementation which require mutual buy-in and support across member agencies. To help alleviate these challenges, DCYF has recruited a Master level social work student from the University of Washington to provide part time program support through her practicum.

Graph 1. Referral Volume Aug 2023 to June 2024



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## System Gaps

Families in Washington state are experiencing stressors in unprecedented ways, particularly since the COVID-19 pandemic. The needs of children, youth, and families are higher than ever, and largely unmet by existing systems resources which are siloed in nature and limited by prescribed scopes of work. More universally available community-based resources are needed to better support families, outside the stigma of systems of care. Washington state lacks specific centralized, integrated, and accessible resource hubs where families with children and youth can access all the services they need, regardless of legal status, funding sources, or program eligibility.

## Parent and Guardian Supports to Address Complex Needs

Parents and guardians of children and youth with specific behavioral health needs experience reductions in their natural supports just as their child's needs become more challenging and complex. They may face stigma as extended relatives, friends, and educators criticize how they manage their child's behaviors, leading to parent isolation, distancing, and burnout.

Existing outpatient services are frequently insufficient to address young people's behavioral health needs such that they may continue to or return to living at home. Wraparound with Intensive Services (WISe) is highly sought after but lacks the capacity to serve all youth and families. Additionally, youth with mental health and I/DD co-occurring diagnoses are often declined access to WISe services as some providers lack the skill and expertise to support these youth.

WISe service availability is primarily limited to those receiving Medicaid benefits and therefore unavailable to middle- and upper-income households who may also struggle. DCYF is able to provide in-home Behavior Rehabilitation Services (BRS) to families when there is an open child welfare case, however the program is limited in its capacity to serve families who seek out services voluntarily, and unavailable to those without an open case. For many families, a higher level of intensive in-home supports, including needs assessment, case management and consistent care coordination is needed, but unavailable. A comparable service should be available to all families who need it, regardless of income and child welfare involvement.

Considerable waits, complex systems, and overwhelmed system managers make it difficult for families to make use of and access intensive services even when they are available. As a result, parents and guardians may struggle to manage their child's needs, leading to further breakdown in family stability. The response team has directly observed how parents and guardians are expected to drive progress, coordinate with countless professionals, track next steps, and hold systems accountable. When parents or guardians no longer have capacity to do all these things, there is often no other person with enough efficacy to ensure progress occurs. The response team has filled this need for a limited number of young people. Families and

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youth engaged in systems of care need to have an identified case manager they can rely on during times of transition.

### **Early Diagnosis of Children and Youth with Intellectual and Developmental Disabilities**

Many youth exhibiting symptoms of a developmental disability are not diagnosed until they are in late childhood or adolescence because of statewide provider shortages. The delay in diagnosis, in turn, delays access to services and therapies for which a diagnosis is a prerequisite. This disproportionately affects youth on Medicaid. Additionally, both providers and parents often lack knowledge about when is the appropriate time to begin seeking services. There is a misconception among some that services should only be sought when long-term care is imminent, contributing significantly to parent burnout. Families need education and support early to understand how best to address their child's daily and unique needs.

Many DDA services are designed to support their clients to live in the community of their choice. Ideally, DDA services are preventive and can mitigate the need for higher levels of care including hospitalization. Primary and specialty providers should have opportunities to learn about when and how to access Medicaid and DDA services. When a youth is diagnosed with a developmental disability, Healthcare Effectiveness Data and Information Set (HEDIS) alerts should inform insurance providers of the need for follow-up. Alternatively, qualified health professionals should make it common practice to regularly follow up with families to ensure they understand how to access services. It is common in other states for professionals to do annual evaluations to determine if services have been effective and if not, what else should be considered. Accessing critical services early could prevent the fracturing of families, avoiding traumatic and costly inpatient treatment and out-of-home stays.

### **Discharge Planning from Children's Long-Term Inpatient Programs (CLIP)**

It is best practice for discharge planning to begin at the time of admission to an inpatient behavioral health facility. The provision of temporary inpatient services should not impede meaningful, early planning for housing given how difficult it can be for systems and agencies to identify an option for stable housing at the point of discharge. This is especially true for young people who lack an engaged parent or guardian who can provide housing and help with post-discharge treatment recommendations. Behavioral health facilities often ask child welfare to assist in these scenarios, but if there is no active safety threat to the child, child welfare is unable to take custody.

### **Discharges from County Juvenile Detention Centers**

Per RCW 13.40.040, youth must be discharged from county-based juvenile detention centers to a responsible adult or DCYF. Statute does not specify who is a responsible adult. When a youth needs to be released from juvenile detention and a parent or guardian is not there to care for

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them, detention centers call DCYF requesting they take custody. This often occurs in situations where DCYF does not have legal Placement Care Authority (PCA). This can result in detention staff calling law enforcement asking them to take the youth into protective custody. This can have a traumatic impact on young people, particularly young people of color who are already disproportionately represented within the criminal justice system. This not only has a negative impact on youth, but is also difficult and time-consuming for all systems involved, causing system professionals to work against each other rather than together through an agreed upon process. Additionally, there are a limited number of beds available to shelter youth released from detention. When shelter beds are full and unavailable to youth imminently discharging, detention staff are faced with either continuing to hold a youth beyond their release date or exiting them to homelessness.

### **Housing Specifically for Youth and Young Adults with a Sexual Offense History**

For youth and young adults who have committed a sexual offense, access to shelter and housing resources is significantly limited due to community fear and stigma. Many shelters and housing programs are unwilling to accept these young people into their programs if they are not accessing ongoing treatment. While youth and young adults who receive a Special Sex Offender Disposition Alternative (SSODA) can access treatment paid for by the courts, many others have no way to pay for this treatment as it is not considered medically necessary through Medicaid. Consequently, inability to pay for treatment becomes a barrier to housing. Juveniles who are required to register with local law enforcement face further housing barriers depending on their level of risk to the community. Many landlords and housing programs do not accept young people who have a sex offense history.

### **Shelter and Housing Resources for Unaccompanied Youth & Young Adults**

RDA reporting shows more than 1,000 youth and young adults in Washington are experiencing housing instability within 12 months of exiting a system of care each year. Each young person has unique strengths and needs, however what they often have in common is the experience of vying for the same limited resources. This may be especially true as more children are diverted from the foster care system as the state implements HB 1227 and other efforts to reduce the number of children in out-of-home care.

OHY funds 110 temporary HOPE and Crisis Residential Center (CRC) beds and just 21 longer-term Transitional Living Program (TLP) beds, statewide, for youth under age 18. TLP beds are highly coveted with waitlists that are months or even a year long. While waiting, many youth resort to staying in short-term beds for 15, 21, or 90 days before having to leave and find a bed at another shelter. Even when beds are available, shelters are not equipped to address the needs of youth with complex needs associated with disabilities or behavioral health. Additionally, there is a shortage of landlords willing to rent to 16 and 17-year-olds given a lease

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would not be legally binding. Lastly, many young adults have little buying power to access housing due to their lack of rental history, credit, and/or earnings.

### **Permanent Connections Beyond Systems of Care**

Early conversations with young people served by the response team include talking about their existing supports. More often than not, young people report having many different system professionals in their life. In stark contrast, these same young people also often report a lack of strong permanent connections such as family or other trusted adults. This is especially notable for LGBTQ+ youth who frequently report their parents are not affirming and may engage in harmful behaviors towards them such as name calling, misgendering them, or using their dead name<sup>5</sup>.

Without permanent and meaningful relationships, young people rely on professionals to meet their needs. This puts professionals in a difficult position as the support they are able to provide is limited and not a substitute for permanent connections. When professionals are no longer able to provide support, it can have a detrimental impact on young people's ability to trust others in the near future. While systems focus heavily on helping young people make successful transitions to independence, most people thrive in community with others so they may receive help in times of need. To improve chances for long-term well-being, young people need to form lasting permanent connections with others, forging community. Further investments in mutual aid approaches can help establish preventative pathways for young people in their own communities.

### **Lack of Substantial Engagement in Education**

One-third of young people who completed a response team intake were not enrolled in school. Education is a basic right and an essential component of any child's well-being. A lack of education not only limits opportunities for growth and success, but also leaves young people disenfranchised with fewer connections to their local community. McKinney-Vento services for homeless students provide essential supports but are unavailable to youth who are not well connected to their school. Strong engagement in school provides an opportunity for young people to establish and grow positive relationships with adults and peers who can be future resources in times of need, thus reducing future risk of homelessness.

While responsibility for providing access to a basic education generally rests at the school district level, it is ultimately the State's responsibility to ensure access to an education for all children. Under the federal Individuals with Disabilities Education Act, each State Education Agency must ensure that a free appropriate public education is available to all children with

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<sup>5</sup> Calling a transgender or gender non-conforming person by their legal name at birth when they have changed their name to affirm their gender identity.

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disabilities residing in the State between the ages of 3 and 21, including children with disabilities who have been suspended or expelled, in accordance with federal law<sup>6</sup>.

A common practice in Washington state has been to involuntarily withdraw students without confirmation the students are enrolled elsewhere. This is a gap in our social safety net for children and youth. OSPI provides guidance, information, and tools for districts to maintain student enrollment to reengage students in their education. For students with disabilities, OSPI explains:

*“School districts are still obligated to provide Free and Appropriate Public Education (FAPE) for students that live in the district but are not enrolled in their district. Unenrolling a student can breed conflict and potentially calls the district’s FAPE obligation into question. It is important to maintain student enrollment for students with an Individualized Education Program (IEP) because the family and IEP team should be working on identifying reasons behind any prolonged absences or school refusal.”<sup>7</sup>*

Children and youth who come to the attention of the response team have experienced significant disruptions or limitations in their access to education, unfortunately the response team's ability to access specific data to track educational engagement is limited. As the response team works to identify systems gaps and barriers and make recommendations, it is essential to have local and state level education partners at the table to understand contributing factors, provide guidance, and propose effective system-level solutions to support youth with complex needs.

### Employment and Housing Navigation Upon Exits from Systems of Care

Nearly all young people referred to the response team would benefit from housing and employment navigation, supports that are not universally available nor accessible in all communities. Where options do exist, there can be barriers to access, such as strict eligibility criteria and long waitlists.

Foundational Community Supports (FCS), an initiative developed under the Medicaid Transformation waiver, provides targeted supportive housing (SH) and supportive employment (SE) services to Medicaid beneficiaries with behavioral health needs and other risk factors.<sup>8</sup> State funds allocated toward FCS were exhausted prior to the end of the 2024 fiscal year, highlighting the critical service gap this program fills.

One limitation of FCS is the strict criteria one must meet to qualify. For example, a common risk factor under which youth can qualify for SH is to meet the definition of “chronically homeless.”

<sup>6</sup> [20 U.S.C. 1412\(a\)\(1\)](#); [34 CFR §§300.101-300.108](#).

<sup>7</sup> [State Requirements that Impact Student Enrollment & Withdrawal, OSPI, August 2023](#)

<sup>8</sup> [Foundational Community Supports \(FCS\) fact sheet \(2024\) \(wa.gov\)](#)

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Likewise, for SE, unless youth can meet one of the more uncommon risk factors, they must have a diagnosed mental health or substance use disorder. Within the youth population, most have not accumulated enough life experience to meet the definition of “chronically homeless” and may not yet have a diagnosed mental health or substance use disorder. This leaves them at a disadvantage when attempting to qualify for programs like FCS; much the same can also be said of traditional programs within the homelessness crisis response system.

On the other hand, OHY funds a variety of youth focused housing and support services spanning this age demographic that are often more robust than FCS. Although these projects are low barrier and comparatively easy to qualify for and access, they are scattered and therefore leave behind service deserts, usually in rural areas. As such, FCS carries the potential to fill a critical gap in services for youth in rural communities, but only if eligibility criteria can be amended to more appropriately align with the experiences of young people.

Through a preventive lens, we must move further upstream to reach young people before they enter chronicity or experience deeper system involvement; significant mental illness, substance use disorder, or co-occurring conditions; overutilization of emergency services and/or other negative health outcomes. Programs that are universally available and accessible to all ensure just that.

## Recommendations:

- 1) **Codify in statute<sup>9</sup> the response team’s authority to exchange confidential information with other state agencies who are members of the team.** There are examples in other statutes<sup>10</sup> that allow for the exchange of confidential information when there is an open child welfare case. In many instances, the response team serves young people for whom there is no open child welfare case and authority to share confidential information is still needed to support effective care coordination across the team.
  
- 2) **Expand and invest in relative search teams so they can be an available resource for helping young people find and maintain permanent connections and family supports.** Child welfare is the only system with resources to conduct family search and engagement. This resource is inaccessible to those without an open child welfare case. This funnels youth and families into the child welfare system to gain access to this valuable resource. The response team could be a testing ground to see if relative searches should be made more broadly available to more systems of care, without an open child welfare case.

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<sup>9</sup> [RCW 43.216.205](#)

<sup>10</sup> [RCW 13.50.010: Definitions—Conditions when filing petition or information—Duties to maintain accurate records and access—Confidential child welfare records. \(wa.gov\)](#) ; [RCW 13.34.350: Dependent children—Information sharing—Guidelines. \(wa.gov\)](#),

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- 3) **Ensure statewide access to flexible funding to address the unique needs of young people experiencing housing instability** upon their exit from a system of care. Current flexible funding programs like the Youth Homelessness Prevention & Diversion Fund (HPDF) and the Youth Diversion Infrastructure Project (YDIP) are only available in ten and five counties, respectively.<sup>11</sup> Youth who are referred to the response team outside of these counties are unable to access these resources which could otherwise help resolve their housing crisis.
- 4) **Invest in data infrastructures for tracking exits from publicly funded systems of care** Young people exit from several systems of care and each system tracks data differently and separately. There is no universal way to track exits from systems of care to 1) proactively provide services 2) understand the number of exits happening in real time 3) understand the impact that various programs, like the response team, have on their target population. Additional resources should be invested to better integrate, understand, and analyze available data across systems of care to inform future recommendations.
- 5) **Invest in housing for youth who have committed a sex offense.** There is a severe lack of existing housing options for young people who have committed a sex offense(s), in addition to no/lack of discrete, targeted programs for young people in these situations. This group is small compared to the total population of homeless youth. As such, a relatively small investment in targeted resources has the potential to alleviate the unavailability of housing for young people experiencing homelessness who have a history of a sex offense.
- 6) **Increase availability of in-home behavioral health supports to all Washington youth and families, regardless of income or child welfare involvement.** Existing models like traditional outpatient behavioral health and Wraparound Intensive Services (WISe) are referred to frequently but have limitations. WISe is highly sought after but is primarily available to youth and families receiving Medicaid benefits. The program lacks capacity to serve all youth and families. In-home Behavior Rehabilitation Services (BRS) provides tailored support to families but, in practice, is only available to those families with an open child welfare case. A high intensity service with greater availability is needed.

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<sup>11</sup> HPDF: Pierce, Yakima, Walla Walla, Spokane, Clark, Thurston, Clallam, Jefferson, Skagit and Whatcom counties. YDIP: Pierce, Yakima, Walla Walla, Spokane and Clark counties.

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## Appendix A: Youth and Young Adult Housing Response Team Data

Period of Reporting: August 7 2023 – June 30 2024

Source: DCYF Headquarters; Partnership, Prevention and Services (PPS) Division

*Table 1. Number of YYA Referred, by Referral Source*

Referent	Count	Percentage
Youth or Young Adult (Self)	*	*
Family Member	*	*
Service Provider	18	24.3
State Employees	25	33.8
Law Enforcement	*	*
Advocate	0	0.0
Educator	0	0.0
Other <sup>12</sup>	18	24.3
Total	74	--**

\* Counts <10 are suppressed.

\*\*Total may not add up to 100 due to rounding.

*Table 2. Age at the time of referral*

\* Counts <10 are suppressed.

Age	Count	Percent of Total
11 & Under	0	0
12-17	52	70.3
18-21	17	23.0
22-24	*	*
Total	74	--**

\*\*Total may not add up to 100 due to rounding.

*Table 3. Gender*

Gender*	Count	Percent of Total
Cisman/boy	23	31
Ciswoman/girl	10	13.5
Transgender, Non-Binary or Two -Spirit	10	13.5

<sup>12</sup> "Other" is comprised of hospital staff and attorneys.

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Questioning or Don't Know	*	*
Data Not Collected	30	40.5
Total	74	--**

\* Counts <10 are suppressed.

\*\*Total may not add up to 100 due to rounding.

*Table 4. Race and Ethnicity*

WSARDC-M	Count	Percent
AI/AN	*	*
Asian/PI-Multi	*	*
Black	20	27.0
Hispanic	*	*
Unknown	*	*
White	33	44.6
Total	74	--**

\* Counts <10 are suppressed.

\*\*Total may not add up to 100 due to rounding.

*Table 5. Sexual Orientation*

Sexual Orientation	Count	Percent of Total
Straight	21	28.4
LGBQ	18	24.3
Prefer Not to Say or Don't Know	*	*
Data Not Collected	33	44.6
Total	74	--**

\* Counts <10 are suppressed.

\*\*Total may not add up to 100 due to rounding.

*Table 6. Medicaid Enrollment*

Status	Count	Percent of Total
Enrolled with MCO*	58	78.4
Fee for Service	**	**
Behavioral Health Services Only (BHSO)	**	**
Not Enrolled in Medicaid	**	**
Total	74	--***

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\*13 via foster care contracts  
 \*\* Counts <10 are suppressed.  
 \*\*\*Total may not add up to 100 due to rounding.

*Table 7. DDA Involvement*

Status	Count	Percent of Total
DDA eligible at time of referral, or became eligible for DDA and/or Community First Choice	20	27.02
Not DDA enrolled and/or determined not eligible	54	72.97
Total	74	--**

\*\*Total may not add up to 100 due to rounding.

*Outcomes for DDA Eligible Clients*

Of the individuals eligible for DDA services and involved with YYAHRT, 78.93% were able to integrate back into their communities with DDA community residential or stabilization service options in place. For the remaining 21.07% of individuals, other outcomes included engagement with other systems of care or pending DDA services at the end of the fiscal year.

*Additional YYAHRT Outcome Data*

There has been insufficient time since the launch of the response team in August of 2023 to comprehensively report outcomes for the first cohort of youth and young adults served. The response team has systems in place to track young people for a year from the date of the initial referral. Additional outcome data will be available in subsequent annual reports.

**Appendix B: Youth and Young Adult Housing Response Team Membership**

<b>Name</b>	<b>Title</b>	<b>Agency</b>	<b>Division</b>
<b>Shannon Quinn</b>	Youth and Young Adult Housing Response Team Manager	DCYF	Partnership, Prevention, and Services
<b>Cole Ketcherside</b>	Housing and Homeless Prevention Administrator	DCYF	Partnership, Prevention, and Services
<b>Jedd Pelander</b>	Program Administrator	DCYF	Juvenile Rehabilitation
<b>Nicole Murphy</b>	Occupational Nurse Consultant - Quality Oversight and Program Alignment	HCA	Medicaid Programs Division
<b>Rachel Baxter</b>	Young Adult Behavioral Health Stable Housing Policy Lead	HCA	Division of Behavioral Health & Recovery
<b>Matt Davis</b>	Systems Change Manager	Department of Commerce	Office of Homeless Youth
<b>Isaac Fall</b>	Prevention Manager	Department of Commerce	Office of Homeless Youth
<b>Michelle Hill</b>	Hospitalized Children Discharge Program Manager	DSHS	Developmental Disabilities Administration
<b>Jaimee Scheffler</b>	Respite Coordinator	DSHS	Developmental Disabilities Administration
<b>Olivia Curtis</b>	YYAHRT Intern	DCYF	Partnership, Prevention and Services

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## Appendix C: Youth and Young Adult Housing Response Team Meeting Agreements

### Youth and Young Adult Housing Response Team (YYAHRT) Meeting Agreements

This agreement is intended to create a safe, accepting, inclusive, and engaging space that is centered around youth voice and choice during youth-centered meetings. We acknowledge that what makes a space feel safe may be different for everyone, if you have suggestions in addition to the ones listed below, please feel free to add them in the chat during the meeting.

The Response Team will do their best to include those suggestions for the duration of the meeting. This agreement applies to the chat and verbal dialogue within the meeting.

#### For the duration of this YYAHRT meeting, participants agree to the following:

- **Be Respectful**
  - Use everyone’s stated name and pronouns.
  - Listen to understand.
  - Center youth voice.
  - Listen actively without judgement or your own agenda.
  - Listen to what the youth states they want and respect their right to make their own choices.
  - One person speaks at a time
  - Use the “raise hand” feature if you would like to speak
  - Mute your phone/computer when not speaking.
- **Do no harm.**
  - No shaming, blaming, or criticizing others.
  - Focus on the positives.
  - Be solution oriented.
- **Use every day, plain language.**
  - Try not to use acronyms. If you do, please explain them.
- **Be Present and Open**
  - We encourage camera use for those who are comfortable and able, but it is not required.
  - Be open to learning something new.
  - Take a break if needed and please let us know in the chat.
  - If you are disconnected from the meeting, please call back.
- **Confidentiality**
  - Only share what you have permission to share. The information shared in this meeting should not be shared unless authorized through a release of information or as allowed by law.
  - Meeting notes will be distributed to participants with approval of the youth or young adult.

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