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# HOMELESS RUNAWAY AND UNACCOMPANIED YOUTH

*After her older brother left home and moved to a distant state, Sandra could no longer cope with her abusive father. After leaving, she “couch surfed” and stayed with various friends. She was just 15 and for a time, she continued going to school. After she was no longer welcome at her friends’ homes, a case manager from a Street Outreach program referred her to a youth transitional living program. Sandra was able to work with staff there to obtain her GED and they provided her with a stable place to live.*

*Ricky had lived with relatives until he was 12. CPS intervened and he was placed in foster care. He did not like the rules, however, and he acted out until he was moved to a different foster home. He ran away from this home but was apprehended fairly quickly. After a series of foster homes and repeated runaway behaviors, Ricky was placed in a residential center. He absconded the first night and he has been gone for over two months.*

## Definitions

There is no single, accepted definition for the terms “runaway youth” or “homeless youth.” These youth may also include “throw away youth” who are asked to leave their home and may include other vulnerable youth populations such as current or former foster youth (Fernandes-Alcantara, 2013).

According to the Runaway and Homeless Youth Act of 2008 (PL 110-378), a runaway youth is a person under 18 years of age who absents himself or herself from home or place of legal residence without the permission of his or her family. The definition excludes youth whose family is complicit with their absence. It also excludes “throw out” youth who are encouraged to leave home or told to leave home.



Unaccompanied youth are youth who are homeless and on their own and not living with families. The term encompasses runaway youth, youth whose parents encouraged them to leave or refused to have them live at home, and independent youth (Child Trends Data Bank, 2015). Thus, the term “unaccompanied youth” is broader than runaway youth.

Definitions of homeless youth vary by federal program (Fernandes-Alcantara, 2013). However, the preferred definition is an individual between 12 and 24 years of age who is living on their own, without a parent or guardian and is without a safe and stable living arrangement (Pfenning, Bardine & Smoot, 2014). This definition includes not only runaway youth but also homeless youth and unaccompanied youth from abroad who may have little or no family available. A runaway youth presumably has a family that he or she can return to, however, other homeless youth, such as youth ‘aging out’ of foster care with no permanent family, may lack supportive family ties. While runaway youth and other homeless youth may be regarded differently, Shane (1989) notes that in reality, the distinctions between runaways and other homeless youth may be blurred.

## Incidence

By age 18, approximately 18% of U.S. children will have run away or left home overnight without parental permission. Many of these (about 40%) will run away more than one time, which is a significant risk factor for homelessness in adulthood (Slesnick, 2014).

At least initially, youth may not go far. Only a quarter leave their local area. Intended destinations are likely to be friends or relatives. Parents or caretakers may know where their youth is staying. Youth may cycle through a series of temporary stays with acquaintances. About a quarter of runaways return within 24 hours. However, they may run again (literature reviewed by Dedel, 2006).

The most commonly cited number for homeless youth under age 18, close to 1.7 million, comes from the National Incidence Studies of Missing, Abducted, Runaway and Throwaway Children, more commonly known as NISMART. While as many as 99% of runaway youth return quickly to their homes, the National Alliance to End Homelessness (NAEH, 2012) estimates that more than half a million youth through age 24 are in need of intermittent or ongoing services to exit homelessness and achieve stability. Approximately 380,000 youth under age 18 will remain away from home for over a week and 131,000 will remain gone for over a month. It is important to note, however, that most youth living on the street are older. Slesnick (2014) estimates that 90% of minors who are living on the street are ages 16 to 17.



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## Runaway Youth

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According to the National Network for Youth (NN4Y), in FY 2011, Street Outreach programs made over 639,000 contacts with homeless youth. The NN4Y notes that 18- to 19-year-olds are 5% (or 22,000 to 44,000) of the homeless population of all ages on a single day or about 80,000 to 170,000 over the course of a year. In addition, 20- to 24-year-olds are 7% (31,000 to 59,000) of the homeless population on a single day or about 124,000 to 236,000 over the course of a year.

### Chronology

Runaway youth are not peculiar to our era or to the United States. In England, Dickens wrote about runaway youth in *Oliver Twist*. Emile Zola depicted runaway youth in late nineteenth century France. Some immigrants to the United States in the twentieth century were runaway youth (Shane, 1989).

Contemporary interest in runaway youth dates from the late 1960's. The concern led to the enactment of the Runaway Youth Act, Title III of the Juvenile Justice & Prevention Act of 1974 (P.L. 93-415). In 1977, the Act was expanded and in 1980 the Act was renamed the Runaway and Homeless Youth Act (RHYA). In 1984 it was further amended and renamed the Missing, Runaway and Homeless Youth Act.

The legislation provides funding for communities to craft interventions. According to the National Network for Youth, similar strategies emerged from local communities. These strategies include: emergency shelter; aftercare; outreach; education; health care; behavioral health services; transitional housing and independent housing options; safe exit from homelessness; family reunification if possible; establishment of permanent connections, employment, and sustainable independent living. While there are some evaluations of programs to assist homeless youth, there is very little research that compares interventions and none that examines how programs address subpopulations (NEAH, 2012).

The most recent reauthorization of the Missing, Runaway and Homeless Youth Act was in June, 2015. The appropriations are a decrease over prior years. A total of 116.1 million dollars was appropriated with 95 million for Basic Center and Transitional Living Programs and 17.1 million for Street Outreach.

### Typology of Runaway Youth

Youth who are homeless and who have run away experience varying degrees of disconnection from their families and supports (NAEH, 2012).

- ❖ The lowest risk youth are temporarily disconnected from family. These youth tend to be younger and maintain more stable relationships with both families and schools. They experience the least amount of homelessness over time and account for the largest grouping (81 to 86%).
- ❖ 'Transient' youth have less stable connections and move in and out of homelessness repeatedly, while maintaining some relationship with family. These episodic or unstably connected youth represent 8 to 9% of the total.
- ❖ The highest risk homeless youth have dropped out of school, have unstable relationships with family, often have serious mental health and/or substance abuse problems, and experience long stretches of homelessness. These chronically homeless youth comprise 6 to 10% of the total.



### Who are Vulnerable Youth?

It is not always clear from research whether some of the conditions and characteristics discussed below directly contribute to runaway behaviors or if they simply co-occur with causes of runaway behavior such as family dysfunction or if they can be a consequence of running away. Research that might tease out these relationships can be challenging because data would need to be collected prospectively over periods of years.

Although the average age at the first homeless episode is 14.7 years, most runaway youth (68%) are older teens, ages 15-17 (NN4Y Fast Facts). The majority of runaway youth are Caucasian (57%). African-American youth comprise 27% and Native Americans represent 3%. According to NN4Y, available research suggests that 20% to 40% of youth who are homeless (who are not necessarily runaway youth) identify themselves as lesbian, gay, bisexual, or transgender.

Family factors are primary reasons for youth runaway behaviors. Family conflict and/or maltreatment (physical abuse or

sexual abuse during the year prior to the runaway) are the impetus. Families of runaway youth may also exhibit high levels of distress, dysfunctional relationships, and poor communication. A subset of runaway youth has parents who abandoned them or encouraged them to leave (Mallett & Rosenthal, 2009; National Network for Youth, no date; Shane, 1989; Slesnick, 2014; Thompson, Cochran & Barczyk, 2012; Tucker, Edelen, Ellickson & Klein, 2011).

A study of 4,329 youth who were followed from Grade 9 until age 21 (Tucker et al., 2011) found that nearly 14% of the sample reported running away in the past year when surveyed at Grade 10 and/or Grade 11. Running away from home was predicted by a lack of parental support, school disengagement, greater depressive affect, and heavier substance use at Grade 9. Runaways had higher drug dependence scores and higher levels of depression at age 21 than non-runaways. However, runaway status did not predict alcohol dependence at age 21.

Dysfunctional families may engage in repeated arguments about parent-child issues such as autonomy, staying out late, spending money, attending parties or concerts, relationships with siblings, choice of friends, appearance, school performance, alcohol or drug use, criminal behavior, or showing respect to parents. A youth may run due to wanting to avoid sharing 'bad news' such as pregnancy or failing grades. Parents of runaways may have rigid rules and expectations and authoritarian parenting styles. There may be domestic violence or tension from a blended family (literature reviewed by Dedel, 2006).

High rates of family physical or sexual abuse are well-documented among runaway and homeless youth (Tucker et al., 2011). Prior sexual abuse or sexual exploitation, in particular, appears to be a factor in triggering runaway behaviors (National Network for Youth, no date; Saewyc & Edinburgh, 2010). Further, prior PTSD resulting from child abuse or child sexual abuse may inhibit normal self-protective reactions. Deficits in self-protective reactions may not be solely psychological but instead be due to neurobiological damage resulting from the prior maltreatment. Victims of child sexual abuse may be prone to seek out a 'rescuer' and if that person is a trafficker, the cycle of victimization continues (studies reviewed in Reid, 2010). Having been abused at home triggers youth leaving. Being 'on the streets' makes youth vulnerable to persons who promise to rescue them but instead profit from their youth and inexperience.

According to NN4Y and other resources (Tucker et al., 2011), after maltreatment, the second most common endangerment factor to trigger runaway behaviors is the youth's substance dependency. Substance abuse or dependency can be a factor when parents ask the youth to leave or prohibit them from remaining in the home. Additionally, youth



who run away from home are much more likely to use substances compared to youth who don't run away.

Disengagement from school is a widespread problem for runaway youth. An analysis of 15,000 records of youth using crisis centers (Thompson & Pillai, 2006, cited in Tucker et al., 2011) found that 47% of runaway youth had irregular school attendance and 22% had dropped out or had been expelled from school. The youth who had disengaged from school commonly had mental health problems with rates of various disorders ranging from 19% to 50%. Depression was the most common diagnosis. As mentioned above, rates of substance abuse and dependence were also very high.

One subset of vulnerable minors is youth in foster care. Foster youth can become homeless after exiting the foster care system or through failed kinship care placements or if they run away. Some foster youth also run away from their foster homes or residential placements. The 2013 AFCARS Report (U. S. Department of Health and Human Services, 2014) indicated that 1% of youth in foster care nationally (4,450) were on runaway status. According to the National Network on Youth (no date), approximately 12 to 36% of youth ages 18 to 21 exiting foster care become homeless. Limited support, low earning potential, and a shortage of affordable housing combine to negatively impact youth exiting foster care.

When asked about why they ran away from foster care, youth offered three primary reasons. First, they wanted to reconnect or remain connected with biological family, even if the foster youth admitted that their biological family was unhealthy or unsafe. Second, youth wanted to express autonomy. Third, youth wanted to maintain surrogate family relationships with nonfamily members (Fernandes-Alcantara, 2013).

Pergamit & Ernst (2011) cite studies showing that between 36% and 52% of older youth in foster or substitute care have run away at least once. The majority have run multiple times. Unlike other youth, those in foster care are not escaping maltreatment, although they may experience conflict with caretakers. Most reported unhappiness with their placements and wanted more freedom and fewer rules. Most felt unable to talk with the foster parent. Most of the foster youth ran away to a friend's home or a relative's home. However, most foster youth return voluntarily to placements after a few days.



The **National Runaway Safeline (NRS)** serves as the federally-designated national communication system for runaway and homeless youth. Recognized as the oldest hotline of its kind in the world, **NRS**, with the support of more than 150 volunteers, handles an average

of 100,000 calls annually. Since inception, there have been more than 3 million calls. **NRS** provides crisis intervention, referrals to local resources, and education and prevention services to youth, families and community members throughout the country 24 hours a day, 365 days a year. All calls are free, anonymous, and confidential.

Founded in 1971, the **NRS** received a federal grant in 1974. To address its mission of keeping America's runaway and at-risk youth safe and off the streets, **NRS** offers several services in addition to the 24-hour hotline:

- ❖ **Information and Referrals:** There is a data base of more than 13,000 local youth and family agencies. Callers can access counseling, alternative housing, basic center/shelter services, substance abuse treatment, and child protective services.

- ❖ **Conference Calls:** When youth request assistance in contacting their family or an agency, **NRS** can facilitate conference calls. The front line team member serves as a youth advocate.

- ❖ **Message Service:** Youth who want to relay a message but who are not ready to directly communicate have a less intimidating means to re-establish contact with a parent or guardian. Messaging can be a first step towards reunification.

- ❖ **Home Free:** In partnership with Greyhound Lines, Inc., **NRS** helps reunite runaway youth with their families through a free ticket home. More than 13,000 youth have been reunited with family through this program since 1995.

- ❖ **Prevention and Education Materials:** Educators can receive a free copy of *Let's Talk, Runaway Prevention Curriculum* complete with an eight-minute film. There are also materials provided free of charge for distribution within communities.

Telephone: 1-800-RUNAWAY

Website: [www.1800runaway.org](http://www.1800runaway.org)

Address: 3141B N. Lincoln Ave., Chicago, IL 60657

Administrative Phone: (773) 880-9860

FAX: (773) 929-5150

TEXT: 66008

Also on Facebook, Twitter & You Tube

There are predictors of runaway behaviors. Foster youth are more likely to run away if they have a greater number of placements, have been placed back with family and then re-entered care, live in a group home or residential facility, and if they entered care at an older age (Pergamit & Ernst, 2011). As mentioned before, most runaway youth are older (ages 15 to 17), with only a quarter 14 and younger (literature reviewed by Dedel, 2006). Youth from blended families are at higher risk for runaway. Race and sex are not predictors, and rates are similar for urban, suburban, and rural youth (literature reviewed by Dedel, 2006).

### Effects

Runaway behaviors are often impulsive. While some youth may plan their exit, many do not. Runaway youth may take little or no food, clothing, or money. Youth may not have transportation and walk, get a ride from a friend, use public transit, or hitchhike (literature reviewed by Dedel, 2006).

Life can be dangerous for youth when they run away or are prohibited from returning home. Living on the streets is associated with high mortality rates as runaway and

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## Runaway Youth

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homeless youth are 12 times more likely to die than housed youth. The usual causes of death are untreated illness, suicide, or assault (Slesnick, 2014).

Even if the runaway time is relatively short, youth are at risk for experiencing violence (Saewyc & Edinburg, 2010). By either circumstance or necessity, runaway homeless youth are high risk to participate in a number of health-compromising behaviors. Typical findings are high levels of substance use and involvement in prostitution (literature reviewed by Dedel, 2006; Yates, MacKenzie, Pennbridge & Cohen, 1988).

There are high rates of sexual health issues in runaway and homeless youth, including sexually transmitted infections and pregnancy (Arnold & Rotheram-Borus, 2009; Saewyc & Edinburg, 2010; NN4Y Fast Facts). For example, homeless youth are 16 times more likely to be diagnosed with HIV compared to the general youth population (Arnold & Rotheram-Borus, 2009; NN4Y Fast Facts). Research indicates that as many as 20% of homeless young women become pregnant. These pregnant and homeless teens lack financial resources and adequate health care, resulting in increased risk for low birth-weight babies and higher than average infant mortality (Thompson, Bender, Lewis & Watkins, 2008).

Runaway youth or throwaway youth are highly susceptible to entrapment by sex traffickers (see VCPN, Volume 102 on Sex Trafficking of Children and Youth). For example, in a study by Saewyc & Edinburg (2010), runaway girls ages 12 to 15 (mean age 13.75) reported gang rape (6.1%), involvement in prostitution (13.8%), and sexual abuse by multiple perpetrators (33.8%) as well as repeated sexual abuse by the same person (26.8%) and sexual assault one time by one perpetrator (23.1%).

Youth without resources are high risk to engage in delinquency. They may engage in prostitution, curfew violations, truancy, and substance-related offenses (literature reviewed by Dedel, 2006; Laskorunsky, 2009; NN4Y Fast Facts).

There are negative effects to mental health and emotional functioning. A third or more of runaway youth meet criteria for PTSD, compared to less than 8% of the general population (studies cited in Thompson

et al., 2012). In addition to high levels of depression and serious mental health diagnoses (literature reviewed by Dedel, 2006; NN4Y Fast Facts; Yates et al., 1988) there can be suicidal ideation and attempts. Saewyc & Edinburg (2010) found over half of their sample of 12- to 15-year-old runaways reported suicidal ideation and cutting with 20% having a suicide attempt within the past year. Runaways who are younger, females and LGBT youth (those reporting they are lesbian, gay, bisexual or transgender) are more likely to self-harm or attempt suicide (Moskowitz, Stein & Lightfoot, 2013). When offering services to runaway and homeless youth, the elevated risks for self-harm and suicide attempts should be a chief concern. Significant stress usually precedes an attempt.

Education is interrupted (literature reviewed by Dedel, 2006) for runaway youth. While homeless and runaway youth are encouraged and welcomed at schools, they may lack support and motivation to attend school.

In summary, every area of a youth's life is negatively affected by running away (Laskorunsky, 2009).



## Interventions

It should be noted that there are few evaluations of effective interventions for homeless youth. The dearth of research limits knowledge in how to best intervene (Slesnick, 2014). Altena, Brillleslijper-Kater and Wolf (2010) searched for studies from 1985 to 2008 and found only 11 studies of moderate quality (4 with a fair quality rating and 7 with a poor quality rating). Research is needed to identify and disentangle the specific elements of interventions and to relate the interventions to outcome measures.

The National Network for Youth describes three key pillars to assist runaway, homeless, and unaccompanied youth:

**Street Outreach** allows workers to go into the community to find youth in need and to provide services such as referral. The task of developing relationships with the youth should be the focus of outreach efforts. Research on street outreach programs appears to have peaked in the 1990's. Slesnick (2014) identified only one study that reported on outreach efforts with homeless youth. That study examined an effort to engage homeless

youth in HIV prevention. Gleghorn et al. (1997) reported that 58% of homeless youth who met with an outreach worker utilized the HIV prevention services. Trust and relationship were important and some youth had many contacts with the outreach worker prior to enrollment.

**Basic Centers** are drop-in centers that provide temporary shelter up to 21 days. The Centers provide food and clothing as well as counseling. They attempt to reunify youth with families when appropriate or to connect youth with aftercare services. Reunification, when it is safe, is considered to be a priority (NAEH, 2012). Even if youth do not return to families, a family can be a significant source of support. Slesnick (2014) writes that multiple agencies can offer services at drop-in centers. Useful services are medical care, HIV testing, job training, prenatal care, legal services, and mental health/substance abuse services. Bringing services to youth overcomes transportation issues and also builds trust.

**Transitional Living** provides longer-term housing for up to 18 months for older youth. Housing is coupled with supportive services such as employment, education, and mental health treatment. Youth are helped to achieve successful and sustainable self-sufficiency. The program also funds group maternity homes.

According to the National Network for Youth, the programs funded by Runaway and Homeless Youth (RHYA) are cost-effective alternatives. They relate that in 2010, programs exceeded their federal target for safe program exits. Of those served by Transitional Living programs, 78% of participants were employed either full or part-time. Further, 74% of youth entering a Basic Center or Transitional Living program were discharged to stable housing. In 2013, the data was even more promising, with 94% of young people staying in Basic Center Programs and 88% of those in Transitional Living Programs exiting to safe environments.

Especially for youth with disabilities in the chronically disconnected group, permanent supportive housing is an option. This strategy provides long-term financial and case management support. To be successful, the approach needs to have low barriers to entry and avoid ejecting participants if they fail to comply with rules (NAEH, 2012).

Some general principles for services are offered by Dedel (2006). Since youth may distrust staff and other adults, it is important to involve them in the design and operation of programs and their treatment plans. Staff should be certain to honor commitments. Youth should be educated about the impacts of runaway behaviors and challenged to act responsibly. Staff and law enforcement should avoid blaming youth. A full range of services (such as short-term shelters; drop-in services; mediation with parents; counseling that is specialized to needs; and independent

living programs) need to be available as well as secure placement for a limited number of circumstances (such as youth that are suicidal or self-endangering).

Dedel (2006) also offers guidance about services that have been shown to have limited effectiveness. Confinement to secure detention fails to address underlying issues. It is expensive and should be used only in cases of legitimate safety concerns. Forcing youth to return home may place them at risk of further harm and repeat runaway. If a youth does return home, harsh restrictions and punishments will increase the risk of further runaway behaviors. Face-to-face assessment (as opposed to telephone assessment) is best practice. If the evaluator has access to parents, siblings and additional information the accuracy of the assessment can increase.

The **McKinney-Ventro Act** is another intervention for unaccompanied and homeless youth. The Act ensures educational rights and protections for children and youth who experience homelessness. The law applies directly to homeless unaccompanied youth who are not in the physical custody of a parent or guardian. Unaccompanied youth have the same rights as other students experiencing homelessness. For example, they have the right to remain in their school of origin if feasible, to have transportation to and from their school of origin, to immediately enroll in a new school serving the area where they are currently living even without documentation, and equal access to programs and services such as gifted and talented education, special education, vocational education, and English Language Learner services. Each local education agency (LEA) or school district must appoint a homeless liaison to assist homeless youth and school personnel must be made aware of the specific needs of runaway and homeless youth.



### Legal Interventions

With the exception of five states that do not make any specifications in statutes, police officers can take a runaway into custody without a warrant (Pfenning et al., 2014). Runaway is a status offense in 11 states (Slesnick, 2014). Girls are underrepresented in every category of status offense cases brought to juvenile court except in runaway cases (Laskorunsky, 2009).

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## NAEHCY NATIONAL ASSOCIATION FOR THE EDUCATION OF HOMELESS CHILDREN AND YOUTH

National Association for the Education of Homeless Children and Youth (NAEHCY) [www.naehcy.org/educational-resources/youth](http://www.naehcy.org/educational-resources/youth)

The NAEHCY has resources on their website that can assist educators and others:

- Housing + High School = Success. Schools and Communities Uniting to House Unaccompanied Youth
- Immigration and Schools: Supporting Success for Undocumented Unaccompanied Homeless Youth
- Making State Laws Work for Unaccompanied Youth: A How-To Manual and Tools for Creating State Laws and Policies to Support Unaccompanied Homeless Youth Under Age 18
- State-by-State Review Regarding Ability of Minors to Consent to Routine Medical Care
- Unaccompanied Immigrant Children: Education and Homelessness
- Unaccompanied Homeless Youth Toolkits

### A Toolkit for Meeting the Educational Needs of Runaway and Homeless Youth

Author: Kayla Jackson (2011), 41 pages.

Available at: <http://www.nn4youth.org/wp-content/uploads/TOOLKIT.2.pdf>



This toolkit was developed by staff at the National Network for Youth for use by schools teachers, counselors, social workers, administrators, nurses, and other trusted allies in the school community. The toolkit raises awareness of the needs of runaway and homeless children (RHY) in schools and alerts school staff to the signs and characteristics of RHY and the many federal, state, and local resources available to assist schools. This educational toolkit includes information on: the role of educational agencies; federal support and initiatives; signs of youth homelessness; community resources available; and current collaborative efforts and programs.

### Supporting the Education of Unaccompanied Homeless Students

McKinney-Vento Law into practice brief series

Available at: <http://center.serve.org/nche/downloads/briefs/youth.pdf>

This issue brief highlights the benefits of the McKinney-Vento Law as it is implemented into practice. It differentiates unaccompanied and homeless youth according to this policy, and identifies some of the challenges. Additionally this resource is provided to inform educators and service providers about the various issues related to educational access and success for unaccompanied and homeless youth. Many of the issues discussed surround the topics of: educational barriers and rights under the act; identifying unaccompanied homeless youth; how to enroll and assist unaccompanied youth in the education systems; and school-community collaboration efforts to support youth.



### Runaway and Homeless Youth Programs (RHY)

U.S. Department of Health and Human Services  
370 L'Enfant Promenade, S.W.  
Washington, D.C. 20447



Website: <http://www.acf.hhs.gov/programs/fysb/programs/runaway-homeless-youth>

Each year, thousands of U.S. youth run away from home, are asked to leave their homes or become homeless. Through the **Runaway and Homeless Youth Program (RHY)**, the Family Youth & Services Bureau supports street outreach, emergency shelters and longer-term transitional living and maternity group home programs to serve and protect these young people.

### National Safe Place

2429 Crittenden Drive,  
Louisville, KY 40217

Phone: (1-800-786-2929)

Website: <http://nationalsafeplace.org>

Email: [info@nationalsafeplace.org](mailto:info@nationalsafeplace.org).



**Safe Place** is a community outreach and prevention program for young people in need of immediate help and safety. They aim to educate youth about the dangers of running away or resolving difficult conflicts within the home by themselves. This initiative collaborates with community organizations and designates schools, fire stations, libraries and youth-friendly businesses as **Safe Place** sites where youth can access help and supportive resources. The website offers webinars. There are also planning strategies for the annual “National Safe Place Week.” **Safe Place** locations extend the doors of the local youth service agency or shelter to support teens in crisis situations, creating a safety network for youth.



## Runaway Youth

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Legal intervention can also occur through state truancy laws. Generally state laws require youth ages 5 to 18 to attend school. Having a certain number of absences within a given time period constitutes a youth as being truant. Habitual truants can be subject to court orders, counseling, custody arrangements, community service and attendance review. Truancy is classified as a status offense in six states (Georgia, Idaho, Nebraska, South Carolina, Texas and West Virginia). In Virginia and Arizona, parents can be held accountable for their children’s truancy and may be fined or jailed (Pfenning et al., 2014).

Legal interventions are complicated by several factors (literature reviewed by Dedel, 2006):

- ❖ Few jurisdictions have appropriate facilities for placement once a runaway is in police custody.
- ❖ Processing and transporting juveniles is time-consuming.
- ❖ Police need to prioritize and youth runaways are not serious public safety threats.
- ❖ Youth may refuse to return to parents or parents may refuse to take them back.
- ❖ Youth may run again shortly after police return them home.
- ❖ Since runaway is a status offense, youth can be held in secure facilities only in limited situations.

Recent research has suggested that placing runaway youth into the juvenile justice system leads to worse individual and community outcomes (Slesnick, 2014). Therefore, practitioners suggest decriminalization of status offenses such as runaway or truancy (Pfenning et al., 2014). These behaviors are not so much delinquency as indications of a struggle and a sign of unmet needs of the youth and family. States can enact ‘safe harbor laws’ to decriminalize runaways and sexually exploited minors and treat them instead as victims of crime who need protection. These laws divert youth from the juvenile justice system and into child welfare services.

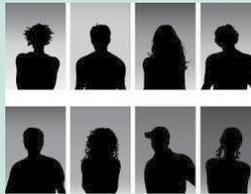
Even if runaway and related behaviors are decriminalized, there are other practi-

### Special Commission on Unaccompanied Homeless Youth: Status Report

By: Executive Office of Health and Human Services, 2014

Available at: [http://www.massappleseed.org/pdfs/13\\_spec\\_comm\\_uhy\\_annual\\_report.pdf](http://www.massappleseed.org/pdfs/13_spec_comm_uhy_annual_report.pdf)

This status report highlights some of the findings produced by the Special Commission on Unaccompanied Homeless Youth. This commission was charged with researching and making recommendations relative to services for unaccompanied homeless youth, with the goal of ensuring a comprehensive and effective response plan for the unique needs of this population. The requirements included: an analysis of barriers when serving LGBTQ unaccompanied youth; analysis of barriers to serving unaccompanied youth under age 18; an assessment of the impact of mandated reporting requirements on youth’s access to services; an assessment of the Commonwealth of Massachusetts’ ability to identify and connect with unaccompanied youth; and recommendations to reduce identified barriers to serving this population.



### National Law Center on Homelessness & Poverty

Legal Tools to End Youth Homelessness

Available at: <http://www.bridges4kids.org/pdf/YouthLegalTools405.pdf>



This booklet provided by the **National Law Center on Homelessness and Poverty**, highlights many legal resources and tools that are available under current federal laws. Using non-legal terms, this guide outlines many basic legal rights for unaccompanied youth and introduces some federal laws that can support youth who have run away or have been forced out of their homes. This resource contains websites and phone numbers for educators, advocates, and lawyers who can assist these youth with resources and opportunities to lead safe, fulfilling lives.

### National Center for Missing and Exploited Children (NCMEC)

699 Prince Street  
Alexandria, Virginia 22314-3175

Phone: (703) 224-2150

Fax: (703) 224-2122

Website: <http://www.missingkids.com/Home>

Email at: <http://www.missingkids.com/Contact>



The **National Center for Missing & Exploited Children (NCMEC)** is a nonprofit organization that works with law enforcement, families, and professionals on issues related to missing and sexually exploited children. **NCMEC** has created public and private partnerships that have built a coordinated, national response to the problem of missing and sexually exploited children. **NCMEC** has also established a missing children hotline and serves as the national clearinghouse for information. They provide services, resources and technical assistance to child victims of abduction and sexual exploitation, their families and the professionals who serve them.

cal barriers to ending homelessness among under-age youth. Minors do not have the legal authority to engage in contracts or in some states give consent for mental health treatment or medical care, limiting their access to services. In some states, agencies or individuals serving minors could be at risk for charges of contributing to the delinquency of a minor or interfering with a minor's custody (Slesnick, 2014). Although runaway behavior is not a mandatory reporting event, the abuse or neglect that may have prompted the runaway behaviors is reportable in many states. Youth may be aware of reporting requirements and avoid services in an effort to avoid a report that might result in their being returned to their home.



### Research on Interventions

A review of services and interventions for runaway and homeless youth (Slesnick et al., 2009) found only a small number of studies that examined the impact of shelters, drop-in centers and intervention efforts. In addition to offering safety, the authors concluded that runaway shelters show short-term benefits to youth, but long-term benefits had not been studied and documented in research literature.

Slesnick et al. (2009) found only one study that tracked benefits among youth using drop-in centers. It showed positive outcomes across a range of factors up to one year post-baseline. A study that evaluated a case management approach with homeless youth found that enhanced case management was no more effective than less intensive case management. The authors noted that case management alone may not be sufficient and may need to be supplemented by psychosocial treatment.

The authors (Slesnick et al., 2009) found that brief motivational interventions have not shown effectiveness with street youth who have multiple and complex problems. Likewise, interventions that focused on one area in isolation (such as HIV or sexual risk) are not likely to be as effective as interventions that are more comprehensive and address multiple areas of need. Many runaways and homeless youth need help accessing food, education, transportation, clothing, shelter or housing, finances, legal aid, medical and dental care, job training, and improved social support. The authors suggest that integrated interventions are worthy of study.

Most youth, when asked, describe the importance of trust, confidentiality, and not feeling judged. Slesnick et al. (2009)

suggest that flexible, caring, tailored services that are non-demanding and consider the developmental stage of the youth have the greatest chance of being utilized. They note that runaway youth are a diverse population and there is little mention of minority youth in the literature, nor is there guidance about adjusting services for youth of different ages.



### Best Practices

The National Clearinghouse on Families and Youth (NCFY) has identified several screening and assessment instruments that agencies serving runaway and homeless youth are using for outcomes evaluation. These can be found at: [ncfy.acf.hhs.gov/publications/assessment-screening/](http://ncfy.acf.hhs.gov/publications/assessment-screening/)

The National Registry of Evidence-Based Programs and Practices (NREPP) is a searchable data base of interventions that have been reviewed and rated by independent evaluators. While they do not list interventions specific to runaway youth, the interventions effective for a wider range of youth can be helpful.

See: <http://nrepp.samhsa.gov>

Programs designed for runaway and homeless youth need to be flexible and person-centered. They should avoid labeling or stigmatizing the youth. Structure is balanced against flexibility, rules should be tempered with understanding, and concern for program integrity and consistency balanced against recognition that development and healing for each youth follows a unique path. People should be valued over programs and the process considered more important than the outcome (Kurtz, Jarvis, Lindsey & Nackerud, 2000).

Establishing a positive connection with an adult mentor or parent-figure was mentioned repeatedly (Kurtz et al., 2000). Youth may distrust adults and being able to establish a positive, trusting relationship can be a source of encouragement and hope. Young people need support and caring from people who believe in their worth and value.

Since many runaway youth are victims of trauma, using trauma-informed interventions is suggested. An initial treatment goal in trauma-focused intervention is to restore self-efficacy, control, and safety. Basic needs such as food, clothing and medical care should be provided prior to trying to address emotional issues. Strength-based interventions that involve the youth in goal-setting and decision-making are recommended (McManus & Thompson, 2008).

Youth should be added to local communities' plans to end homelessness. State and local agencies should review and amend policies that may be barriers to serving unaccompanied and homeless youth (Slesnick, 2014).

Literature reviewed by Dedel, 2006 offers some additional ideas about other best practices.

- Coordination between social services and the courts. VCPN Volume 99 is devoted to the overlap between CPS and the Juvenile Court. A local coordinator who can address issues of runaway behaviors and coordinate services provided by courts and social services is considered a best practice.

- Interagency agreements and memorandums of understanding can help youth receive services quickly and avoid secure detention for runaways.

- Protocols for foster care providers and group homes can help standardize their response.

- Joint training and cross-training for staff from all involved agencies can help staff understand the complexity of the issues relating to runaway and homeless youth and can help multiple agencies partner.

- Information sharing can improve services.

- A standardized method for assessing risk can improve agency response.



*Laurel Edinburgh*

### The Runaway Intervention Program

Saewyc & Edinburgh (2010) report on a Runaway Intervention Program (RIP) developed as part of a hospital-based Child Advocacy Center in Minnesota that diagnoses and treats child maltreatment, including sexual abuse. The RIP was designed initially for youth ages 12 to 15 who had run away and who had also been victims of sexual exploitation.

RIP provides a comprehensive forensic assessment and health examination and up to 12 months of home visiting, health care, health education, and case management. The services are provided by Advanced Practice Nurses and there is an optional weekly girls' empowerment group conducted by licensed psychotherapists. Using a strengths-based approach, the nurses work weekly with the girls and their families to help the girls return home, return to school, improve family interactions and navigate juvenile justice involvement, substance abuse treatment, and

*continued on page 8*



## Runaway Youth

*continued from page 7*

health care as needed. The program provides contraception, STI and pregnancy testing, and mental health screening. RIP helps teens with goal-setting and developing self care and independent living skills. The program connects girls with opportunities such as clubs and interest groups.

During 2014, 667 individual runaways were screened by either the Ramsey County Attorney's Office or the Midwest Children's Resource Center. Of these, 294 or 44% received one or more services. RIP provided intensive services to 96 youth in 2014. In 2010, Saewyc & Edinburgh published data that indicated significant improvements at 6 and 12 months on protective factors, positive development, distress, and reducing risk behaviors. Outcomes for 2014 were similar with outcome data showing improved relationships between youth and their parents; reconnecting youth to schools; lower levels of truancy; reduced PTSD symptoms; improved mental health; lower levels of substance abuse; improved sexual health; and fewer or no further episodes of runaway behavior.

Current program manager, Laurel Edinburgh, notes that the model of partnered screening of runaways between the justice system and health care in the RIP creates pathways by which extremely vulnerable and traumatized youth can be supported with services that can change their trajectory. The improvements are substantial and after 6 to 12 months, program recipients are not distinguishable in some areas from non-runaways in the general population.

Readers wanting further information about RIP can contact Laurel Edinburgh by E-mail: [Laurel.Edinburgh@childrensmn.org](mailto:Laurel.Edinburgh@childrensmn.org)

### Prevention

#### Primary Prevention

The strongest protective factors are connectedness to school and to friends, family, and other adults with positive social values (Saewyc & Edinburgh, 2010). Factors such as truancy from school and difficult behaviors are signs of vulnerability and indicators of a need for assessment and referral for services (Lebloch & King, 2006). Any program that concentrates on improving the parent-child relationship or improving family dynamics can reduce runaway behavior, as youth often cite discord with parents as their reason

for running away (Laskorunsky, 2009). Some family strengthening programs use multi-component interventions that include behavioral parent training, youth social skills training, and family therapy. VCPN has reported about evidence-based Parenting Training Programs in prior issues.

Some intervention models with research support include Functional Family Therapy (FFT), Multisystemic Therapy (MST), the Strengthening Families Program, and Multi-dimensional Treatment Foster Care (MTFC).

Prevention programs appear to be most effective with youth who already have some protective factors in their lives (Saewyc & Edinburgh, 2010). Certain families may have high levels of parent-child conflict. Officers and workers who respond to these families can help the family with referrals to conflict mediation and counseling services (literature reviewed by Dedel, 2006). Information and referrals can also be offered to parents when youth have already run away.



#### Secondary Prevention

Secondary prevention efforts are targeted towards youth who are high risk for runaway, or who have shown 'practice' behaviors. Most youth who run away generally return home, at least for a while. Youth may run away and return home repeatedly (Saewyc & Edinburgh, 2010). This 'practice behavior' may allow service providers to intervene while the youth is still connected to their home. Respite care is one potential resource (literature reviewed by Dedel, 2006). A temporary separation of family members can allow time for family intervention.

Some secondary prevention programs aim to improve the status of runaway youth. For example, using a common factors approach, Arnold & Rotheram-Borus (2009) examined the relative efficacy of widely varying programs designed to reduce HIV risk in runaway and homeless youth. Programs strived to reduce unprotected sex and the numbers of sexual partners and drug use acts. All provide training in coping skills, social support, offer information and education and address environmental barriers. All were intensive, future-oriented, and utilized a non-blaming approach.

Another prevention effort is piloting web-based personal health information systems for homeless youth. Dang and colleagues (2011) responded to research that indicated that runaway and homeless youth are signifi-

cantly less likely to receive routine health care, are more likely to seek only emergency health care services, and are more likely to forego necessary health care. Since many runaways and homeless youth lack a 'medical home,' continuity of care is challenging. Additionally, runaway and homeless youth may lack important documents that might facilitate health care such as birth certificates and immunization records. An innovative, youth-focused and youth-designed Personal Health Information System (PHIS) was piloted. PHIS is a computer-based online system where individuals store their own health information.

Dang et al. (2011) adapted a system designed for migrant agricultural workers to meet the needs of runaway youth, youth in the foster care system, homeless youth, and system-based youth. The targeted youth population helped to develop the system. In addition to updated health information and health documents, youth could also place educational records, emergency contacts, and employment documents such as a resume online. An initial group of 149 youth enrolled. The youth felt comfortable using the technology. The workers were able to conduct health screenings and facilitate the process for obtaining health care. The PHIS was feasible for youth in foster care who were transitioning to adulthood as well as for runaway and homeless youth. The authors discussed various ways the PHIS could be implemented, such as by use of a mobile van for outreach.

#### Tertiary Prevention

Tertiary prevention efforts overlap with treatment. These efforts are directed towards avoiding repeated runaway behaviors.

Alternatives (such as 'safe places') for youth who need to escape their homes can act as a deterrent to runaway behaviors. Currently, approximately 50,000 youth are served each year by homeless youth programs. According to NAEH (2012), the resources fall short of demand and many youth are turned away. An improved crisis response could provide youth with a safe temporary place to stay while working to reunify youth with family.

Laskorunsky (2009) notes that runaway prevention programs must be uniquely crafted to address the needs of runaway girls who are often on the run to escape violence and/or sexual abuse at home.

### SUMMARY

There is a great need for research on runaway prevention and intervention. Currently, there is no uniform, effective method to monitor the outcomes for youth and the impact of interventions. Helping runaway youth has the potential to change the trajectory of their lives.

References Available on the Website or By Request.



# VIRGINIA'S PICTURE

Virginia has some federally-funded emergency shelters for homeless youth located in Richmond, in Virginia Beach, Charlottesville, Roanoke and Dunn Loring. Some of these programs and their services are featured in this issue of VCPN.



Forty-three years ago in May, 1972, Alternative House was incorporated. Judith Dittman, Executive Director, explains that services were already well-established for several years prior to the incorporation. The impetus for Alternative House was to offer a runaway shelter in northern Virginia. Several churches in McLean wanted to address the problem of runaway youth and the shelter was first located in a church. Alternative House has expanded its services, but they still maintain a runaway shelter located near Tyson's Corner. "The shelter is easy to access by public transportation and is located in a major shopping area," explains Dittman. "An estimated 15,000 young people in Northern Virginia run away each year. We are here for those who don't find their way back home."

The Shelter can house up to eight youth, ages 13 to 17. Licensed mental health professionals work intensively with youth. "A primary goal is family reunification whenever that is possible," says Dittman. "I'm very proud of our record. Ninety-eight percent of youth exit to a safe situation within three weeks."

The Emergency Shelter for Teenagers is the only shelter of its kind in the northern Virginia area. "There were five similar facilities to ours but over the past ten years, all five have closed their doors. The next closest facility serving runaway youth is in Virginia Beach," comments Dittman. Each year, an average of 200 young people are served at the emergency Shelter.

Alternative House operates a 24-hour crisis hotline (1-800-SAY-TEEN or 1-800-729-8336) that is linked to the National Runaway Safeline. It is available 24 hours a day, 365 days a year and is staffed by trained professionals and volunteers. In addition to serving young people in crisis, it functions as a resource for parents who

need advice or referrals. In 2014, the hotline received nearly 1,300 calls.

Alternative House has expanded to community-based services throughout Fairfax County. "Even though we are a wealthy community, there are pockets of poverty," Dittman explains. Alternative House operates a Drop-in Center for teens in a location where most individuals speak a language other than English. The area is the poorest and most linguistically isolated in Fairfax County. It is also an area associated with gangs and sex trafficking. "The Drop-in Center is a safe place for youth to do homework, talk to a counselor, or receive help in completing applications. We try to encourage youth to take advantage of opportunities and attend higher education," says Dittman. The Drop-in Center has been open for 20 years and serves over 300 youth each year. They also do food and clothing distribution. At the request of law enforcement, the Drop-in program has expanded to youth in 4th, 5th, and 6th grades and has opened three locations for the younger children.

The Homeless Youth Initiative is Alternative House's newest program, launched in 2009. It provides homeless high school students with housing and support so they can complete high school and earn a diploma. In 2014, approximately 500 high school students in Fairfax County Public Schools were identified by teachers and administrators as homeless and without the support of a parent or guardian. "These students were often being housed in adult homeless shelters and they were dropping out of school," says Dittman. In 2014 the program assisted 79 students.



Alternative House found a six-bedroom house to accommodate four young women and a Resident Advisor who was a graduate student. Some students received rent subsidies to obtain rental property in the community. They found 'host homes' for others. "It is similar to taking a foreign exchange student," explains Dittman. The families who volunteer to take a student receive a rent subsidy." Case managers assisted all of the youth and schools held weekly meetings to coordinate wrap-around services. "Less than two percent of the group dropped out!" exclaimed Dittman. "This last year we had eleven graduates, with ten going on to higher education and one to technical training. These youth are so motivated. They are a joy to work with!"

There is also a Transitional Living Program that offers housing and case management, individual therapy, life skills education, tutoring, and assistance with emergency food and supplies. In 2014, the program helped 126 young people. Most (96%) left to go to a safe living situation and 71% were maintaining employment.

The Assisting Young Mothers program serves mothers ages 16 to 22. Up to 12 young mothers and up to 18 children can be served at a time. "The program is intense and structured," says Dittman. "Licensed mental health professionals work with the mothers to impart skills for independent living and parenting skills. The majority of the mothers have suffered trauma and have been victims of domestic violence." The young mothers can stay in the program for up to 18 months with follow up services also available.

Alternative House has enviable success rates for all their efforts and an impressive record of service to challenging populations.

Readers who would like further information can contact Judith Dittman, Executive Director, at (703) 506-9191, Extension 100 or by E-mail: [Judith\\_Dittman@thealternative-house.org](mailto:Judith_Dittman@thealternative-house.org)

# tidewater youth services foundation

*The route to adulthood is a journey. For many young people, this journey is difficult, filled with seemingly overwhelming obstacles. They may make mistakes, lose sight of their destination and leave behind their hope for a bright future. Their families can become overwhelmed and uncertain about what to do. The Tidewater Youth Services Commission is here to help.*

In 2002, VCPN (Volume 66) reported on the work of the Tidewater Regional Group Home Commission. Over the years, the focus of the Commission has changed and their name was changed in 2009 to the Tidewater Youth Services Commission to better reflect that most current services are non-residential. The Commission's basic philosophy has changed to a priority on keeping youth in their homes and communities. The Commission offers a broad range of services and most referrals are from the juvenile courts.

VCPN staff recently interviewed Linda S. Filippi, LCSW, CSOTP, Executive Director, asking her to speak specifically about services to runaway youth. She replied that the Commission does serve youth with continuous runaway behaviors. The Commission serves as an alternative to detention as well as providing transitional services from correctional centers. "We can offer intensive home-based supervision for youth charged with a crime. For those who runaway or stay out all night, the electronic monitoring can be effective in knowing where they are located," she explained. Filippi added that youth who run away can be in dangerous situations. In the Tidewater area, professionals are becoming more aware of human trafficking. (Interested readers can consult VCPN, Volume 101 for more information.) "A youth might be apprehended for a petty crime and during the investigation, police learn that the youth is being used for trafficking," adds Filippi.

The Commission operates some residential programs and youth can run from these unlocked facilities. Filippi explains that youth served by residential programs can be individuals who are easily upset, impulsive, and prone to misinterpreting communications. These factors can trigger runaway behaviors. The group homes have incentives to prevent runaway behaviors. For example, the entire group may receive an incentive or a reward if there are no incidents of runaway. Youth then encourage each other to work with staff instead of running. "Since the root cause of runaway behaviors and flight behav-

iors is trauma in the family and the community, all of our staff is trained in providing trauma-informed care," states Filippi.

The **Tidewater Youth Services Commission** is committed to the use of evidence-based practices in all of its services. Services are provided by experienced staff who have received specialized training and certifications. The preferred modalities are cognitive-behavioral and they utilize motivational interviewing, stages of change framework, and experiential learning. The list of specialized services is long and includes: Aggression Replacement Training; Substance Abuse Services; Academic Support and Remediation; Recreation and Cultural Activities; Sex Offender Services; Job Readiness Skills; Life Skills Coaching and others. "We have a non-profit foundation, Tidewater Youth Services Foundation, that supports this work," adds Filippi. "It was started in 1991 by John Matish who was the Executive Director at that time. We raise funds through events such as our annual Santa Claus Shuffle 5K Race, through grants and direct donations from businesses and individuals. This year the Foundation's budget for specific programs, our family support fund, staff training and enrichment activities for our youth is \$265,000."

The Commission has two particularly effective prevention programs in conjunction with the courts, according to Filippi. One program is the Family Assessment and Crisis Intervention team. It has been in operation for eight years. If a child or youth assaults a family member, the prior model required that juvenile to be in a group home placement because it was not safe for the youth

to return home. "They used to remain there for weeks," explains Filippi. "Now within 72 hours we have a trained family counselor intervene. The court orders both the family and the child to cooperate. We start to unravel the basis for the family conflict. It might be substance abuse of either the youth or the parent or it could be mental health issues or a reaction to a divorce."

The counselor and the family develop an intervention plan and a safety plan. The goal is to have the youth return home within two weeks. "We start with a 2-hour pass and work from there," explains Filippi. "If the situation becomes unsafe, we have the authority to return the youth to the group home without a hearing. The judges write the orders such that we have the authority to place the youth, even though he or she is still in the custody of the original guardian."

The Family Assessment and Intervention program is available in Virginia Beach, Chesapeake, and Tidewater. Filippi comments, "The program is very successful! I'm particularly proud of how we keep youth who are dealing with a family problem out of the system."

The second highly successful effort is the Juvenile Conference Committee. Staffed by a professional coordinator, the Committee is operated by trained volunteers. It is active in cases where the youth's offense is typically not a felony (charges such as shoplifting, vandalism, or simple assault). The volunteers talk with the family and the youth and develops a 90-day restitution plan. Both the youth and the victim must agree to the plan. If the youth successfully completes the plan, the charges are not pressed. "This program is overwhelmingly successful," states Filippi. "About 85% of the youth never have another charge."

Persons wanting further information about the **Tidewater Youth Services Commission** can contact Linda Filippi by E-mail: [lfilippi@tyscommission.org](mailto:lfilippi@tyscommission.org) or by telephone: (757) 488-9161.



Left to right—Susan Drewery, Cara Cotter, Andy Rivenbark, Jeannie Martin and Stefanie Lamay.

# CHARLOTTESVILLE ReadyKids



In 2002, VCPN reported on Charlottesville's efforts to help runaway youth. **ReadyKids, Inc.** provides a grant-funded teen counseling service that serves runaway and at-risk youth. In 2014 the local nonprofit changed their name from Children, Youth and Family Services to **ReadyKids, Inc.** Shannon Noe, LPC, Youth Counseling Program Manager, explained, "The original name was confusing to the public as we appeared to be a government agency rather than a local nonprofit."

Since 1983, the Teen Counseling Program at **ReadyKids, Inc.** has been funded by a Runaway and Homeless Youth Act (RHYA) grant. Currently the RHY grant funds half of the services and a private family foundation grant has funded the other half of the services.

**ReadyKids, Inc.** maintains a 24-hour hotline (434-972-7233) that targets youth in Charlottesville, Albemarle County, Nelson County, Fluvanna County, Green County, and Louisa County. The main outreach is in schools through posters and guidance counselors. Although they are considering social media, to date there is no Facebook page or Twitter account. Last year the hotline fielded 160 calls.

"We try to meet youth 'where they are' and also work with the family," explains Noe. Two full time counselors work with the teens. They schedule meetings within 48 hours of the hotline call. They can work up to four hours a week with each youth and family. Last year they provided services to 62 teens and their families and 50 additional youth met for brief counseling sessions. The counseling is short-term, up to three months with a possible renewal of three months of service. The counselors also did aftercare calls to 81 youth. "The program appears to be very effective," commented Noe, "Only a handful of youth have returned." One reason for success, she said, is a detailed aftercare plan.

**ReadyKids, Inc.**, in partnership with the city of Charlottesville, has temporary shelter (up to 21 days) at the Community Attention Home in Charlottesville. **ReadyKids, Inc.** reserves four beds. Last year, the shelter program served 25 youth referred by **ReadyKids, Inc.** in addition to other referrals. While the youth are at the shelter, counselors work closely with the families as well to try to facilitate the youth's return home, if possible.

The services to runaway youth are only a small part of the services that are offered by **ReadyKids, Inc.** Their overall mission is "Opening Doors to Bright Futures." The two main areas of focus are supporting children and youth to become 'learning ready' and to become 'relationship ready.' "If they aren't ready, then children and youth fall behind and aren't prepared to become productive members of our community," remarks Noe.

**ReadyKids, Inc.'s** history dates to the 1920's when the agency opened a residential center for 30 children orphaned by the Spanish flu. By the 1940's, the agency was serving 350 children and youth whose families were in crisis. In 1956, the agency evolved into Child and Family Services of Charlottesville and Albemarle with a staff of a single counselor and a secretary and a mission to provide outpatient services. In the 1970's the organization expanded and became the Office on Children and Youth, focusing on training for child care providers and foster parents, counseling for youth, and the emergency shelter. In the 1990's the agency joined with Family Services, Inc. to become Children, Youth, and Family Services, Inc. The shelter for homeless and runaway youth continued, as well as clinical services to at-risk youth and parent education programs. In 2014, the board voted to change the agency's name to **ReadyKids, Inc.**

Currently, programs begin prenatally and extend to teen years. The program that begins prenatally is *Healthy Families*. *Healthy Families* (formerly Home Visiting), is a voluntary program that uses the evidence-based Healthy Families America model to offer services to first-time parents at risk of child maltreatment. They serve pregnant mothers, new mothers, and parents of young children ages 0 to 6 by providing in-home support that has been proven to reduce poor outcomes for children, including school failure, child maltreatment, poor health and crime. **ReadyKids, Inc.** has two full-time support workers and one counselor. The counselor is trained to serve parents with higher needs, such as mental health diagnoses.

Four programs help children get ready to enter school.

- *Child Care Quality* uses the state-implemented Virginia Quality (formerly the Virginia Star Quality Improvement) to enhance child care providers and facilities. **ReadyKids, Inc.** offers facilities training, mentoring and feedback on curriculum, safety, and relationship training.

- *Play Partners* is a literacy program that uses an evidence-based reading model, Dialogic Reading Intervention. Trained volunteers go to Head Start and other preschool programs and read and do activities. Each child is able to take home a book that has been read.

- *STAR Kids* focuses on social and emotional learning. Preschool children in various programs and those in Head Start receive 30-minute lessons from an evidence-based curriculum, "Al's Pals" that teaches pro-social concepts.

- *Ready Steps* is a mobile preschool class. A van travels into low-income communities and conducts twice weekly play groups where parents and their children can enjoy learning activities together using the evidence-based Parents As Teachers (PAT) curriculum.

*Real Dads* is a program for fathers who are incarcerated or recently released to help them improve parenting skills. One staff member coordinates and implements this program.

For children who have been victims of child abuse, child neglect or sexual abuse, outpatient counseling is available at no cost. There are four staff members who have Master's degrees assigned to the VOCA (Victims of Crime Act) program. This past year, they served 155 children and their caregivers.

Regardless of program, "Ready Kids" have literacy skills, thinking skills, connectiveness, communication skills and social/emotional skills. The need for the programs is clear. In Charlottesville, 23% of children live in poverty and 50% of children and youth live in single-parent homes. Of children entering Kindergarten, 14 to 15% arrive already behind their expected level, and the gap between the low-achieving children and their peers increases over time.

Readers wanting further information can contact Shannon Noe by E-mail at: [snoe@readykidsville.org](mailto:snoe@readykidsville.org) or by telephone: through the hotline at (434) 972-7233.



# VIRGINIA'S MISSING CHILDREN CLEARINGHOUSE

Created in 1983 by an act of the Virginia General Assembly, the Clearinghouse operates as Virginia's center for missing children. It is operated by the Virginia Department of State Police. It links Virginia Law Enforcement agencies through the Virginia Criminal Information Network, the FBI, all U.S. police agencies through the National Crime Information Center and all children's clearinghouses through computer hookups with the National Center for Missing and Exploited Children.

Runaways comprise the largest category of missing children. According to Debbie Burruss, Coordinator of the Center, runaways are treated as any other missing child. "We have over 3,000 entries per year to the data base and the majority are runaway children. The average number of children missing on a given day is 350," explains Burruss.

Runaways are difficult to track. They are likely to be exposed to dangerous situations, including drugs and prostitution, even if they are gone only a short time.

Technology has helped the Clearinghouse develop some sophisticated tools. Burruss relates that the Clearinghouse has methods for alerting police to a runaway's medical needs and to the possibility of suicide. There are connections with schools so that the child's school is alerted automatically about the missing status. News media can be enlisted as well. For situations that meet certain criteria, Amber Alerts are utilized. The Clearinghouse can list referrals from other states if there is reason to believe that the youth might be in Virginia. All children on Virginia's Clearinghouse are also listed on the National Center for Missing and Exploited Children.

In most cases, a missing child's status is satisfactorily resolved. Coordination and cooperation among agencies can shorten the time that a child is away from home and lessen the chances of being exposed to dangerous situations. Despite a very high success rate, some cases result in child fatalities and some children and youth are never found. Burruss related that there are at least 120 "cold cases" where children or youth have been missing longer than a year.

Parents or guardians must contact local law enforcement in order to have a child or youth placed on the Clearinghouse registry. Those with questions about the Clearinghouse can contact Debbie Burruss by E-mail: [vamissing@vsp.virginia.gov](mailto:vamissing@vsp.virginia.gov) or by telephone at (804) 674-2000.

Website: [www.vsp.state.va.us/CJIS\\_VMEC.shtm](http://www.vsp.state.va.us/CJIS_VMEC.shtm)

## STAND UP FOR KIDS HAMPTON ROADS



### STANDUP FOR KIDS

Hampton Roads has been in existence since 1991. The Hampton Roads chapter was the second chapter in the United States. Currently, there are 18 chapters spread across the nation.

Bobby Sharon has been involved in STANDUP FOR KIDS since 2010. He is now the Executive Director. Every member of the organization, including Sharon, is a volunteer. They operate a drop-in center on Tuesdays, Thursdays, and Saturday evenings from 7:00 to 9:00 in a building on the Virginia Beach oceanfront. The building is owned by the Virginia Beach United Methodist Church and also houses a food pantry.

Sharon explained that volunteers agree to provide a meal one day a month for a year. Volunteers buy the food and prepare it at home and bring it to the drop-in center. About 20 youth ages 18 to 24 gather each night to eat. Sharon said that the center serves about 50 youth at any given time and about 20 appear on a given night.

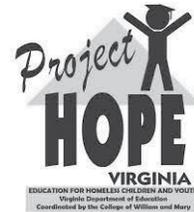
Each night offers different programming. On Tuesdays, donations are distributed. These range from clothing to toiletries to children's items such as strollers or diapers. Some of the young people are already parents. Thursdays offer an activity and Saturdays are movie night.

Website: [www.standupforkids.org/Hampton%20Roads/](http://www.standupforkids.org/Hampton%20Roads/)

Volunteers serve as mentors and get to know the youth who come to the center. The center does an intake on each youth on the first day of attendance. "Every youth is different," says Sharon, "and if they want to make a change, we help them." Sharon has witnessed youth obtain a GED or complete community college.

STANDUP FOR KIDS connects youth with needed services. Volunteers have helped youth apply for benefits and have advocated for youth with agencies and other referral sources. "We partner with many others," he asserts. Lions Clubs and the Virginia Beach Elks #2268 have provided grants. Their Facebook has over 700 followers. Seton Youth Shelter staff come on Tuesdays with counselors. There is a four-bedroom house where eight youth can live with a Seton Youth Shelter staff person living on site. Youth can stay for a month and extend their stay, if needed, twice for a maximum of three months.

Readers wanting more information can call Bobby Sharon at (757) 404-1406 or reach him by E-mail: [hamptonroads@standupforkids.org](mailto:hamptonroads@standupforkids.org)



Before 2009, only school divisions that received McKinney-Vento sub-grants reported how many unaccompanied homeless youth (UHY) they served each year. In 2009, sub-grantees reported serving 494 students across the commonwealth. Virginia now requires that all school divisions report the number of unaccompanied homeless youth enrolled in public schools. These data are captured in the student data management system.

In 2013-14, school divisions across Virginia flagged 2,926 unaccompanied homeless youth enrolled in schools. While a student may be identified as UHY at any grade level (e.g., a Kindergarten student abandoned with a relative or a high school runaway), the majority of UHY students are in upper grades with approximately 2,000 being identified as between 8th and 12th grade.

According to Project HOPE, Virginia school divisions have developed strategies to identify unaccompanied homeless youth. Every school division has procedures to identify unaccompanied homeless youth, in collaboration with the community. Once identified, the school homeless liaison is trained to build trust with youth and to offer responsive services in a supportive environment.

Website: [www.wm.edu/hope](http://www.wm.edu/hope)

# THE PROTECTIVE FACTORS APPROACH



The Protective Factors approach to child maltreatment prevention uses the concepts of risk and protective factors to help understand how protective factors can lower the risk for child abuse and neglect. Risk factors are stressful conditions, events, or circumstances that increase a family's chances for poor outcomes, including child maltreatment. Protective factors are conditions or attributes of individuals, families, and communities that mitigate risk and promote healthy development and well-being (Child Welfare Information Gateway, Issue Brief, February, 2013). Protective factors serve as buffers, helping parents who might otherwise be at risk of abusing their children to instead find resources and supports and coping strategies to allow them to parent effectively.

Traditionally, child maltreatment prevention efforts focused on risk factors and their elimination. More recent thinking appreciates the balance between risk and protective factors. When protective factors outweigh risk factors, prevention and intervention is thought to be more effective. Protective factors help a family focus on strengths that can be a platform for building. A focus on protective factors can, in part, avoid stigma of simply focusing on deficits.

Strengthening Families, developed by the Center for the Study of Social Policy (CSSP) is a well-established and broadly used protective factors approach for child abuse and neglect prevention. This approach is used by a majority of States. It is supported by a national study of exemplary practice and a 2-year, seven-State pilot study, as well as learning derived from four research studies being conducted under the ACYF-funded National Quality Improvement Center on Early Childhood. More information can be found at: [www.StrengtheningFamilies.net](http://www.StrengtheningFamilies.net)

Strengthening Families is focused on building five protective factors that are associated in research literature with lower rates of child maltreatment and with optimal child development. These are:

- ❖ Parental Resilience
- ❖ Social Connections
- ❖ Knowledge of Parenting and Child Development
- ❖ Concrete Support in Times of Need
- ❖ Social-Emotional Competence of Children

Additionally, certain qualities of relationships have been shown to reduce the occurrence and negative effects of child maltreatment and other adverse childhood experiences. These are:

- ❖ Safety
- ❖ Stability
- ❖ Nurturing

Safe, nurturing and stable environments and relationships can serve as protective buffers for children and youth.

There is a Protective Factors Survey (PFS) available at no cost (in the Public Domain). The survey, created in 2008, is caregiver self-report and does not appear to be a clinical tool. The preferred answers are obvious and there are no validity scales to detect caregivers who are presenting themselves and their family in an overly favorable fashion. There are no "cutoff" scores to indicate either acceptable or problematic functioning. It takes about 10 to 15 minutes for a caregiver to complete. The caregiver responds to a series of questions with a 7-point scale. The survey could be useful as a tool to create a service plan and treatment goals or it could be useful as a pre- and post-test to measure change after service delivery. The tool is available through the FRIENDS National Resource Center for Community-Based Child Abuse Prevention.

The growing recognition of protective factors as a critical aspect of all work for and with children and families can energize and inform prevention efforts.

Strengthening Families information is available at:  
[www.cssp.org/reform/strengtheningfamilies](http://www.cssp.org/reform/strengtheningfamilies)

Essentials of Childhood information is available at:  
[www.cdc.gov/ViolencePrevention/childmaltreatment/essentials/index.html](http://www.cdc.gov/ViolencePrevention/childmaltreatment/essentials/index.html)

## Virginia's Picture

Many agencies are being informed by the Protective Factors approach. At the forefront of training and education is **Greater Richmond SCAN**.

Denise Noble is the coordinator for SCAN's prevention arm, 'Families Are Magic' or FAM. She comments, "Protective Factors are our driving force and our cornerstone. It is how we frame all the prevention efforts that we sponsor. For example, FAM offers parenting workshops that are based on increasing resiliency and improving parent competencies. They also train teachers in similar methods. A monthly newsletter is built around examining how a protective factor can be used in teaching and parenting. There is an online resource for parents and workers that offers handouts ([www.SCANVA.org/PRC](http://www.SCANVA.org/PRC)).



"Families Are Magic" offers free consultation to 44 network agencies on implementing both Protective Factors and on implementing Trauma-based Practices. Trainer Lynne Edwards notes that most agencies use some application of protective factors as a way to build resilience and reduce traumatic stress. "It sounds simple and familiar," explains Edwards, "but when you think through the factors and try to apply them, that is the difficult part. People think they are strengths-based or trauma-based, but when one examines what is actually done, they are not."

Edwards continues, "There is an organizational assessment tool that can help assess how Protective Factors are being applied, but it is best to use case consultation and case examples." Edwards offers an example: A mother who has been physically abusive in the past is visiting her six-year-old child at a playground. He is climbing too high on the equipment and she starts yelling at him to come down. He ignores her. After more threats and shouting, the mother physically grabs the child and drags him off the equipment. He is crying by this time. They argue and the mom allows him back on the equipment. Edwards says a Protective Factors approach would have the worker identify what the mother did well and then offer some strength-based questions to help her think through how she might improve her supervision of the child. "When a worker centers on the problems and the poor responses, the parent feels increased stress. The parent goes to a 'feeling place' and any thinking or problem-solving is blocked."

In addition to training, Edwards has developed a primary prevention curriculum to increase the social-emotional competence of children. Working with local libraries, Edwards observed the 'story time' activities. She used the format to develop a six-week curriculum and resources intended to build social and emotional competence in children. Materials are planned for day care centers and preschool programs in addition to libraries. Edwards comments, "Use of stories to build competence is very natural for children and parents. Children love stories and remember them. The parent can use the stories as a tool and can remind the child of how the story characters mastered a problem." The materials are nearly ready for dissemination. Edwards plans to offer two free trainings in the Richmond area, one for librarians and one for preschool teachers.

Those interested in the resources of Greater Richmond SCAN or the preschool materials for social competence can contact Denise Noble through  
E-mail: [DNoble@grscan.com](mailto:DNoble@grscan.com)



# VIRGINIA'S LEARNING COLLABORATIVES



Nationally, a large gap exists between what is known about best practices and what is offered in many community agencies (NCCTS, 2008). While there has been much progress in developing treatments and approaches that are efficacious, implementing them in community settings can be challenging. Barriers to adoption of evidence-based practices include inadequate training and supervision, limited resources, wariness of change, and challenges inherent in transforming agency policy and procedures (NCCTS).

The Learning Collaborative (LC) is an approach that offers a series of opportunities for stakeholder teams to work together and implement proven strategies. Through a series of meetings that focus on promoting the delivery of identified practices, peer-driven teams can test new interventions on a manageable level. Research has shown that the shared experience of participating in a Learning Collaborative can improve team functioning. For example, Kotecha et al. (2015) examined the results in a Canadian LC to improve chronic disease management, disease prevention, and access to care. The researchers found that participants described increased trust and respect for others' clinical roles and differing approaches to interdisciplinary care. The LC appeared to enhance collegial relationships, collapse professional silos, improve communication, and increase interdisciplinary collaboration. The authors note that teamwork requires more than physically grouping providers and expecting or mandating collaboration. The LC program provided the opportunities for participants to learn to work together and enhanced team functioning.

The U.S. Department of Health and Human Services has used the LC model to improve access to care, engage families, and enhance community and state initiatives. There is documented success for using LC in a number of public health programs ranging from improving access to care for children and youth with epilepsy to improving follow up for newborns who do not pass hearing screens to adoption of the 'Medical Home' model to improving care for children and youth with special health care needs.

In 2014, the Virginia Department of Social Services (VDSS) established the Virginia Learning Collaborative Series (VLCS). The goal of the VLCS is to bring together participating Social Services teams to learn about innovative strategies and practices that have potential to improve their ability to support child victims of abuse and neglect and their families.

VCPN reported on Virginia's Children's

Transformation efforts in Volume # 85 (pages 6-9), Volume #88 (pages 10-11) and Volume # 92 and interested readers can refer to those issues for a more complete description. To revitalize and extend Children's Transformation efforts, the Virginia Department of Social Services, in partnership with Casey Family Programs, convened a two-year process Learning Collaborative to assemble pilot teams, introduce key practice changes, initiate and sustain implementation, and provide resources and support.

During a Learning Collaborative, teams attend subject matter presentations and share in the transfer of learning and activities. Individuals who attend LC events meet with colleagues and facilitators to share ideas, review challenges, brainstorm solutions, and reinforce concepts. Participants have permission to be creative and explore new ideas and concepts.

Twenty-one local departments of social services participated. They were divided into 3 teams per region. The first LC was held in November, 2014 and focused on Organizational Leadership, Implementation Science, and Enhanced Family Engagement. The second LC was held in May of 2015 and focused on Practice Profiles, Trauma-Informed Case Management, and Psychotropic Medication Monitoring. The third and final LC was held in November, 2015. It considered Service Delivery and focused on how to coach using Practice Profiles.

According to Anne Kisor, Ph.D., Project Coordinator, Virginia is one of the few, if not the only state, to develop 'Practice Profiles' that focus on practice behaviors throughout the entire child welfare continuum from the first contact with the family until permanency is achieved. They cover 11 key skill sets across the child welfare continuum from CPS to adoption. Practice Profiles operationalize the Virginia Practice Model in measurable terms.

Dr. Kisor explains, "We wanted to revitalize the Children's Transformation efforts that began in 2007. Our aim is to enhance family engagement." She continued, "Family engagement is a pathway, and is the over-reaching theme of the Learning Collaborative Series. This effort goes well beyond family partnership meetings." Dr. Kisor stresses that family engagement is a process and there are many family engagement methods. In addition to Family Partnership meetings, family engagement efforts include Family Finding, Solution-based Casework, Coaching Supervision, and Appreciative Inquiry among other practices.

Dr. Kisor stressed that practices can be different based on different needs. "Everyone does not need to engage in the exact

same practice or strategy," she notes. "But everyone has a 'toolbox' of strategies." She adds, "The entire project asks workers to consider things differently."

Roanoke City DSS is one of the agencies participating in the Learning Collaborative. Jenny Alexander, Ph.D., MSW, Chief Social Worker Supervisor, describes the effort as "a work in progress." Roanoke City DSS hired a full-time facilitator for Family Partnership. Family Partnership is a model for working with families to facilitate the permanency of children in foster care or to develop a plan to prevent removal for children not yet in foster care.

Dr. Alexander explained that Family Partnership meetings occur at five points in the case. The Family Partnership meeting includes persons that the family invites and the service specialists from both within and outside the agency. "The family is the expert on their family and we respect that," explains Dr. Alexander. "I love the Family Partnership meetings. They help the family have 'buy-in' to the treatment plan. It also takes the burden of decision-making from child welfare workers and spreads it. The worker is not the only one responsible." Dr. Alexander said that one priority is to have all the family service specialists trained. "We encourage staff interested in being trained to obtain training as that gives us back up for the full-time coordinator," she adds.

Several of the CPS and foster care staff have monthly team meetings after the initial Family Partnership meeting. These team meetings help everyone stay focused on the service plan progress and challenges. The Family Partnership meetings are only one method for involving the family. Families are being included in appointments with their children while the children and youth are in foster care. Families are invited to non-emergency doctor appointments, meet with the children's counselors, and attend after-school events such as sports events or performances where the child or youth is participating. Additionally, visits are being moved into the community more quickly than in the past.

Roanoke City DSS is in the process of developing ways to assess families for Kinship Foster Care and determine when it is appropriate to approve them as a relative placement through foster care. Dr. Alexander related that in the past, when a relative of the children was awarded custody, DSS often withdrew from the case and the relatives were responsible. Now, with relative foster care, DSS remains involved. They retain custody and provide financial assistance such as funding in-home services or therapy for the children. They help the relatives develop permanency and offer more protection for

the child. Dr. Alexander notes, "There can be divided loyalties with relatives and agency involvement holds the family responsible to follow the permanency plan."

A second LC effort is a focus on psychotropic medication. Dr. Kisor explains that the protocol is a best-practice model. Medications can make a positive difference for a child. However, side effects are also a possibility and some children receive psychotropic medications from a primary care provider without a psychosocial evaluation. VDSS sponsored a webinar on how to be informed about medications. How can workers and foster parents partner with medical professionals? What should foster parents and workers attend to if a child is taking a psychotropic medication? How can one determine adverse effects? These and other issues were covered. "Often doctors are seen as experts who should not be challenged," Dr. Alexander adds. "The training encourages workers to become comfortable talking with doctors, asking questions, and developing a team approach to determine what works best for each child."

A third LC effort is encouraging the adoption of trauma-informed practice. Dr. Kisor explains that the LC introduces workers to a variety of practices and allows

them to experiment and choose practices and screening tools that meet their needs.

Staff is becoming more aware of 'trauma triggers' for clients and where to schedule visits and meetings to avoid these triggers. Many staff attended a training "Building Their Bounce" which focuses on resiliency and building protective factors for children and parents with mental health diagnoses. The training was sponsored by Mental Health America. "Secondary trauma can also affect staff," notes Dr. Alexander. "Upcoming trainings will also focus on how to assist staff in dealing with vicarious trauma and how agencies can address this issue."

A fourth LC focus is Coaching or Reflective Supervision (see separate article, on the website). In Roanoke, supervisors will be trained to coach workers on practice techniques using the Practice Profiles as a guide. The focus is to increase optimal practice, eliminate unacceptable practice and encourage developmental practices that consider the client's functioning level. According to Dr. Kisor, Reflective Supervision is believed to enhance staff's ability to utilize practices that enhance family engagement.

Dr. Alexander said there are 11 Practice Profiles that are being implemented. For each, the category is defined, skill sets are

identified, and supervisors determine where to teach and support each individual worker. The 11 Practice Profiles are: demonstrating cultural and diversity competence; planning; engaging; documenting; advocating; implementing; collaborating; assessing; evaluating; partnering/engaging; and communicating. Kisor adds that the Practice Profiles have operational definitions and put expectations into behavioral terms. The Profiles describe proficiency on a spectrum – optimal, developmental, and unacceptable. The effect is to operationalize the Virginia Children's Services Practice Model. The skill sets are a key to implementation because they promote consistency in service delivery.

Now that the LC sessions are complete, the major focus is integrating the Practice Profile skill sets into daily practice. The Learning Collaborative plans a web site to offer tools and strategies. The Virginia Department of Social Services devotes a section of its website to materials and resources for family engagement. Visit the page at: [www.dss.virginia.gov/family/fe.cgi](http://www.dss.virginia.gov/family/fe.cgi)

More information is available from: Jenny Alexander, Ph.D., MSW (540) 853-2427, E-mail: [Jenny.Alexander@roanokeva.gov](mailto:Jenny.Alexander@roanokeva.gov)  
Anne Kisor, Ph.D. (804) 726-7592, E-mail: [Anne.Kisor@dss.virginia.gov](mailto:Anne.Kisor@dss.virginia.gov)

## VISION 21: LINKING SYSTEMS OF CARE



**Vision 21**  
Virginia  
Linking Systems of Care  
for Children and Youth

The federal Department of Justice, Office of Justice Programs, Office for Victims of Crime has funded a demonstration project in Virginia. The **Vision 21: Linking Systems of Care for Children and Youth State Demonstration Project** aims to bring together all of the relevant systems and professionals to provide early identification, intervention and treatment for child and youth victims of crime and their families. Virginia was one of two state sites that were selected for the award.

The target population is children, youth, and transitioning young adults up to age 21 who have been victims of crime either through personal experience or through observation. The target population includes but is not limited to those who have experienced physical or sexual abuse, trafficking, bullying, community violence, and domestic violence. Children who have experienced trauma not associated with a crime (for example, trauma due to a natural disaster or loss of a loved one or an accident) are excluded.

The project is in the 15-month Planning Phase and started in January, 2015. There are four major efforts.

- ❖ Cross-Systems Mapping focuses on providing opportunities for local level feedback from those on the front lines of

service provision. Project staff has gathered qualitative data at regional events. Regional events have been held in Richmond, Chesapeake, Wytheville, Harrisonburg and Fairfax. Common themes have begun to emerge, most noticeably around issues related to communication, confidentiality and information-sharing, and the importance of family engagement. Project staff to this committee is Laurie Crawford.

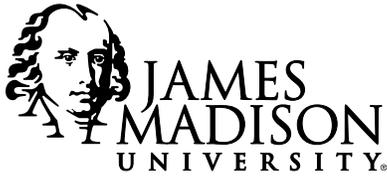
- ❖ The Screening Tools Committee is tasked with researching and reviewing current screening tools and response protocols to assess their relevancy to the project. They are developing a brief screening tool unique to the project that will help with initial identification of child and youth victims of crime. The Committee has been working closely with their Technical Assistance provider at the National Council for Juvenile and Family Court Judges (NCJFCJ). Project staff to this committee is Jenna Foster.

- ❖ The Training Committee's primary focus is to review and analyze curricula and training methods for existing screening tools that include content on victimization and trauma. The committee is also developing a training and a training manual to accompany the screening tool that will be piloted and eventually available throughout the commonwealth. Project staff to this committee is Calvin Nunnally, Sr.

- ❖ The Organization and Policy Analysis Committee focuses on state-level understanding of practices and policies that influence the identification and treatment of child and youth victims of crime. A readiness self-assessment provides an opportunity for state agencies to identify successes in policies and practices as well as opportunities for improvement. Project staff is Monique Williams.

The Planning Phase of Vision 21: Linking Systems of Care for Children and Youth Demonstration Project is 15 months and the Implementation Phase, which is scheduled to begin in April, 2016, is expected to last up to 5 years. The Virginia Department of Social Services received the grant and they are co-leading the effort with the Virginia Department of Criminal Justice Services. The grant involves partnering with over a dozen agencies and departments. There is also support from the Office of the Secretary of Education and the Office of the Secretary of Health and Human Resources.

For more information about the project or to join the effort, contact: Laurie Crawford, Vision 21 Project Manager, VDSS, (804) 726-7773 or by E-mail: [laurie.crawford@dss.virginia.gov](mailto:laurie.crawford@dss.virginia.gov)  
Jenna Foster, Vision 21 Project Co-Convener, VDCJS, (804) 786-3967 or by E-mail: [jenna.foster@dcjs.virginia.gov](mailto:jenna.foster@dcjs.virginia.gov)



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## RESOURCES FOR THE LEARNING COLLABORATIVES

### PSYCHOTROPIC MEDICATIONS

To access Magellan's resources and materials related to psychotropic medication use in children and adolescents, go to:  
[www.magellanoofvirginia.com/library/virginia-learning-collaborative.aspx](http://www.magellanoofvirginia.com/library/virginia-learning-collaborative.aspx)

### TRAUMA-INFORMED CARE

A guide for caregivers and caseworkers on trauma, treatment, and psychotropic medications (2015) is available at: Child Welfare  
[www.childwelfare.gov/topics/responding/trauma/caseworkers/](http://www.childwelfare.gov/topics/responding/trauma/caseworkers/)

Virginia Child Protection Newsletter, Volume 95 is devoted to Evidence-based Treatments for Child Trauma.

### REFLECTIVE SUPERVISION

Early Childhood Reflective Supervision Guidelines is a best practice guideline published by the Minnesota Association for Children's Mental Health. It is available at:  
[www.macmh.org/about-maiecmh/guidelines-reflective-supervision/](http://www.macmh.org/about-maiecmh/guidelines-reflective-supervision/)

### PROTECTIVE FACTORS

The Child Welfare Information Gateway has a section on Protective Factors. Visit it at: [www.childwelfare.gov/topics/can/factors](http://www.childwelfare.gov/topics/can/factors)

**VCPN is on the web – Visit us at:**  
**<http://psychweb.cisat.jmu.edu/graysojh/>**

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E-mail: [graysojh@jmu.edu](mailto:graysojh@jmu.edu)

## Check Our Website for:

- ❖ Reference List
- ❖ National Resources for Runaways
- ❖ Virginia Resources for Runaways
- ❖ Resources for Prevention Updates

### Articles:

- ❖ Reflective Supervision
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## Go Green

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