

moving into adulthood

IMPLEMENTATION
FINDINGS FROM
THE YOUTH VILLAGES
TRANSITIONAL LIVING
EVALUATION

Michelle Manno
Erin Jacobs
Julianna Alson
Melanie Skemer

March 2014



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Overview

The Youth Villages Transitional Living program is intended to help youth who were formerly in foster care or juvenile justice custody, or who are otherwise unprepared for adult life, to make the transition to independent living. Youth Villages, which serves emotionally and behaviorally troubled young people, operates a number of programs in addition to Transitional Living. All of its programs are based on a set of core principles that emphasize treatment planning, systematic assessment of participating youth, and delivery of only evidence-informed practices within a highly structured supervisory system.

Transitional Living clients receive intensive, individualized, and clinically focused and community-based case management, support, and counseling from staff who carry caseloads of about eight clients each. Youth eligibility is determined through an extensive recruitment and assessment process. Once youth are enrolled, Transitional Living staff continue to assess them to identify needs and work with them to develop goals, which become the basis of required weekly meetings. Over nine months, on average, program participants get support for education, housing, mental or physical health, employment, and life skills. This support is provided in a variety of forms, including action-oriented activities that involve completing a specific task during a weekly session or through more traditional counseling techniques.

The Transitional Living Evaluation is focused exclusively on the program in Tennessee, although Youth Villages also has Transitional Living programs in six other states.

Key Findings

- Variation in the local context across Tennessee shaped the experiences of youth who participated in the evaluation. Resources that can be limited or challenging to navigate, particularly in rural areas, include access to transportation, employers, and social service providers.
- Staff interviews and analysis of the management information system indicated that the Transitional Living program was implemented in accordance with the program model, with the frequency and duration of Transitional Living services close to expected levels.
- Participation levels in the Transitional Living program were high, and youth were engaged in services soon after being assigned to receive them. Staff discussed a wide range of topics with their cases and made contact with other adults who were involved in each youth's life.

A report presenting the impacts of the program after one year is planned for release in 2015.

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Preface

The transition from adolescence to adulthood is a critical and often challenging time for all young people, but especially for youth who have spent time in the foster care or juvenile justice system. These young people have challenges that are much less commonly experienced by their peers with no history of state custody, such as low levels of education, minimal formal work history, mental health and substance abuse problems, weak social support, extreme poverty, and housing instability. Yet individuals exiting state custody, generally between the ages of 14 and 20, are expected to make the transition to adulthood with relatively little support from the government systems that acted as their guardians, while their peers in the general population often remain dependent on parental support well into their 20s or beyond.

One promising approach to helping these young people make the transition to independent adult living is the Youth Villages Transitional Living program, which MDRC is currently evaluating. The Transitional Living program offers intensive, individualized, clinically focused, and community-based case management, support, and counseling on issues related to housing, employment, education, life skills, or behavioral health to youth who were formerly in foster care or juvenile justice custody, or who otherwise find themselves unprepared for adult life. The program is clearly articulated and documented, with an emphasis on maintaining sound clinical practice, encouraging youth to drive treatment decisions and goal planning, developing connections with adults and community resources, and sustaining comprehensive staff development.

This report describes the Transitional Living program as it operated throughout Tennessee during the approximately two-year study period. The program was implemented largely as expected. Participation rates were high, perhaps in part because Transitional Living staff provided services that both incorporated Youth Villages' approved strategies and were also highly individualized to meet the needs and goals of each participant. The findings exemplify the extremely prescriptive program model developed by Youth Villages that drives all aspects of program operation, including the intense staff supervision practices, systematic assessment of youth, and delivery of only approved, evidence-informed practices.

MDRC's evaluation of the Youth Villages Transitional Living program builds on our work to develop and study interventions that aim to help disconnected and disadvantaged young people overcome barriers to leading stable, adult lives. A second report presenting the one-year impacts of the Transitional Living program is scheduled for release in 2015. Depending on those one-year findings, longer-term follow-up may be conducted to help us learn more about the most effective ways to support youth as they leave state custody and struggle to become independent adults.

Gordon L. Berlin
President, MDRC

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The Youth Villages Transitional Living Evaluation was made possible through the support of many individuals and organizations. It was funded by The Edna McConnell Clark Foundation, the Bill & Melinda Gates Foundation, and The Annie E. Casey Foundation. We would also like to thank Mark Courtney for his central role in helping to design the evaluation and shape this report with his expertise in child welfare policy.

To conduct the research across Tennessee, we relied on invaluable partnerships and collaboration with Sarah Hurley, Melanie Manns, Tim Goldsmith, Kristin Landers, and Pat Lawler of Youth Villages — all of whom also reviewed a draft of this report and provided insightful feedback. Sarah Hurley and Melanie Manns played especially integral roles. Dr. Hurley worked closely with MDRC to conceptualize and launch the evaluation, communicate with Youth Villages and partner agency staff, provide program participation data, and plan the implementation research, among many other things that made this evaluation possible. Ms. Manns monitored study enrollment, tracked participant samples, organized study paperwork for MDRC, and generally kept track of research activities onsite. Kristin Landers also met with MDRC staff to help us understand the Transitional Living model and interpret program data and procedures.

We extend many thanks to the Youth Villages Transitional Living specialists, clinical consultants, clinical supervisors, regional managers, regional supervisors, regional directors, and educational/vocational coordinators who shared their experiences of implementing the Transitional Living program during our site visits and interviews. We are grateful to the family service workers and independent living specialists from the Tennessee Department of Children's Services (DCS) who took the time to meet with us, as well as representatives from other entities working with the young people who were in foster care and juvenile justice custody in Tennessee. We greatly appreciate their openness, generosity, and demonstrated commitment to advancing understanding of the best ways to support youth as they make the transition into adulthood. We would also like to thank Dave Aguzzi and Dhivya Ben of DCS, who provided us with state custody data and patiently answered our many questions.

At MDRC, Sara Muller-Ravett and Joseph Broadus started up early operations. John Martinez, Dan Bloom, and Virginia Knox provided helpful feedback on report drafts. Brittany Henderson processed the quantitative data used in this report. Janae Bonsu helped to conduct in-depth interviews with youth in the study and, with Ada Tso, coordinated the production of the report. Alice Tufel provided feedback on report drafts and edited the report, and Stephanie Cowell and Carolyn Thomas prepared it for publication.

We conclude with deepest thanks to the study participants who took the time to speak with us in interviews and helped us understand their experiences both in the Transitional Living program and on their own. Their perspectives were invaluable. This report is dedicated to them and to youth who are making the transition out of foster care and juvenile justice custody everywhere.

The Authors

Executive Summary

About 70,000 young people between 14 and 20 years of age leave the foster care system in the United States each year.¹ Roughly one-third of those individuals exit foster care because they “age out” of the system upon reaching adulthood, often at the age of 18. In addition, nearly 100,000 youths leave juvenile justice facilities each year.² Crossover between the foster care and juvenile justice systems is commonplace, as young people who experience unstable or abusive family environments, poverty, and other harmful situations are at increased risk of entering both systems.³ For young people who are leaving these systems, the transition to adulthood can be particularly difficult, as they may have few resources and little or no state or family support.

The transition from adolescence to adulthood is a critical and often trying time for young people in general as they attempt to complete their education, obtain full-time employment, form their own families or households, and achieve financial independence. For youth who have spent time in state custody through the foster care or juvenile justice system, this transition can be particularly challenging. Such youth contend with a myriad of issues that are much less commonly experienced by their peers with no history of state custody placement, including low levels of educational attainment, minimal formal work experience, mental health and substance use problems, lack of social support, extreme poverty, and housing instability.⁴

This report presents program implementation and participation findings from an evaluation of the Youth Villages Transitional Living program, which is designed to help youth who were formerly in foster care or juvenile justice custody, or who otherwise find themselves unprepared for adult life, make the transition to adulthood. The Transitional Living program model is clearly articulated and documented, with an emphasis on counseling and case management along with employment and education supports, youth-driven treatment decisions and goal planning, connections with adults and community resources, and comprehensive staff development practices. The evaluation was launched in October 2010 and uses a rigorous random assignment design to test the impacts of the Transitional Living program that is operating across

¹See, for example, U.S. Department of Health and Human Services, *The AFCARS Report: Preliminary FY 2011 Estimates as of July 2012* (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, 2012).

²Howard N. Snyder, “An Empirical Portrait of the Youth Reentry Population,” *Youth Violence and Juvenile Justice* 2, no.1 (January 2004): 39-55.

³See, for example, Kathy Barbell and Madelyn Freundlich, *Foster Care Today* (Washington, DC: Casey Family Programs, 2001).

⁴See, for example, Mark E. Courtney, Irving Piliavin, Andrew Grogan-Kaylor, and Ande Nesmith, *Foster Youth Transitions to Adulthood: A Longitudinal View of Youth Leaving Care* (Madison, WI: Institute for Research on Poverty, 1998).

the state of Tennessee. Individuals who were deemed eligible for the study were assigned at random to a program group, which was offered Transitional Living program services, or to a control group, which was not offered Transitional Living services but was provided with a list of social service resources that are available in the community. A second report, scheduled for release in 2015, will present one-year impacts of the program. The evaluation is being funded by The Edna McConnell Clark Foundation, The Annie E. Casey Foundation, and the Bill & Melinda Gates Foundation. MDRC is conducting the evaluation, along with Mark Courtney of the University of Chicago.

Key findings presented in this report include:

- The Transitional Living Evaluation took place across the state of Tennessee, where local context and service availability vary widely. The variations in the infrastructure of each community influenced the services that Transitional Living staff provided to their clients. Access to transportation, employment, or education opportunities was not the same for every participant. Furthermore, access to other social services varied by community, affecting Transitional Living staff's ability to develop connections with those services or youth's options for relying on such services in the absence of the Transitional Living program.
- Youth Villages' operations and staffing arrangements are very prescriptive. All Youth Villages programs, which are operated across the country, share core principles and systems for service delivery, supervision, and quality assurance. Like all of Youth Villages' programs, the Transitional Living program is highly structured.
- Recruiting a sufficient number of individuals into the study proved more challenging than expected, but ultimately 1,322 youths were enrolled, which exceeded the target sample size. Transitional Living staff welcomed the enhanced eligibility assessment process that was implemented as part of the study, as it facilitated a more accurate, efficient, and thorough identification of appropriate program participants.
- The Transitional Living program was implemented largely as expected. Nearly all program group members participated in at least one Transitional Living program service, and a substantial portion received services at the expected level and intensity (or "dosage").

Background

Until the 1980s, little focus was placed on preparing foster youth for adulthood. However, in 1985 the Independent Living Initiative was established to provide federal funds to states to help adolescent foster youth develop the skills needed to live independently. Since then, Congress has passed major legislation three times to provide services for young people who are making the transition from foster care to independent living. Most recently, in 2008 Congress passed the Fostering Connections to Success and Increasing Adoptions Act (hereafter referred to as Fostering Connections), which dramatically changed the nature of support for youth who are making the transition to adulthood from foster care. In Tennessee, Fostering Connections is implemented by the Department of Children’s Services (DCS) with a program called the Extension or Re-Establishment of Foster Care (EFC). EFC services include financial assistance for transportation, education, and job-training programs, as well as case management and an independent living allowance; young people who qualify are also offered the option to continue foster care placement past age 18 until the age of 21.

Unlike services for those who are aging out of foster care, services for youth who are leaving juvenile justice placements have not been enacted as entitlements by federal legislation; therefore, they are not consistently and uniformly supported by federal funding. However, general support for “reentry” services for adults who are leaving prison and jail has led to some funding support for those who are leaving juvenile justice placements.

Youth Villages and the Transitional Living Program

Youth Villages has operated a variety of residential and community-based programs for emotionally and behaviorally troubled boys and girls of all ages since 1986. Based in Memphis, Tennessee, the organization serves young people in 11 states and the District of Columbia. All Youth Villages programs have shared philosophies and consistency in processes, although the intensity of services, target age group, and treatment settings vary. Within each program, staff follow a common set of core principles and adhere to a common clinical model that emphasizes the importance of connections with family or other supportive adults, a holistic approach to service provision to create long-term and sustainable behavioral change, goal-oriented treatment, and continuous review of staff performance and youth outcomes. Furthermore, Youth Villages promotes consistency in clinical practices through its treatment manual, which contains all of the organization’s acceptable, evidence-informed practices for use with youth.

The Transitional Living program, which is just one of many Youth Villages programs, began in 1999 and targets young people between 17 and 22 years of age who have a history in the foster care or juvenile justice system, or who otherwise find themselves unprepared for adult life. The funding mechanisms for Transitional Living vary by state; in Tennessee, services are

largely paid for through a contract with DCS. The program provides intensive and individualized, clinically focused, and community-based case management, support, and counseling for eligible young adults. Though this study is only focused on Tennessee, which is the flagship location of the Transitional Living program, the target group and program goals hold true across the program's many other locations. Following Youth Villages' lead, the Transitional Living program adheres to a specific and systematic program model (depicted in Figure ES.1) that emphasizes thorough assessment of participating youth, treatment planning, youth's active involvement in treatment decisions and goal planning, building supports with family or community contacts, and comprehensive staff supervision.

The goal of the Transitional Living program is to assist with participants' successful transition to adulthood over approximately nine months. Eligible youth are identified through an extensive recruitment and assessment process. The program model indicates that Transitional Living services should begin with an assessment of the youth — including a psychosocial assessment, which presents a comprehensive picture of the youth's life — to determine what course of treatment may be necessary. The assessment is conducted by direct service staff, namely Transitional Living (TL) Specialists, who each manage an average caseload of eight youths. During this initial assessment period, youth are also expected to develop goals to pursue with their TL Specialist throughout treatment. Based on the result of assessment and goal planning, the TL Specialist develops treatment goals that address topics such as education, housing, mental or physical health, employment, or life skills. Treatment goals are recorded in a treatment plan that outlines each participant's behaviors and issues upon entering the program and what will be addressed; the treatment plan is updated monthly to reflect progress toward existing goals and the development of new ones.

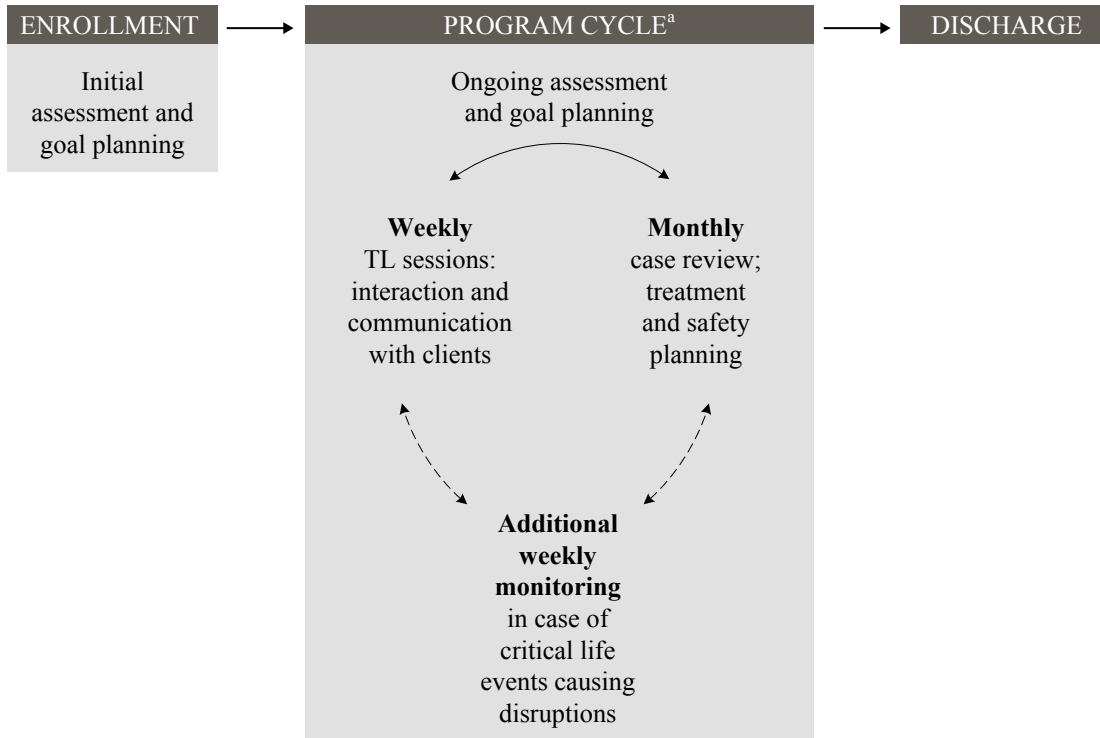
TL Specialists are expected to meet with each of their cases at least once a week, which typically occurs at the youth's home or elsewhere in the community. These Transitional Living sessions last for at least one hour, and missed sessions must be made up within one week. Staff have flexibility to individualize their sessions with youth, though they must adhere to recommendations from supervisory clinical staff and draw on Youth Villages' approved evidence-informed practices. Once the initial treatment plan is developed and weekly sessions begin, the program flow is cyclical; ongoing assessment and goal planning are incorporated into the sessions to address participants' changing needs throughout their engagement with the program. Though the cycle is predictable, the TL Specialist's plans are sometimes altered when a critical event occurs, such as job loss, arrest, or hospitalization, which triggers the need for temporary increased monitoring of that individual.

During the weekly Transitional Living sessions, TL Specialists provide support for a number of focus areas, including securing stable housing, education maintenance or attainment, employment and job-seeking skills development, management of safe relationships, alleviating

The Youth Villages Transitional Living Evaluation

Figure ES.1

The Youth Villages Transitional Living Program Model



NOTE: ^aThe solid line indicates a continuous cycle of assessment and goal planning. The dashed lines indicate how the cycle occasionally expands if there is a critical event.

symptoms of poor mental health, and life skills development. TL Specialists use three types of strategies to address these areas: (1) explicit use of evidence-informed tools, (2) counseling or conversation-based interventions, and (3) action-oriented activities. The first, explicit use of tools, refers to the use of very specific documents, forms, or techniques, such as forms to teach youth how to budget, keep track of medication, or develop a résumé. The second strategy most closely resembles what one thinks of as traditional counseling, in which a client and clinician talk about particular issues that exist in the client's life. The final strategy, action-oriented activities, involves working with youth in the community to complete a specific task (such as touring potential apartments to rent) during a weekly Transitional Living session.

Aside from direct support by the TL Specialist through these three strategies, the program offers other resources to participating youth. Outside of weekly sessions, the TL Specialists have at least one other contact with each of their cases every week, often in the form of a text message or phone call. TL Specialists have access to some flexible funds to support youth who need money for expenses such as appropriate clothing for interviews or an apartment application fee. Youth are also encouraged to participate in monthly “Peer 2 Peer” meetings that provide them with opportunities to interact with other youth in the Transitional Living program. These group meetings, required by Youth Villages’ contract with the Department of Children’s Services, also provide Transitional Living staff with additional opportunities to emphasize information on employment-readiness skills, plans for attending college or a technical training school, or other topics that are frequently addressed in Transitional Living sessions by way of guided small-group activities. Educational/vocational coordinators are also available to work with the TL Specialists or youth who require additional support when seeking postsecondary education, vocational training, or employment opportunities.

The program cycle operates within a comprehensive structure of clinical oversight and quality assurance. All treatment plans are reviewed by supervisors and clinically licensed staff to ensure completeness and fidelity to Youth Villages and Transitional Living standards. Furthermore, TL Specialists’ work is closely monitored through a series of weekly meetings with their immediate supervisor and clinical consultants (licensed therapists), who provide clinical guidance; in addition, the supervisors and clinical consultants frequently review the TL Specialists’ paperwork (such as treatment plans) to assess quality and timeliness. Issues with staff performance are quickly identified and addressed. The effectiveness of supervisors and other Transitional Living leadership is determined based on the performance of those they supervise.

The Transitional Living Evaluation

The evaluation targeted a subset of young people who are typically served by the Transitional Living program and it expanded the recruitment effort to include slightly older individuals. The final target group included young adults between 18 and 24 years of age who had been in Department of Children’s Services custody in the state of Tennessee for at least 365 days (not necessarily continuously) after age 14 or at least one day after age 17.⁵ Additional assessment was

⁵Transitional Living eligibility criteria were originally based largely on DCS’s funding requirements for contracts with independent living service providers. Transitional Living criteria were expanded beyond DCS requirements to allow youth who were leaving secure facilities and youth who were receiving Post-Custody Services (and who were therefore ineligible to receive other services funded by DCS) to participate in Transitional Living with alternate funding from The Day Foundation. (Post-Custody Services were established by the state of Tennessee in 2002 for youth who emancipated from foster care at age 18 and who were engaged in an education or job-training program and met other criteria. Youth who were leaving juvenile justice custody, excluding those who were housed in a secure facility at 18 or 19 years of age, were also eligible. Post-Custody
(continued)

conducted to determine whether youth who met these basic eligibility criteria were also interested in program services, were appropriate for the program (for instance, did not have histories of severe violence, mental health problems, drug use, or developmental delays), and had the capacity to live independently with appropriate supports.

Study enrollment occurred between October 2010 and October 2012 and resulted in a sample of 1,322 youth being randomly assigned into the program or control group. The 788 program group members were offered Transitional Living program services, while the 534 control group members could not participate in the Transitional Living program, but were provided with a list of social service resources that were available in the community to assist them. A random assignment design, which is generally considered the most rigorous method of evaluating large-scale social service programs, ensures that the demographic characteristics, foster care and juvenile justice histories, motivation levels, and other characteristics of sample members in the program and control groups are the same at the start of the study. Thus, any differences in outcomes between the program and control groups can be attributed with confidence to the program that is being evaluated.

Similar to other youth with histories of foster care or juvenile justice custody, the youth who are enrolled in the study averaged relatively low levels of educational attainment, employment, and social support at study entry, while experiencing relatively high rates of young parenthood, mental health and substance use problems, involvement with the criminal justice system, and housing instability. Youth in the study were diverse in terms of gender and race, with over 50 percent of the sample being white/non-Hispanic, while a significant minority was black/non-Hispanic (37 percent). Study participants came from varied custody backgrounds, and their first custody placement — often of many — tended to occur in their teens; youth in custody tended to move between placements, with a majority reportedly experiencing at least two placements. Furthermore, 61 percent of the sample reported having been in custody because they had been neglected or abused (foster care), while 52 percent indicated that they had been in custody for delinquency (juvenile justice). Regardless of custody experiences, youth had somewhat regular interaction with family members, most often their biological mothers or extended family.

Services offered continued financial and case management support for eligible youth. Extension or Re-Establishment of Foster Care services, which replaced Post-Custody Services in 2012, offers the same services, with the added option of remaining in a supported foster care placement until age 21.) Additional changes to program eligibility requirements were made for the purposes of the study and are discussed in greater depth in Chapter 4 of the full report.

Implementation of the Transitional Living Program

Implementation of the Transitional Living program during the study period was assessed through interviews with Youth Villages leadership and Transitional Living management and staff, as well as through observations, survey data collected from Transitional Living staff, interviews with select program and control group members,⁶ and analysis of data collected from all youth when they enrolled in the study and from the Youth Villages management information system (MIS). Select findings are summarized below.

Youth Villages operates the Transitional Living program out of 13 offices across the state of Tennessee,⁷ which together serve all the counties in the state. Contextual factors such as demographic and economic characteristics, cultural nuances, and the availability of resources for basic needs and social services vary substantially across counties. For example, many of the youth in the study live in very rural areas, where basic needs and social service resources are relatively scarce, while others live in urban environments that have greater resources but other pervasive challenges, like gang involvement. While these wide variations make it difficult to generalize about youth's experiences in their place of residence, access to transportation, affordable housing, social services, and technology (such as the Internet) are limited for youth across the state. These limitations present difficulties for the youth in both study groups, constraining the resources from which TL Specialists can draw to support program group youth as they move into adulthood.

- **Youth Villages operates the Transitional Living program according to organizationwide core principles that emphasize treatment planning, systematic assessment of participants, and delivery of only approved, evidence-informed practices.**

All Youth Villages programs have shared principles, structures, and consistency in processes. Treatment planning is based on the results of a systematic assessment of the conditions that drive a youth to exhibit certain behaviors or to have particular experiences. Through assessment of all aspects of a youth's life (social or environmental, for example), staff determine the most appropriate course of treatment to lead to positive outcomes. Youth Villages only uses practices that it has determined to be either sufficiently supported by evidence (that is, promising practices, though not necessarily tested in a randomized control trial) or that have been

⁶For the program group sample of interviews, youth who participated in at least one Transitional Living service were randomly selected, stratified by Tennessee region of residence. The randomly selected sample was adjusted so that a range of educational backgrounds, living situations, and delinquency experiences were represented. Similar criteria were used for selecting the control group sample, less the program participation requirement.

⁷The 13 offices where Youth Villages operates its Transitional Living program do not include the Youth Villages residential locations; the Transitional Living program does not operate out of the residential locations.

deemed “evidence-based practices” through randomized control trial outcomes or meta-analysis of existing outcome studies. All approved interventions and the systematic processes for determining which interventions can best address each behavior are compiled in the Youth Villages Treatment Manual, which is used by all Youth Villages programs. Although clinical treatment is administered via the same process regardless of the program, the intensity of services, the target age group, and treatment settings vary. For example, TL Specialists have access to parenting skills materials that they can use with their clients who are very young parents, and they can use the same materials with traditional-age parents of young children who participate in another Youth Villages program.

Furthermore, the treatment practices that TL Specialists use to educate clients about mental health behaviors or ways to deal with anxiety and stress are the same ones that staff in Youth Villages’ residential facilities use with their clients.

A robust supervision structure and multiple avenues for quality assurance shape all aspects of operation across the organization.

- **As an extension of Youth Villages’ well developed administrative, management, and clinical structures, the Transitional Living program is highly structured. Staff must follow specified processes for service delivery and supervision.**

The Transitional Living service model includes detailed assessments of each youth’s strengths and needs, which are then incorporated into individualized treatment plans. TL Specialists must meet specific deadlines each month, including submitting treatment plan updates to their clinical supervisors. Guided by the Youth Villages Treatment Manual and the recommendations of a clinical consultant, TL Specialists are expected to use a variety of interventions to address each youth’s needs. These interventions include cognitive behavioral therapies and other practices that are informed by research evidence. Though the program is highly structured, TL Specialists have a great deal of flexibility to personalize the weekly sessions and use strategies to which youth will respond well. However, the robust clinical nature of the program generated a significant amount of paperwork (including clinical assessments, treatment plan updates, and so forth), which made it challenging for some TL Specialists to find the time to build engagement and rapport with their cases, especially early on in treatment.

- **The significant structure and precise codification of the Transitional Living program allow program operators to maintain a special focus on ensuring fidelity to the model.**

Both the service provision and the supervision structure of the program are guided by an established program model that shapes all aspects of program operations. This model in-

cludes staff supervision and model fidelity standards, which are continuously monitored and reinforced by a strong organizational culture. The formalized tracking of TL Specialists' performance is an indicator of model fidelity at the individual staff level. Formal reviews of model fidelity at the regional or state level identify more systematic breaks from the model.

- **The Transitional Living program was implemented largely in accordance with the program model. There were high levels of participation in Transitional Living sessions and other activities, and youth were engaged in services soon after random assignment.**

Based on the research team's analysis of information collected from staff interviews and the Youth Villages MIS, Transitional Living staff provided program youth with services that incorporated the strategies prescribed by the Youth Villages Treatment Manual, but that were also highly individualized to the needs and goals of each participant. To do this, the TL Specialists played different roles, such as case manager, mentor, and clinician, depending on the situation and the youth. Analysis of the MIS data show that nearly all youth participated in at least one Transitional Living service; two-thirds of the program group youth participated in Transitional Living services for at least five months and about half participated for the expected program length of at least nine months. In addition, about 69 percent of the program group members began receiving services on the day they were randomly assigned to the program group, which may account for the high rate of participation. The average amount of time between random assignment and the first service was 1.7 days, which aligns with program expectations.

- **The frequency and duration of Transitional Living sessions were close to the expected levels, and participants and TL Specialists discussed a wide range of topics during the sessions. Benchmarks that were recorded in the MIS were generally completed as expected.**

During the nine months that followed random assignment, program group youth averaged about 23 Transitional Living sessions, with the first being about eight days after random assignment, and spent a total of 30 hours, on average, in those sessions. The rate of session frequency during the time youth participated was close to the expected level of one session per week; they lasted an average of more than one hour per session. Aside from weekly sessions, 90 percent of youth had contact with their TL Specialist at other times. Participant needs that were related to education, employment, housing, economic stability, criminal justice issues, and health were addressed with most youth. Nearly all individuals who participated in Transitional Living had an initial treatment plan, which typically was created within one week after random assignment. A psychosocial assessment was completed within 30 days after random assignment, on average, although only 84 percent of the program group members had one.

- **TL Specialists also made contact with others, such as family members or school personnel, who were involved in the participants' lives.**

Contact with other adults was made for various reasons, including to gather information about the youth early on in the assessment phase, to coordinate services, to locate youth who had lost contact, or to discuss problems with school or work. For about 92 percent of the program group members, Transitional Living staff contacted other relevant adults, averaging about nine such contacts per program group member.

Conclusion

The Transitional Living program in Tennessee was implemented as expected during the study period. The highly structured program model, including intense supervision practices, ensured the program's fidelity to the model. The study team found evidence of fidelity to the model through interviews with program staff and participants, and through analysis of the Youth Villages management information system. A report presenting the one-year impacts of the Transitional Living program on participant outcomes is scheduled for release in 2015.

Chapter 1

Introduction and Background

About 70,000 young people between 14 and 20 years of age leave the foster care system in the United States each year.¹ Roughly one-third of those individuals exit foster care because they “age out” of the system upon reaching adulthood, often at the age of 18. The juvenile justice system also extends a broad reach; nearly 100,000 youths leave juvenile justice facilities each year.² Crossover between the foster care and juvenile justice systems is commonplace, as young people who experience unstable or abusive family environments, poverty, and other harmful situations are at increased risk of entering both systems.³ For young people who are leaving these systems, the transition to adulthood can be particularly difficult, as they may have few resources and little or no state or family support. Not surprisingly, youth who have been in foster care or juvenile justice custody have, on average, poor life experiences in adulthood across a number of domains, relative to their peers.

The Youth Villages Transitional Living program — one type of “independent living” program — is intended to help youth who were formerly in foster care or juvenile justice custody to make the transition to adulthood by providing intensive, individualized, and clinically focused case management, support, and counseling.⁴ This report presents program implementation and participation findings from the Youth Villages Transitional Living Evaluation, which is testing the impacts of the Transitional Living program that is operating across the state of Tennessee. The evaluation is using a rigorous random assignment design in which study sample members were assigned at random either to a program group, which was offered Transitional Living program services, or to a control group, which was not offered the program. The evaluation is being funded by The Edna McConnell Clark Foundation, The Annie E. Casey Foundation, and the Bill & Melinda Gates Foundation. MDRC is conducting the evaluation, along with Mark Courtney of the University of Chicago.

This is the first major report in the evaluation. It describes the local context and service environment in which sample members lived and the program operated, explains the structure of Youth Villages and the Transitional Living program model, provides an overview of the

¹U.S. Department of Health and Human Services (2011, 2012).

²Snyder (2004).

³Chung, Little, and Steinberg (2005); Barbell and Freundlich (2001).

⁴The Transitional Living program was designed to serve youth who, for any reason, find themselves unprepared for adult life. While this evaluation focuses on Transitional Living services provided to former foster care and juvenile justice youth in Tennessee, the program has also served youth who do not have this history but who could potentially benefit from services.

study's design and enrollment, presents data on sample characteristics, describes the implementation of the Transitional Living program during the study period, and presents findings on the program group's participation in services. The key findings described in subsequent chapters of this report include the following:

- **The Youth Villages Transitional Living Evaluation took place across the state of Tennessee, where local context and service availability differed widely among service areas.** Youth Villages operates the Transitional Living program out of 13 offices across Tennessee. Demographic and economic characteristics, cultural nuances, and availability of and access to resources or community services — including transportation, affordable housing, social services, and the Internet — vary markedly across the state. Many of the youth in the study live in very rural areas where basic needs and social service resources are relatively scarce, while others live in urban environments where there is better access to resources, but where problems like gang activity may be more pervasive. The variations in context constrain what services Transitional Living staff can use to support youth as they make the transition into adulthood.
- **Youth Villages places special focus on ensuring fidelity to its Transitional Living program model.** Both the service provision and the supervision structure of the program are guided by a highly developed and prescriptive program model that shapes all aspects of program operation. This model includes guidelines for staff supervision and service provision, which are regularly monitored by Youth Villages management staff and clinical consultants. These standards are reinforced by a strong organizational culture.
- **The Transitional Living program model includes detailed assessments of each youth's strengths and needs, which are then incorporated into individualized treatment plans.** Guided by the Youth Villages Treatment Manual, which lays out and describes the evidence-informed interventions that can be used, and the recommendations of a clinical consultant, program staff called "TL Specialists" are expected to use a variety of approaches to address their clients' needs. These approaches include cognitive behavioral therapy (described in more detail in Chapter 5) and other practices that are informed by research evidence.
- **Despite the complex and often labor-intensive process of identifying youth who were eligible for the study, Youth Villages successfully recruited, assessed, and ultimately enrolled 1,322 participants into the**

Transitional Living Evaluation, exceeding the target sample size of 1,300. Similar to other young people with histories of foster care or juvenile justice custody, the youth in this study have, on average, relatively low levels of educational attainment, employment, and social support, while experiencing relatively high rates of young parenthood, mental health and substance use problems, involvement with the criminal justice system, and housing instability.

- **The Transitional Living program was implemented largely in accordance with the program model.** Transitional Living staff provided program youth with services that incorporated the strategies prescribed by the Youth Villages Treatment Manual, but that were also highly individualized to fit the needs and goals of each participant. During weekly meetings with participating youth, program staff addressed a range of issues, including employment, housing, attainment of a high school diploma or General Educational Development (GED) certificate, postsecondary school education (in four-year colleges, community colleges, and vocational technical schools), life skills, and mental and physical health. In order to do this, staff relied on a variety of strategies, such as counseling or conversation-based interventions and action-oriented activities (such as picking up job applications), while they also played different roles, such as case manager, mentor, and clinician, depending on the situation and the youth.
- **Nearly all program group members participated in at least one Transitional Living program service, and a substantial portion received services at the expected level and intensity (or “dosage”) of the full program model.** Approximately two-thirds of the program group members participated in Transitional Living services for at least five months, and about half were still participating nine months after random assignment. In addition, while they were involved in the program, youth met with program staff about once a week, averaging over one hour per meeting. Furthermore, program staff had contact with youth outside of their weekly meetings and with other adults in each youth’s life, such as family members or school personnel.

Young Adults with Histories of Foster Care and Juvenile Justice Custody

The transition from adolescence to adulthood is a critical and often trying time for young people of any background as they attempt to complete their education, obtain full-time employment, form their own families and households, and achieve financial independence. For youth who have spent time in state custody through the foster care or juvenile justice system, or both, this difficult transition is often particularly challenging. Such youth contend with a myriad of issues much less commonly experienced by their peers with no history of state custody placement, including low levels of educational attainment, minimal formal work experience, mental health and substance use problems, weak social support, extreme poverty, and housing instability.⁵ Yet, those exiting state custody are often expected to make the transition to adulthood between 18 and 21 years of age with relatively little support from the government systems that acted as their guardians,⁶ while their peers in the general population often remain dependent on parental care and support well into their twenties, and sometimes even into their thirties.⁷

Given these circumstances, it is not surprising that youth who have spent time in state custody continue to face troubling outcomes as adults across a wide range of areas. One prominent study of former foster youth found them to be three times more likely *not* to have earned a high school diploma or GED certificate by age 26 compared with their peers. This same study found that former foster youth are also 54 percent less likely to be employed, and among those earning income from employment, make about \$18,000 less in median annual earnings than similarly aged individuals in the general population.⁸ Additionally, nearly 36 percent of young people in the study whose outcomes were known reported that they had experienced homelessness, underscoring the lack of stable housing for many members of this population.⁹ Youth exiting the juvenile justice system face similarly poor outcomes. A different study found that within 12 months of release, only 31 percent of delinquent youth are in school or employed.¹⁰ Youth who have been involved with either system also continue to fare worse than the general popula-

⁵Courtney, Piliavin, Grogan-Kaylor, and Nesmith (1998); Courtney (2009); Reilly (2003); Nellis and Wayman (2009); Sedlak and McPherson (2010).

⁶As a result of the Fostering Connections Act of 2008 (discussed in greater detail later in this chapter), 17 states and the District of Columbia have federally approved plans to provide services to foster youth past age 18, formerly the age at which youth were required to exit federally funded care. States with approved plans to extend services to foster youth vary as to the extension age limit, as well as more specific eligibility criteria, types of services provided, and the degree to which these changes have already been implemented. For more detailed information on state policies, see the National Association of Public Child Welfare Administrators Web site (www.napcwa.org/Legislative/fostering.asp) and Coy, McNeish, and Menendez (2013).

⁷Schoeni and Ross (2005); Setterson, Furstenburg, and Rumbaut (2005).

⁸Courtney et al. (2011).

⁹Chapin Hall Center for Children (2012).

¹⁰Bullis, Yovanoff, Mueller, and Havel (2002).

tion in terms of criminal justice involvement, mental health, substance use, and social support. Further, such youth are far more likely than their peers to become parents at a very young age.¹¹ These poor outcomes result in significant social costs in the form of welfare assistance, crime and law enforcement, incarceration, health care, and lost economic output.¹²

National Policy Context

Until the 1980s, little focus was placed on preparing foster youth for adulthood. However, the release of research findings on the many challenges experienced by former foster youth drew attention to the issue, raising public concern about their bleak long-term outcomes.¹³ In response to these concerns, the Independent Living Initiative was established in 1985, providing federal funds to states under Title IV-E of the Social Security Act for use in helping adolescent foster youth develop the skills necessary for living independently. In 1993, funding for the Independent Living Program (ILP), created by the Independent Living Initiative, was increased and the initiative itself reauthorized indefinitely. The ILP allowed states a great deal of latitude in terms of the kinds of services they could provide to eligible youth, including outreach programs, training in daily living skills, education and employment assistance, counseling, case management, and transitional independent living plans. (ILP funds, it should be noted, could not be used for room and board.) However, little reporting was required of states, and in 1998, it was found that only about 60 percent of all eligible youth received any type of independent living service.¹⁴

In response to the perception that many foster youth were not receiving necessary independent living services, a lack of evidence supporting the effectiveness of existing measures, and new research indicating that the adult outcomes of foster youth had not improved, Congress passed the John Chafee Foster Care Independence Act (FCIA) in 1999.¹⁵ The FCIA created the John Chafee Foster Care Independence Program (the “Chafee Program”), which gave states more funding and greater flexibility in supporting young people who were making the transition from foster care to independent living. The FCIA doubled funding for independent living services, allowed states to use a certain portion of funds for room and board, and permitted extension of Medicaid eligibility to former foster youth up to age 21. In 2001, additional policy changes were implemented as the Chafee Educational and Training Voucher Program (ETV) was created, providing funding for education and training vouchers for youth who are up to 23 years of age.

¹¹Courtney et al. (2007).

¹²Chmura Economics and Analytics (2011).

¹³Collins (2004); Courtney (2009).

¹⁴U.S. General Accounting Office (1999).

¹⁵Courtney, Pergamit, Woolverton, and McDaniel (forthcoming).

Most recently, recognition that the transition to adulthood is taking longer in the United States for all young people, in addition to research showing that foster youth in particular continue to experience serious difficulties living independently, led to the passage of new legislation.¹⁶ In 2008, Congress passed the Fostering Connections to Success and Increasing Adoptions Act (hereafter referred to as “Fostering Connections”), which dramatically changed the nature of support for youth who are making the transition to adulthood from the foster care system. Under Fostering Connections, states may claim Title IV-E reimbursement for traditional foster care payments, as well as for support and administration of supervised independent living settings, for young people through age 21 who meet certain criteria. These criteria require that the youth is (1) completing high school or an equivalency program; (2) enrolled in college or vocational schooling; (3) participating in an employment program; (4) employed for at least 80 hours per month; or (5) incapable of these activities because of a medical condition. The Fostering Connections Act does not preclude states from continuing to use Chafee funds (which are still available) for independent living services. While this legislation represents a significant shift in service provision for young adults who have been in the foster care system, the eligibility criteria require that youth already demonstrate a relatively high level of educational and economic success. As a result, many youth aging out of foster care do not qualify for these services. For those who do qualify, federal funds offer little in the way of support for nonfinancial needs, such as academic support and connections to caring adults.

Unlike services for youth who are aging out of foster care, services for those who are leaving juvenile justice placements have not been enacted as entitlements by federal legislation; therefore, they are not consistently and uniformly supported by federal funding. However, a general focus on “reentry” services for adults leaving prison and jail has also led to some funding support for those who are leaving juvenile justice placements; this support has come mainly through temporary grant funds. Some examples of this support are the Intensive Aftercare Program, which was funded in the 1990s and focused on facilitating the reentry of “high-risk” juvenile offenders through intensive case management; the Serious and Violent Offender Reentry Initiative, which supported reentry programs for youth and adults through community grants but ended in 2005; and the Second Chance Act, which provides funds to government agencies and nonprofit organizations to offer employment assistance, substance use treatment, housing assistance, family programming, mentoring, and other services to reduce recidivism. The Second Chance Act continues to fund some reentry programs that serve youthful offenders.¹⁷ Additionally, while federally funded juvenile justice transition services are limited, many states, cities,

¹⁶Courtney (2009).

¹⁷As of fall 2013. Nellis and Wayman (2009).

and counties offer “aftercare” and reentry services for youth who are exiting juvenile facilities. The length and types of services offered vary by jurisdiction.¹⁸

Tennessee Policy Context

The Tennessee Department of Children’s Services (DCS) is responsible for both foster care and juvenile justice custody in the state. In Tennessee, children may enter foster care custody because they were abused or neglected, did not have a living parent or relative who could care for them, have run away from home, were unruly to the point that their health and safety were at risk, or they have committed an offense that is applicable only to minors, such as truancy.¹⁹ The juvenile justice system is responsible for minors who have committed offenses that would be considered crimes in the adult criminal justice system. Youth who are in juvenile justice custody for a delinquent offense (that is, those for whom the court believes that probation or diversion programs would not be effective or appropriate) fall under the jurisdiction of DCS and are considered to be in juvenile justice custody.²⁰ Youth in juvenile justice custody may be placed in a secure detention facility or, alternatively, a foster home or other supervised living environment. The Office of Independent Living in DCS administers services for youth who are exiting from both foster care and juvenile justice custody.

In accordance with the Foster Care Independence Act, described above, Tennessee established a program in 2002 to assist youth who are exiting state custody, known as Post-Custody Services.²¹ Post-Custody Services were offered to youth who emancipated from foster care at age 18 and who were engaged in an education or job-training program and met other criteria.²² Youth who were leaving juvenile justice custody, excluding those who were housed in a secure facility at 18 or 19 years of age, were also eligible.²³ Drawing on the Chafee Program portions of Title IV-E funds, DCS offered a range of services to eligible youth, including financial assistance for transportation, housing costs, education, and job-training programs.²⁴ Chafee Program ETVs were offered as additional support for youth who were enrolled in post-

¹⁸For more information, see National Center for Juvenile Justice (2006).

¹⁹See Tennessee Department of Children’s Services (2012).

²⁰A diversion program is an alternative to incarceration — namely, the adult court and prison system. It is used primarily with juvenile offenders.

²¹Post-Custody Services are funded by DCS using Chafee Program funds.

²²Tennessee Department of Children’s Services (2002).

²³To have been eligible for Post-Custody Services, youth in juvenile justice custody must have been in a foster care placement during the current episode of state custody, starting before their eighteenth birthday.

²⁴The financial assistance for housing, known as the Independent Living Allowance (ILA), is paid on a daily rate that is similar to the daily foster care rate for youth ages 18 to 20 years. A graduated rate of about half the regular rate is offered for youth ages 21 to 23. Under Extension or Re-Establishment of Foster Care Services (described on the next page), the ILA is available for those youth who are not continuing in a supported placement (Tennessee Department of Children’s Services, 2013b).

secondary school or vocational training. Youth who received Post-Custody Services were required to meet with a case manager twice each quarter in the calendar year. Additionally, those youth who had not yet graduated from high school but were on track to do so had the option of remaining in a supported foster care placement until the age of 19. For those who were eligible for all DCS Post-Custody Services, those services were available up to age 21 through Chafee funds, though the program also dedicated state funding to extend financial assistance for post-secondary school attendance or vocational training. Youth over age 21 who remained eligible for ETVs could continue to receive vouchers until the age of 23, and a state-funded scholarship was offered up to the age of 24 for all youth who exited state custody at age 16 or older, including those who exited juvenile justice custody from a secure facility.

On July 1, 2012, DCS implemented the Fostering Connections Act by replacing Post-Custody Services with Extension or Re-Establishment of Foster Care (EFC) Services, which offers the option to continue receiving foster care services, including a supported placement, until the age of 21.²⁵ Youth who are receiving EFC Services must meet with a case manager on a monthly basis. Along with this notable change in services, eligibility criteria for federally funded foster care services beyond the age of 18 were broadened slightly in accordance with Fostering Connections, though Tennessee enacted only a subset of the criteria that federal policy allows. Youth are eligible for EFC if they are emancipating to adulthood from a foster care placement at 18 years of age or older and satisfy one of the following criteria: (1) completing high school or the equivalent; (2) enrolled in postsecondary school or vocational training; or (3) incapable of these activities because of a physical, mental, or developmental condition. Tennessee did not adopt the criteria that youth could be eligible for EFC if they were working 80 hours a month or were involved in employment programs.²⁶ As under Post-Custody Services, youth who are exiting juvenile justice custody from a secure facility are excluded. Those who are eligible have the option of receiving the same set of services that were previously available under Post-Custody Services and the alternative state-funded services.

Additionally, DCS contracts with service providers, such as Youth Villages, to provide intensive case management services for youth exiting state custody (both foster care and juvenile justice). These contracts existed during the operation of Post-Custody Services and were

²⁵Tennessee Department of Children's Services (2013a).

²⁶Other states have enacted the full set of criteria allowed by the Fostering Connections Act. For example, in California, Illinois, and New York, among other states, young people are also eligible for extended foster care beyond the age of 18 if they are employed at least 80 hours a month in paid employment or participating in a program or activity designed to remove barriers to employment. On the other hand, Washington and West Virginia have more restrictive criteria than Tennessee; young people in these states are eligible only if they are completing high school or the equivalent or are enrolled in postsecondary school or vocational training. Some states also offer state-funded foster care extension services that use a wide range of eligibility criteria (National Resource Center for Youth Development, State Pages, www.nrcyd.ou.edu/state-pages/search).

not altered with the July 1, 2012, change. Eligibility criteria for these contracted services, discussed in more detail below, are broader than those used to determine eligibility for Post-Custody and EFC services, allowing service providers to reach youth who are unable to access services outlined under Title IV-E. Accordingly, contracted providers are not permitted to draw on Title IV-E funds to serve youth who are receiving services through EFC.

Service Models for Young Adults with Foster Care or Juvenile Justice Histories

Program practitioners use a number of different service models in an effort to improve outcomes among young adults with histories of foster care or juvenile justice custody. Some of these independent living programs target specific outcomes, such as housing or criminal recidivism, while others are designed to improve outcomes across various domains depending on the specific needs of the individual. This section describes common independent living service models, focusing specifically on those that are designed to affect the key outcomes targeted by the Youth Villages Transitional Living program — that is, educational attainment, employment and earnings, housing and economic stability, contact with the criminal justice system, and health. This review also describes the existing research evidence on the effectiveness of these programs.

A common component of independent living programs, particularly those that target former foster youth, is life skills training.²⁷ Such training is designed to help youth acquire the skills needed to live on their own as adults, such as knowledge of money management, nutrition, or effective apartment search techniques.²⁸ Life skills training, which can be provided one-on-one or in a classroom setting, is often one component of programs that provide other services, such as housing assistance, case management, or mentoring. However, a 2006 review found that there were no experimental evaluations of independent living programs offering life skills training to youth who were leaving state care.²⁹ More recently, as part of the Multi-Site Evaluation of Foster Youth Programs, a random assignment evaluation tested the impacts of a classroom-based life skills training program targeting older foster youth.³⁰ The study found little evidence of positive impacts on educational and economic outcomes for youth.

As noted above, housing is one of the primary needs facing young adults who are leaving foster care and juvenile justice custody. Accordingly, some programs for these youth focus primarily on housing assistance, either by directly offering subsidized housing units or by

²⁷Courtney and Terao (2002).

²⁸Courtney, Lee, and Perez (2011).

²⁹Montgomery, Donkoh, and Underhill (2006).

³⁰Courtney, Zinn, Johnson, and Malm (2008a).

providing vouchers or stipends that these young people may use toward rent.³¹ These programs often couple housing assistance with other services, such as case management, life skills training, and referrals to other organizations for additional services. A 2012 review identified 58 housing programs across the United States that serve former foster youth and, in some cases, youth who were exiting juvenile justice custody.³² However, research on the effectiveness of these housing programs is lacking, as the review found no experimental or quasi-experimental evaluations of any of them.

Independent living programs that serve former foster care or juvenile justice youth may also include mentoring as a core component.³³ These programs pair each young person with an adult from the community and encourage the youth and adult to form a strong, trusting connection, through which the adult can provide guidance and practical support. The research literature on mentoring programs that target disadvantaged youth in general is fairly strong, suggesting that they can improve a range of outcomes among at-risk youth.³⁴ For example, a random assignment evaluation of the Big Brothers Big Sisters program found that the program decreased drug use and improved some academic outcomes and the quality of family relationships.³⁵ Despite this research base, experimental evaluations of mentoring programs that specifically target former foster care and juvenile justice youth have not found positive impacts.³⁶ For example, an experimental evaluation of the South Oxnard Challenge Project, which incorporated community-based mentoring and other services into juvenile probation supervision, found that the program did not improve relationships with parents or reduce delinquency.³⁷ Similarly, one site in the Multi-Site Evaluation of Foster Youth Programs tested a tutoring and mentoring program, and found that the mentoring relationships were short-lived and the program did not produce impacts on educational outcomes.³⁸

Programs for young adults, particularly those who are involved in the juvenile justice system, may also make use of cognitive behavioral therapies.³⁹ These interventions focus on changing thinking and behaviors that are associated with violence, delinquency, substance use, and other self-destructive behaviors, as well as increasing cognitive skills, such as strategies for problem solving or for dealing with conflict.⁴⁰ In addition, some specialized therapies, such as

³¹Dworsky et al. (2012).

³²Dworsky et al. (2012).

³³Clayton (2009); Courtney and Terao (2002); DuBois et al. (2011).

³⁴DuBois et al. (2002); DuBois, Holloway, Valentine, and Cooper (2011).

³⁵Tierney and Grossman (2000).

³⁶Montgomery, Donkoh, and Underhill (2006).

³⁷Brank et al. (2008); Lane, Turner, Fain, and Sehgal (2005, 2007).

³⁸Courtney et al. (2008b).

³⁹Greenwood and Turner (2012).

⁴⁰Andrews and Bonta (2010), pp. 539-540; Lipsey, Landenberger, and Wilson (2007).

Trauma-Focused Cognitive Behavioral Therapy, are designed to help individuals who have experienced trauma, such as exposure to violence or physical or sexual abuse, by helping them to develop strategies for coping and managing stress.⁴¹ Research on the effectiveness of cognitive behavioral therapies is relatively strong, with rigorous studies showing that these programs can reduce recidivism,⁴² reduce substance use,⁴³ and improve mental health outcomes among youth with histories of juvenile justice involvement or trauma.⁴⁴

A related set of interventions for at-risk youth includes family-based programs, in which program staff work with both the youth and the biological or foster family to improve youth behavior, parenting skills, family functioning, and family support networks.⁴⁵ These programs, such as Multisystemic Therapy and Functional Family Therapy, provide individualized services and incorporate cognitive behavioral therapy, life skills training, and other services as needed. Trauma-Focused Cognitive Behavioral Therapy also incorporates elements of this approach, as it addresses issues at the family level by requiring sessions with both children and parents. Independent, random assignment evaluation research, albeit with mostly small samples, suggests that these strategies can be effective in decreasing delinquency and other problem behaviors as well as improving mental health among juvenile justice and other at-risk youth.⁴⁶

Finally, some independent living programs pair each youth with a social worker who provides individualized services ranging from life skills training and cognitive behavioral therapies to financial supports and other practical support and guidance. Each social worker has a small caseload, ranging from about 8 to 15 youth, and is encouraged to develop a mentor-like relationship with each youth. A random assignment evaluation of one such program for foster youth, the Massachusetts Adolescent Outreach Program, found that the program increased college enrollment and persistence.⁴⁷ However, this impact appeared to be driven primarily by the program's impact on whether youth extended their receipt of foster care services, and the program did not improve outcomes in employment, economic well-being, housing, or delinquency.

While a number of different models for independent living programs target youth who were formerly in the foster care and juvenile justice systems, the research evidence on most of these programs includes few rigorous evaluations, and these evaluations have found mixed results. This is particularly true with respect to programs that serve former foster youth. Few ran-

⁴¹Black, Woodworth, Tremblay, and Carpenter (2012).

⁴²Lipsey, Landenberger, and Wilson (2007).

⁴³Botvin, Baker, Filazzola, and Botvin (1990).

⁴⁴Silverman, Pina, and Viswesvaran (2008).

⁴⁵For a review, see Greenwood and Turner (2012).

⁴⁶See, for example, Ogden and Halliday-Boykins (2004); Timmons-Mitchell, Bender, Kishna, and Mitchell (2006); Glisson et al. (2010).

⁴⁷Courtney, Zinn, Johnson, and Malm (2008a).

dom assignment evaluations have tested these programs, and among those, only one found a positive impact. A stronger research base exists for programs that target youth who are leaving juvenile justice custody, especially with respect to cognitive behavioral therapies. However, little is known about the effectiveness of these or other program models in improving other outcomes for juvenile justice youth, such as educational attainment or economic stability. In sum, additional research, such as the Youth Villages Transitional Living Evaluation that is the subject of this report, is needed to identify services that are effective in improving outcomes among young adults with foster care or juvenile justice histories.

Youth Villages and the Transitional Living Program

Youth Villages has served emotionally and behaviorally troubled boys and girls of all ages since 1986. Based in Memphis, Tennessee, the organization serves young people in 11 states and the District of Columbia in residential and community settings. Emphasizing the relationships between people and the way that people and their environments influence each other, the Transitional Living program provides intensive, individualized, clinically focused, and community-based case management, support, and counseling for young adults who were formerly in foster care or juvenile justice custody, or who otherwise find themselves unprepared to live as independent adults. Transitional Living, which is just one of many Youth Villages programs, operates in six states, though the focus of this evaluation is Tennessee. Staff work with an average of eight clients at a time,⁴⁸ with the goal of helping them make a successful transition to adulthood over approximately nine months.

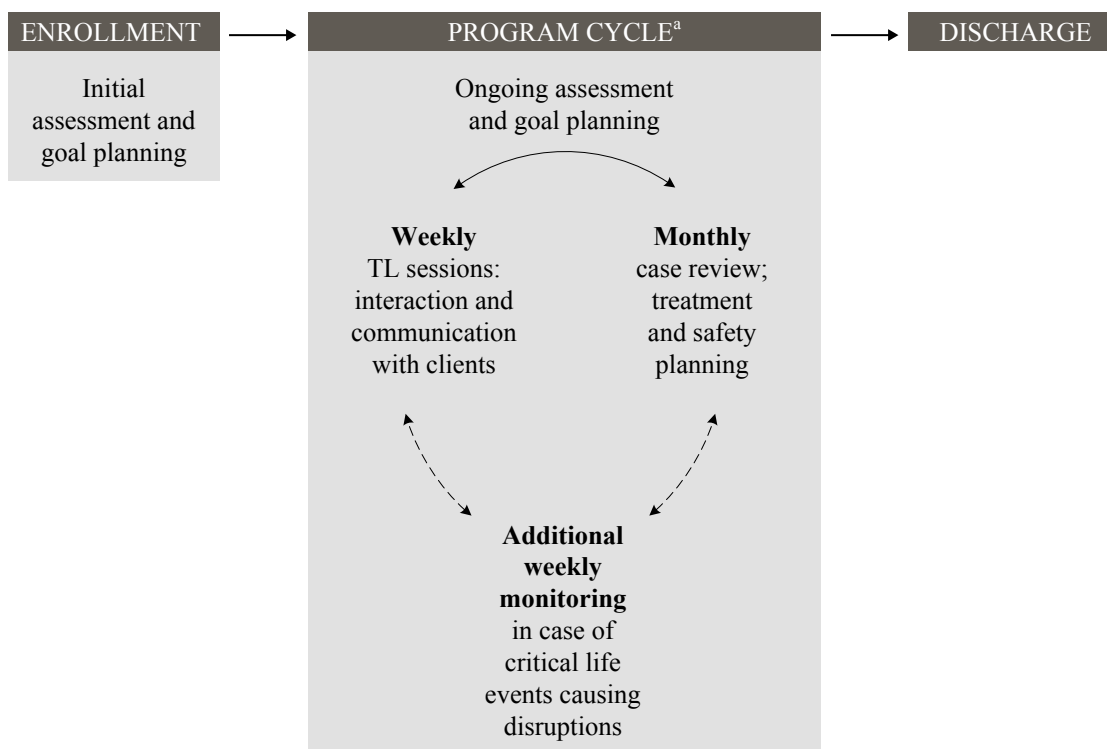
Eligible youth are identified through an extensive recruitment and assessment process. As shown in Figure 1.1, the Transitional Living program is expected to begin with an assessment of the youth by direct service staff, namely Transitional Living (TL) Specialists, to determine what course of treatment may be necessary; youth are also expected to develop goals to work on with their TL Specialist. Based on the result of assessment and goal planning, the TL Specialist develops treatment goals that address topics such as education, housing, mental or physical health, employment, or life skills. Treatment goals are recorded in a treatment plan that outlines the youth's behaviors and issues upon enrolling in the program and what will be addressed. The first treatment plan is due within three days of enrollment and is subsequently updated monthly to reflect progress toward existing goals and development of new ones. Within 30 days of a youth's enrollment, the TL Specialist must have conducted a variety of assessments and completed a psychosocial assessment, which presents a comprehensive picture of the

⁴⁸Throughout this report, the youth in the Transitional Living program are also referred to as "clients."

The Youth Villages Transitional Living Evaluation

Figure 1.1

The Youth Villages Transitional Living Program Model



NOTE: ^aThe solid line indicates a continuous cycle of assessment and goal planning. The dashed lines indicate how the cycle occasionally expands if there is a critical event.

youth's life, including the problem history, previous treatment history, substance use history, current and former legal issues of the youth and his or her family members, a physical and mental health profile, and many other characteristics.

Once the initial treatment plan is developed, the program flow is cyclical, with ongoing assessment and goal planning as participants' needs change throughout their treatment. Staff have flexibility to individualize their sessions with youth, though they must adhere to recommendations from supervisory clinical staff and draw on evidence-informed practices. TL Specialists are expected to meet with each of their cases at least once a week, typically at the youth's home or elsewhere in the community, and the sessions last at least one hour. Missed

sessions must be made up within one week. Though the cycle is predictable, the TL Specialist's plans are sometimes altered when a critical event occurs, such as a youth's job loss, arrest, or hospitalization, in which case monitoring for that youth is increased temporarily.⁴⁹

TL Specialists provide support each week for a number of focus areas, including securing stable housing, education maintenance or attainment, employment and job-seeking skills development, management of safe relationships, alleviating symptoms of poor mental health, and life skills development. The TL Specialists use interventions that are described in the Youth Villages Treatment Manual, which is a compilation of information to guide staff through the assessment and treatment planning process. The interventions, which are approved by Youth Villages, include three types of strategies: explicit use of evidence-informed tools, counseling or conversation-based interventions, and action-oriented activities. The first, explicit use of evidence-informed tools, refers to the use of very prescriptive documents, forms, or techniques with youth, such as a worksheet to develop a budget. The second strategy most closely resembles what one thinks of as traditional counseling, where a client and clinician talk about particular issues that exist in the client's life or as they arise. The final strategy, action-oriented activities, involves taking youth to or meeting them in the community to complete a specific task, such as picking up job applications, during a weekly session.

Aside from direct support of the TL Specialist through the three strategies described above, other resources are available for youth in the Transitional Living program. Outside of weekly Transitional Living sessions, staff have at least one other contact with each client each week, often in the form of a text message or phone call. TL Specialists have access to some flexible funds to support youth who need money for expenses such as interview-appropriate attire or an apartment application fee. Youth are also encouraged to participate in monthly "Peer 2 Peer" meetings that provide them with opportunities to interact with other youth in the Transitional Living program. These group meetings are required by Youth Villages' contract with the Department of Children's Services. The meetings also provide Transitional Living staff with additional opportunities to emphasize information about employment-readiness skills, postsecondary education plans, or other topics that are frequently addressed in Transitional Living sessions by way of guided, small-group activities that take place in a Youth Villages conference room or other space. Youth who require additional support for finding vocational training or employment opportunities can also work with an educational/vocational coordinator in each region.

⁴⁹Clients who are pregnant, who have an infant, or who are "red-flagged" must meet twice a week with their TL Specialist. A participant is red-flagged when Youth Villages determines that the youth requires monitoring and support beyond the typical weekly contact. This determination can be made because of a discrete event (for example, loss of housing or criminal justice involvement) or an ongoing situation (for example, a potentially dangerous relationship or an unstable mental health condition).

In addition, the program cycle operates within a comprehensive structure of clinical oversight and quality assurance. That is, all treatment plans are reviewed by supervisors and clinically licensed staff to ensure completeness and fidelity to Youth Villages and Transitional Living program standards. Furthermore, TL Specialists' work is closely monitored through a series of meetings each week with their clinical supervisor, peers, and one meeting with their clinical consultant, and by their clinical supervisors' frequent review of documentation quality and timeliness. Issues with performance are quickly identified and addressed. The effectiveness of supervisors and other Transitional Living leadership is determined based on the performance of those they supervise.

The Youth Villages Transitional Living Evaluation

The Transitional Living Evaluation employs a random assignment design, which is generally considered the most rigorous method of evaluating large-scale social service programs. As noted earlier, this research design involves a lottery-like process that places individuals into either a program group, which is offered the services being tested, or into a control group, which is not offered these services. Random assignment ensures that the demographic characteristics, foster care and juvenile justice histories, motivation levels, and other characteristics of sample members in the program and control groups are the same at the start of the study. One justification for using a random assignment design is to apply it to a program that is oversubscribed — that is, a program that does not have the capacity to serve all eligible individuals who are interested in its services. In such instances, the creation of a control group is warranted. This was the case for the Transitional Living Evaluation, as Youth Villages lacked sufficient funding to serve all eligible and interested youth.

This evaluation targeted individuals between 18 and 24 years of age who had been in Department of Children's Services custody in the state of Tennessee for at least 365 days (not necessarily continuously) after age 14 or at least one day after age 17.⁵⁰ Additional assessment was conducted to determine whether youth who met these basic eligibility criteria were also interested in program services, were appropriate for the program (that is, did not have histories of severe violence, mental health problems, drug use, and/or developmental delays), and had the capacity to live independently with appropriate supports.

⁵⁰These eligibility criteria were largely based on DCS's funding requirements for contracts with independent living service providers, but were expanded to allow some youth who were ineligible for DCS-funded independent living services to still participate in the Transitional Living program. This expansion included young people leaving secure facilities and youth who were already receiving Post-Custody Services from DCS. (Youth already receiving Post-Custody Services were not eligible for DCS-funded independent living services, as DCS would not fund two sets of services for the same individual simultaneously.) Alternate funding from The Day Foundation was used to support the participation of these two groups. Additional changes to eligibility requirements were made for the purposes of the study and are discussed in greater depth in Chapter 4.

Study enrollment occurred between October 2010 and October 2012,⁵¹ resulting in a sample of 1,322 young people.⁵² These sample members were assigned at random to either the program group or the control group:

- **The program group.** The 788 individuals who were randomly assigned to this group were offered Transitional Living program services, including intensive case management, support, and counseling.
- **The control group.** The 534 individuals who were randomly assigned to this group were not offered Transitional Living program services, but were provided with a list of social service resources that were available in the community to assist them.

In order to evaluate whether the Transitional Living program improves outcomes for youth who are leaving the foster care or juvenile justice systems, data covering the domains of education, employment and earnings, housing stability and economic well-being, social support, delinquency and criminal justice involvement, and health and safety will be collected one year after random assignment for study sample members. This one year of follow-up required collection of data covering the period through October 2013. The primary source of these data was a survey fielded by MDRC's subcontractor, NORC at the University of Chicago. Outcomes will also be measured using administrative data, including data on enrollment in college and data on receipt of public assistance, including Temporary Assistance for Needy Families cash assistance and Supplemental Nutrition Assistance Program (SNAP) benefits (formerly the Food Stamp Program).

By tracking both the program and control groups over time, the evaluators will be able to assess whether Transitional Living services led to better outcomes for program youth than those experienced by the control group. Any statistically significant differences that emerge between the two groups will be considered “impacts” or “effects” of the Transitional Living program because, owing to the random assignment design, the research groups were comparable on both measured and unmeasured characteristics when the study began. (A statistically significant difference, with this research design, can be attributed with a high level of confidence to the program being evaluated — that is, it is unlikely to have occurred by chance.) A report present-

⁵¹The study recruitment period straddles Tennessee's shift to the EFC program, which was implemented on July 1, 2012. This policy change may have differentially affected those who enrolled in the study during the last three months of random assignment, the time period following the implementation of EFC. This policy change is discussed more thoroughly in Chapter 2.

⁵²The original sample size goal for this evaluation was 1,600. However, as a result of unanticipated challenges in the sample build-up process and a recalculation of the number of study participants required to detect program impacts, this goal was reduced to 1,300 in the early stages of study enrollment.

ing the one-year impacts of the Transitional Living program on participant outcomes is scheduled for release in 2015.⁵³

For the purposes of the present report, the following data sources are used to describe the characteristics of the full sample at the point of study enrollment, present information about program implementation, and detail service receipt among the program group:

- **Baseline data** were collected for all sample members at the time of study enrollment using a Background Information Form (BIF). The BIF data include information on age, gender, race and ethnicity, current place of residence, employment background, educational background, relationships with biological parents and other relatives, childbearing, arrest history, receipt of mental health counseling and/or alcohol and drug use treatment, and custody history (that is, whether in custody because of neglect, abuse, unruly adjudication,⁵⁴ or delinquency; age at first custody entry; number of different placements; and age at final custody exit).
- **Data from visits to the program sites** were obtained via interviews with Youth Villages leadership, Transitional Living management, and TL Specialists, as well as via program observations. For the purposes of collecting these qualitative data, site visits were conducted in June 2012 and August 2012, during which time a total of six Youth Villages offices were visited across the state of Tennessee.
- **Staff survey data** were collected through a Web-based survey in May 2012. An invitation to complete the survey was e-mailed to all 82 TL Specialists in Tennessee. Seventy-nine percent, or 65 TL Specialists, responded. The survey covered a wide range of topics, including TL Specialists' backgrounds, supervision and collaboration with Youth Villages staff, youth engagement, Transitional Living sessions, outside service providers, referrals, and management information system (MIS) usage.
- **Data on how staff spent their time** were collected from 21 TL Specialists across Tennessee in 2012. Each supervisor chose one TL Specialist to provide this information. The TL Specialists were asked to record how they

⁵³Longer-term follow up may be conducted if warranted by the first-year findings. The evaluation research design, including the informed consent obtained from participants at the time of study enrollment, allows for this possibility.

⁵⁴An unruly adjudication occurs because it is determined that children have behavioral problems that are serious enough to put their health and safety at risk or because they have committed an offense, such as truancy, that is applicable only to minors.

spent their time over the course of a week (for example, in supervision, completing administrative work, developing treatment plans, meeting with youth, coordinating with other providers), whether their activities were with a client or not, and what topics were addressed in meetings with clients (for example, community safety, housing, employment).

- **Data from interviews with study participants** were obtained via phone interviews conducted in 2012 and early 2013. For the program group sample, youth who participated in at least one Transitional Living service were randomly selected, stratified by Tennessee region of residence. The randomly selected sample was then adjusted so that a range of educational backgrounds, living situations, and delinquency experiences were represented. Similar criteria were employed for selecting the control group sample, less the requirement of participation in one Transitional Living service. MDRC staff attempted contact with 28 program group members and 22 control group members; 7 program group members and 5 control group members were ultimately interviewed.
- **MIS data** were acquired from Youth Villages and provide information on service plans, assessments, Transitional Living sessions and activities attended, topics covered during sessions, and contacts attempted by TL Specialists. A full year of post-random assignment MIS data was not yet available for all sample members as of March 31, 2013 (the end date for data included in the analysis);⁵⁵ analysis of MIS data included in this report covers nine months of follow-up data for a subset of 660 sample members (84 percent of the total program group).

Information from these sources allowed the research team to document how the Transitional Living program operated “on the ground” at the time of the study, what the characteristics of study participants were at baseline (that is, at random assignment), and what precise services program group members received. This knowledge is vital for correctly interpreting and understanding any future impact findings, as well as for program replication should the evaluation show Transitional Living services to be effective in improving adult outcomes for former foster care and juvenile justice youth.

⁵⁵The time required to check, process, and analyze the data precluded a later update. However, the one-year impact report, which will be published in 2015, will include an analysis of a full year of participation data for all program group members.

Roadmap to the Report

The remainder of this report is divided into the following chapters: Chapter 2 presents more detailed information about the local context in Tennessee, where the Transitional Living Evaluation is being conducted, as well as information about other services that are available to the study population in the state. Chapter 3 provides an overview of the Youth Villages organizational structure and clinical framework, the Transitional Living program model, and the history and staffing structure of the Transitional Living program. Chapter 4 describes study recruitment and assessment, and provides information on sample characteristics. Chapter 5 details the delivery of Transitional Living services. Chapter 6 presents an analysis of program participation using data from Youth Villages' management information system. Finally, Chapter 7 provides a summation of the report, as well as some concluding thoughts about the strength of program implementation and factors that served either to facilitate or challenge implementation of the Transitional Living program. Chapter 7 also addresses the extent to which the study's findings may be generalizable to other contexts.

Chapter 2

Local Context and Service Environment

The Youth Villages Transitional Living program operates out of 13 offices across Tennessee that, together, serve each county in the state. Contextual factors such as demographic and economic characteristics, cultural nuances, and the availability of resources and social services vary substantially across counties. While wide variation in office locations makes it difficult to generalize about youth's experiences in their place of residence, the research team identified some important factors through staff and participant interviews that are applicable for all young people in those areas. This chapter describes those contextual factors and discusses their effect on implementation of the program and the experiences of the youth who enrolled in the study. The last two sections of the chapter describe services that are available through the state under the policies described in Chapter 1 and services received by members of the control group.

The Youth Villages Transitional Living Program in Tennessee

The locations of the 13 Transitional Living offices in Tennessee are shown on the map in Figure 2.1. Staff based at each office location serve youth who reside in a service area containing between 3 and 14 counties, in some cases spanning more than 100 miles. Together, the offices serve the entire state. As Figure 2.1 illustrates, Tennessee comprises two very dense counties (those in which the cities of Nashville and Memphis are located); a few moderately dense counties, such as the counties where the Knoxville and Chattanooga offices are located; and a great deal of sparsely populated areas.

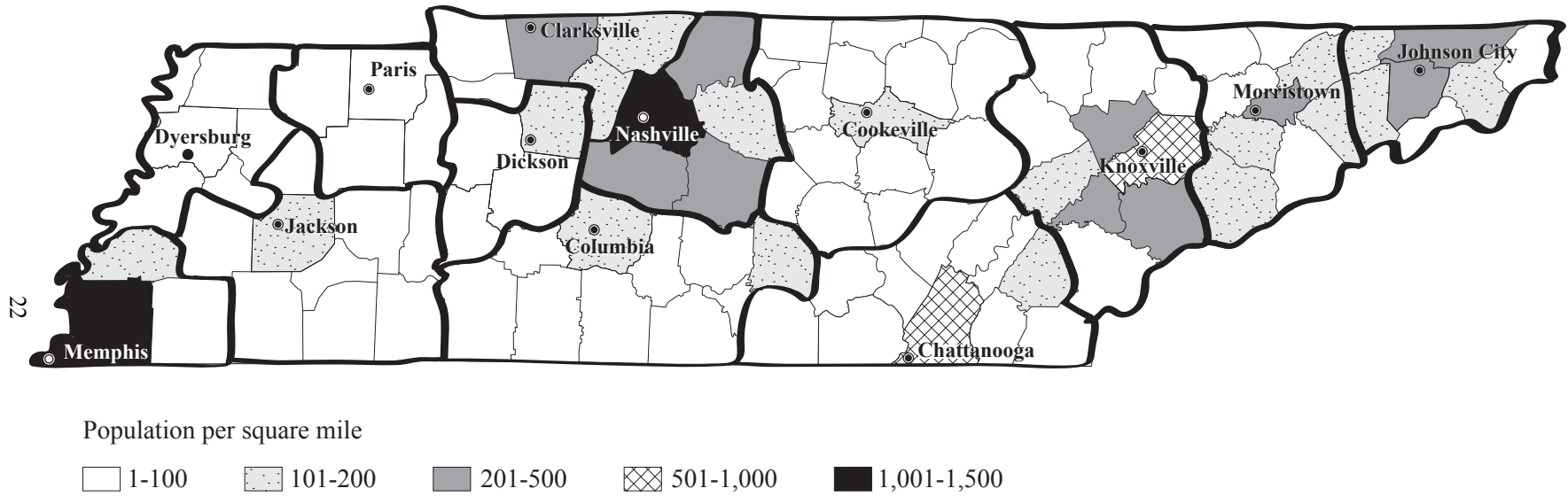
Community Characteristics

Table 2.1 shows characteristics of the areas served by the offices in Memphis and Dickson in the western part of the state, Nashville and Cookeville in the middle, and Knoxville and Morristown in the east. The selected areas offer an example of the wide variation in context within and across the three regions. The characteristics shown in the table provide a useful snapshot of the average circumstances in each office service area; however, as noted, the large office service areas and population patterns in Tennessee lead to variation in characteristics within service areas. To illustrate, the Memphis office service area has an average population density of 531.8 persons per square mile, as shown in Table 2.1. However, many youth who are served by staff based out of the Memphis office lived in Shelby County (where Memphis is located), which has a population density of 1,227 persons per square mile (not shown in table),

The Youth Villages Transitional Living Evaluation

Figure 2.1

Population Density in Youth Villages Office Service Areas in Tennessee, by County



NOTES: County borders are represented by the thin solid lines. Youth Villages service areas are delineated by the thick solid lines. The cities shown on the map indicate the location of each Youth Villages office for that service area.

Youth Villages Transitional Living Evaluation

Table 2.1

Characteristics of Select Youth Villages Office Service Areas

Characteristic	West Region		Middle Region		East Region	
	Memphis	Dickson	Nashville	Cookeville	Knoxville	Morristown
<u>Population</u>						
Total population	1,024,167	100,141	1,328,406	317,258	894,662	424,715
Average population density (per square mile)	531.8	48.9	473.4	67.6	190.8	121.0
<u>Economic characteristics</u>						
Median household income (\$)	46,804	42,729	56,202	35,055	44,426	37,018
Population below poverty threshold (%)	19.5	15.2	13.4	21.0	15.4	19.0
Unemployment rate (%)	11.0	9.2	7.6	9.1	7.8	10.2
<u>Education characteristics (%)</u>						
High school graduate or higher	85.4	80.2	87.5	77.1	84.5	77.5
Bachelor's degree or higher	27.1	13.6	33.1	14.2	24.9	13.3
<u>Racial composition (%)</u>						
White/non-Hispanic	42.5	91.8	71.4	93.4	88.7	92.6
Black/non-Hispanic	48.7	3.9	17.2	1.6	5.4	1.8
Other race/non-Hispanic	3.8	2.1	4.4	1.7	2.9	1.8
Hispanic	5.1	2.3	7.0	3.3	3.0	3.8
<u>Resource environment</u>						
2-year colleges/trade schools (N)	10	1	12	4	6	2
4-year colleges and universities (N)	16	0	19	1	6	3
Commuting to work on public transit (%)	1.6	0.4	1.3	0.2	0.4	0.4

(continued)

Table 2.1 (continued)

SOURCES: MDRC calculations using data from the American Community Survey 2011 5-Year Estimates and from the National Center for Education Statistics' College Navigator.

NOTES: Office area statistics calculated by aggregating county-level data, weighted by county-level population size. Median income is an average of the median income for counties in each office area, weighted by county-level population size.

The Memphis office serves Shelby, Tipton, and Fayette counties. The Dickson office services Perry, Hickman, Humphreys, and Dickson counties. The Nashville office serves Davidson, Williamson, Rutherford, Wilson, and Sumner counties. The Cookeville office serves Cannon, Warren, DeKalb (partial), Smith, Macon, Clay, Jackson, Putnam, White, Van Buren, Cumberland, Overton, Pickett, Fentress, and Trousdale counties. The Knoxville office serves Scott, Campbell, Anderson, Blount, Knox, Loudon, Monroe, Morgan, Roane, Union, and DeKalb (partial) counties. The Morristown office serves Hamblen, Cocke, Sevier, Jefferson, Greene (partial), Hawkins (partial), Hancock, Claiborne, and Grainger counties.

more than twice the service area's average.¹ In contrast, other youth who are served through the Memphis office live in neighboring Tipton and Fayette counties; the considerably lower population densities in those counties account for the discrepancy. In other service areas, the majority of participants live in remote, rural areas. The Cookeville service area, for example, has a population density of 67.6, and there is little discrepancy across this average in the counties served by this office. The information gathered during staff interviews indicates that much of the variation in the experiences of youth who are enrolled in the evaluation reflects the variation in population density, both between and within office service areas, and sometimes even within a county.

As noted in Chapter 1, many youth who are exiting state custody experience extreme poverty. The prevalence of poverty and, therefore, the social and material experience of having few economic resources varies based on a youth's place of residence. In the Memphis office service area, where just under 20 percent of the population is living below the poverty line and the median annual household income is only \$46,804 (as shown in Table 2.1), Transitional Living staff indicated that among the youth enrolled in the study who were living in Memphis, many live in densely populated public housing units. Staff mentioned a similar living situation for youth served by the Nashville office, though poverty is less prevalent there overall. In the Nashville service area, only 13.4 percent of the population lives below the poverty line, and the median income is more than 20 percent greater than that in Memphis, at \$56,202. In the Cookeville service area, on the other hand, poverty is extremely prevalent, perhaps even more so than in the Memphis service area; just over 20 percent of the population falls below the poverty threshold and the median income is \$35,055, more than 20 percent less than that in the Memphis service area. Though the counties that are served by the Memphis and Cookeville offices have similar economic characteristics, the experience of youth living in poverty in those two areas differs considerably. Staff at the Cookeville office described many youths' places of residence as remote and isolated, some living off of gravel roads up to 30 miles from the nearest main road.

Outside of the Memphis and Nashville service areas, Tennessee is generally racially homogenous. Table 2.1 shows that in the Cookeville, Morristown, and Dickson service areas, over 90 percent of the population is white and less than 4 percent identify as black, and Knoxville's population is just under 90 percent white. In the Memphis service area, on the other hand, almost half of the population identifies as black and just over 40 percent as white. The Nashville service area falls between these regions, with slightly less than three-fourths of the population identifying as white and a little less than 20 percent identifying as black. The Hispanic population in Tennessee appears to be concentrated in the Nashville area, where 7 percent identify as

¹See five-year averages from the 2011 American Community Survey (www.census.gov/acs/www/).

Hispanic, and to a slightly lesser extent in the Memphis area, with about 5 percent Hispanic, compared with a range between 2 and 3 percent in the other office regions.

Additionally, Youth Villages' staff pointed to disparities in levels of criminal and gang activity occurring within communities as a factor that may cause variation in barriers facing study participants. Memphis and Nashville staff indicated that many youths in their service areas are involved with gangs and must contend with a high level of crime, sometimes violent in nature, in their community as they make the transition to adulthood. Staff in more heavily rural service areas, such as Cookeville and Morristown, on the other hand, did not identify involvement in crime or gangs as a primary barrier to success, but instead pointed to other characteristics, which are discussed below. However, as described in Chapter 1, many youths who are exiting state custody, regardless of location, experience violence of various sorts.

Resource Availability

As expected, the availability of resources varies largely, though not entirely, along urban and rural lines. Technological resources, for example, vary between urban and rural areas; in some parts of eastern Tennessee, particularly in the Appalachian Mountains region, there is no cell phone service and inconsistent access to the Internet. Even where Internet connections function well, computer and Internet access may be limited to public libraries or school resource centers, many of which are inaccessible to youth, and limited in quantity. The lack of these services can impede young people's ability to apply for jobs, enroll in school, seek out social services, and maintain contact with adult supports.

One Nashville Transitional Living staff member mentioned that family members and other adults in the rural areas can be more willing to provide extended support than those in urban areas, especially in terms of housing, because adults in rural areas recognize that few resources are available to the young person. On the other hand, adults in urban areas may believe that a large array of resources are available for youth, without recognizing barriers to access, and may put more pressure on youth to be independent. The same cultural nuances (for example, close-knit families) that can encourage support in rural locations may also inhibit service receipt from outside sources. One regional supervisor in East Tennessee said that "they [people living in rural areas] don't want to let people in and are suspicious."

Educational and training institutions are much less prevalent in less densely populated service areas. In the Cookeville service area, there are only four two-year schools and one four-year school, as shown in Table 2.1.² In the Memphis service area, in contrast, there are 10 two-year colleges or trade schools and 16 four-year universities. While the low number of postsec-

²These schools include colleges, universities, and trade schools.

ondary schools in Cookeville is partially explained by the fact that this area has a much lower population density compared with the other office areas, it is also one of the largest areas in square miles, making the few institutions that do exist more difficult to access. The Knoxville service area falls in the middle, with six of each type of school, while Dickson, with a very low population density, has only a single two-year college in the entire office service area. Where educational institutions do exist, they may be prohibitively expensive. Some innovations in educational services exist across the state. Transitional Living staff indicated that other state and technical colleges have outreach, financial assistance, and social support programs for youth who are exiting state custody. Career centers at colleges can also be helpful in supporting youth with few financial or social resources.

Employment opportunities are similarly limited, though not necessarily based on population density. As shown in Table 2.1, Memphis has an unemployment rate of 11 percent, and Cookeville and Dickson have unemployment rates just over 9 percent, while the Nashville and Knoxville service areas have slightly lower rates of unemployment. Staff noted that other community characteristics can constrain a youth's access to jobs. In areas with few employers and where community members are privy to personal information, a youth's reputation for bad behavior might be common knowledge, making it difficult to build connections with employers who have already made a judgment about the youth. Similarly, the reputation of a youth's family might also prove detrimental. Staff also noted that some vocational training programs across the state do not require a General Educational Development (GED) certificate; where accessible, youth pursue these programs as avenues toward employment.

Many Youth Villages' staff and others who were interviewed reported that access to transportation is the most pressing resource scarcity. As might be expected, youth who are enrolled in the study are unlikely to have access to a car as a primary method of transportation. Outside of the big cities, public transportation is not likely to exist. Even in urban areas, public transportation is not reliable or extensive, and may be particularly inaccessible to youth who are living on the outskirts of the city. Bus stops in the city of Knoxville, for example, are spread across great distances in some cases and require riders to walk far to get to a stop. In general, the public transportation that is available is not widely used in the state. Table 2.1 shows that 1.6 percent and 1.3 percent of the population in the Memphis and Nashville service areas, respectively, use public transportation to get to work, while the portion of the population using public transportation across the rest of the service areas is well below 1 percent. In urban areas, youth may be able to walk where they need to go, but staff noted that many of the areas where youth live are not safe for pedestrians.

Many youth rely on an adult support to provide transportation. However, not all youth have this resource; Transitional Living staff in rural areas indicated that they were the primary source of transportation for many of their cases. Lack of transportation can influence the degree

to which youth can create and maintain connections with supportive adults, not only by limiting their ability to meet with these individuals, but by potentially exhausting the generosity of their primary supports. Limited access to transportation poses a barrier for youth to meet basic needs and access educational, employment, and social service resources. This is particularly true in rural areas, where resources are scarce, but can constrain a youth's ability to access the most beneficial resources even where they do exist. Some alternative public transportation programs are available that reach the study population. TL Specialists in the Memphis and Knoxville offices noted that Tennessee's public medical insurance, TNCare, provides transportation to medical appointments for covered individuals.³

Noting the great challenges posed by a lack of transportation, one Transitional Living staff member said, "You can teach them all you want; they can't do anything if they can't get anywhere." Even so, youth surmount challenges of resource scarcity and constrained options in various ways. During his last year of high school, one young man lived with friends and family, moving from place to place constantly, because he would have had no access to transportation if he had lived with his biological family. Staff indicated that this is not an atypical experience.

Social Service Availability

Limited access to social services is of concern across the state. Staff noted a particular lack of services in the areas of mental health, parenting classes, medical and dental health resources, homeless services (shelters), and child care resources. However, some services for the population targeted by the Transitional Living Evaluation do exist. As noted in Chapter 1, the Department of Children's Services (DCS) contracts with other agencies besides Youth Villages to provide services for youth exiting state custody, whether foster care or juvenile justice, across Tennessee. Some of these and other agencies offer the added benefit of residential services to young people who are making the transition out of state custody. Resource centers for youth, managed by the Jim Casey Youth Opportunity Initiative,⁴ are scattered across the state and seem to play a similar function as a school's career center. Transitional Living staff noted a handful of housing crisis centers, community shelters and food pantries, and mental health care providers that offer services to at-risk youth, including those who are enrolled in the Youth Villages Transitional Living program.

³While some youth took advantage of this service, Transitional Living staff noted that participants' insurance status varied considerably, based largely on the extent to which youth's case manager from the Department of Children's Services focused on this area of need. Additionally, youth become ineligible for TNCare coverage at age 23 unless enrolled in school.

⁴The Jim Casey Youth Opportunity Initiative is a national foundation that works on national, state, and local levels to improve policies and services for youth ages 14 to 25 who are transitioning out of foster care.

However, interviewees (including Youth Villages staff, other service providers, DCS staff, and the Transitional Living participants themselves) noted that youth face considerable barriers to accessing the services that do exist. Based on interviews with providers and DCS representatives, youth who are no longer served by a public institution have few formal avenues to connect with service providers; youth who were interviewed confirmed that they typically hear about services through word of mouth. Once a resource is identified, youth often endure a lengthy waiting period before space is available. In addition to space limitations, eligibility requirements for entering these programs appear to exclude or discourage a large portion of study participants, not least of which is an oft-cited exclusion of youth over the age of 18. Some agencies restrict participants to only those with severe needs, such as serious mental health or substance use issues, while others serve only youth who have less fraught needs and backgrounds such as no record of juvenile justice involvement or school disciplinary action. Funding streams shape many of these prerequisites and others, such as restrictions on access to health care providers under Tennessee's public medical insurance system. Other criteria arise from organizational priorities. One Transitional Living staff member from the Cookeville office noted that many social service providers in the area have a religious affiliation and draw on religious tenets to require that young parents must be married to receive services.

Once in a program, requirements for remaining eligible can be similarly stringent, posing challenges for youth to remain in services and discouraging young people from trying to access services in the first place. For example, Youth Villages staff noted that many residential facilities terminate eligibility after the first instance of drug use or restrict residents' ability to leave the vicinity. The providers who were interviewed also noted that many service providers target specific areas of need (such as housing, mental health, or vocational training), and there are few linkages between providers that offer discrete services. However, Youth Villages and Transitional Living staff and other community service providers from a few counties, which varied in population density, noted that some coordination between providers occurs during monthly meetings of local youth service providers.

There is a particular shortage of services in rural Youth Villages service areas, as already noted. Even so, there is variation within each service area. Knoxville staff noted that there are providers who are concentrated in Knoxville itself, but once outside the city limits, the numbers of social service providers decline. Staff in Jackson and Morristown described comparable situations. While there are more providers in more heavily populated areas, like Nashville or Memphis and vicinity, one Transitional Living staff member noted that there is also more competition for these resources in such areas.

Resources Available Through Tennessee’s Department of Children’s Services

A range of financial supports and, in some cases, case management services, are offered to some youth who emancipate from state custody in Tennessee under the state’s independent living services program, Extension or Re-establishment of Foster Care (EFC) Services. Participant enrollment for the Transitional Living Evaluation spanned the shift from DCS’s original program for youth exiting custody, Post-Custody Services, to EFC in July 2012. Services and eligibility criteria under EFC are similar to those under Post-Custody, with a few notable differences: The instatement of EFC altered independent living services by offering the option for youth to remain in a foster care placement until the age of 21. (Under Post-Custody, only youth finishing high school were permitted to remain in care past the age of 18, and only until turning 19.) It also doubled the frequency of face-to-face case management required for youth who access EFC services. Eligibility criteria for these and other services funded by the John H. Chafee Foster Care Independence Program were broadened to include youth who cannot enroll in a college or vocational training program because of a medical condition (including a mental health or developmental condition).⁵ Other opportunities for financial assistance through state-funded Education and Training Vouchers and scholarships were available to a broader group of youth up to ages 23 and 24, respectively.

Eligibility criteria for EFC target those youth who are relatively high-functioning (that is, they are “on track” to succeed, as measured by educational attainment and employment) or those who are deemed medically incapable of participating in educational or vocational activities. The Youth Villages Transitional Living Evaluation uses a much broader set of criteria, targeting youth who may or may not be participating in these activities. While the expansion of eligibility criteria in July 2012 filled a gap in services for youth with medical conditions, these youth are typically not deemed suitable for Transitional Living services. (See Chapter 4 for more information.) Consequently, many youth who are enrolled in the Transitional Living Evaluation were not eligible for the available Chafee-funded services under either EFC or Post-Custody Services.⁶ Because enrollment in the evaluation was nearly complete at the time of the policy change, only a portion of the youth in the study sample would have had the option to continue in a foster care placement immediately following their eighteenth birthday, though youth who were accessing Post-Custody Services before the change took effect may have cho-

⁵The John H. Chafee program was created by the federal John H. Chafee Foster Care Independence Act, passed in 1999 to help youth in foster care as they make the transition to independent adult living.

⁶All youth who are age 17 or older are eligible for and required to receive some services from DCS staff, known as independent living specialists and family service workers. Staff work with youth to develop a transition plan, outlining plans for housing, education and employment, and financial stability. All youth and relevant adults participate in a Child Family Team Meeting six months before the youth’s emancipation, during which time the transition plan and referrals to appropriate services are discussed.

sen to pursue this option before turning 21. Family service workers at DCS provide case management to eligible youth, focused primarily on connecting youth to resources in the community and appropriate DCS funding opportunities, and monitor the youth's maintenance of eligibility for services. If a youth is receiving services from other providers and EFC, the family service worker may coordinate services with other case managers.

The Control Group's Service Receipt

Based on an analysis of early 12-month survey results, it appears that a large portion of the youth who were in the control group (and did not receive Transitional Living services) received some sort of support in their transition to adulthood. Self-reports indicate that youth received help in a variety of areas, primarily related to future education planning, employment, finance management, and daily living skills. Biological family members and teachers (in the case of education assistance) appear to be the primary providers of assistance in these areas. Many of the youth who were not enrolled in the Transitional Living program indicated that they met with a professional social worker or case worker on a regular basis slightly more than once a month, and received additional support from this individual over the phone, in contrast to research demonstrating the lack of social support for youth who were in foster care or juvenile justice custody.⁷ This finding indicates that the young people who are enrolled in the study may be generally more motivated to access social services than the general population. (More information about the study population is presented in Chapter 4.) However, no data are available to support speculation about the quality of these supports and their bearing on a youth's success in becoming a self-sufficient adult.

To better understand the resources for young people who are not in the Transitional Living program, the evaluation team interviewed five members of the control group approximately one year after random assignment. The experiences of the interviewees align with the early survey findings: these youth seem to be drawing on resources and supportive adults, and moving toward markers of independent living. All youth who were interviewed emphasized that they were more mature and more independent than the year before. They described having parents or friends who could provide support such as driving them to fill out job applications, looking at affordable apartments together, or connecting them with GED classes.

⁷Courtney, Piliavin, Grogan-Kaylor, and Nesmith (1998); Reilly (2003); Nellis and Wayman (2009); Sedlak and McPherson (2010).

Conclusion

This chapter described the context in which the Youth Villages Transitional Living program operates in Tennessee. The breadth of the geographic area that is covered and the varied locations of the 13 offices out of which Transitional Living services are provided lead to variations in contextual characteristics. Limited access to transportation is a serious challenge facing study participants and poses considerable barriers for youth to meet their basic needs and to access social service resources. This limitation is of particular concern for those who live in rural, isolated areas. Furthermore, in general, the study population does not have access to many social services. While rural areas have fewer services, participants in urban areas are in competition with their peers for the greater quantity of providers. Stringent eligibility requirements, high demand for services, and a lack of widespread outreach and coordination account for reports of youth facing considerable challenges accessing services. Confronted by these challenges, youth, particularly those in rural areas, must draw on typically limited adult supports. For those in the study population who were eligible, services funded by the Chafee Program may have provided much-needed financial and case-management support for a range of areas of need, and Tennessee's policy and programming change, in accordance with the Fostering Connections Act, offered the option for extended foster care placement and increased the frequency of case management provided, potentially altering the transition to adulthood for eligible youth by expanding the available support services. However, many youth who are enrolled in the study were not eligible for these federally funded services.

These contextual factors shape the way that Transitional Living staff provided services and the potential for youth to move toward self-sufficient adulthood. The effects of these findings on the implementation of Transitional Living and the experiences of youth receiving program services are discussed in Chapter 5.

Chapter 3

Youth Villages and the Transitional Living Program

This chapter provides an overview of the organizational structure of Youth Villages and its clinical model. The Transitional Living program history and staffing structure are also described. The chapter concludes with a description of the Transitional Living clinical model, highlighting how the intervention works optimally, based on information from Youth Villages' leadership and official Youth Villages documentation.

Overview of Youth Villages

Founded in 1986 when two residential facilities for troubled youth merged,¹ Youth Villages operates a variety of programs for emotionally and behaviorally troubled boys and girls, one of which is the Transitional Living program. Youth Villages offers a continuum of services that young people and their families can use, depending on age and needs; the majority of the children served are between 12 and 17 years old. Youth Villages' programs typically address behaviors such as attention-deficit/hyperactivity disorder; alcohol and drug use; delinquency; depression; externalized behaviors such as running away, verbal and physical aggression, and defiance; inappropriate sexual behavior; self-harm or suicide ideation; and truancy. Common practices are used across multiple Youth Villages programs to address the cognitive or psychological issues that underlie these behaviors. Lack of employment, low educational attainment, poor money management, housing instability, and other issues are also addressed as needed, using similar approaches from program to program.

Among its programs other than Transitional Living, Youth Villages arranges foster care placements, adoption, and mentoring. It operates a Tennessee statewide crisis intervention hotline and response team. Youth Villages residential facilities for adolescent boys and girls with serious emotional and behavioral problems provide individual and group therapy, accredited schooling, and recreational activities to its residents. As an alternative to foster care or residential services, or as a step-down from a residential environment, Youth Villages also provides intensive in-home treatment for children and their families through its Intercept program (which is separate from Transitional Living). Finally, the Transitional Living program works with young adults in Tennessee who are 17 to 22 years of age who have a history of involvement

¹The two facilities were Memphis Boys Town and Dogwood Village.

with the foster care and/or juvenile justice systems, or who otherwise find themselves unprepared for independent living, to ensure that they have a successful transition to adulthood.²

Based in Memphis, Tennessee, Youth Villages serves more than 20,000 young people each year in 11 states and the District of Columbia; there are 13 offices in Tennessee.³ The programs that are available in each state vary based on funding and other factors. Regardless of location and target population, however, the following philosophies form the foundation of all Youth Villages programs:

- Family (not necessarily biological) reunification is a priority over removal of children from a parent.
- A holistic approach to service delivery is imperative to creating long-term, sustainable change for youth. This approach includes taking into account all elements of the youth's life (for example, health care, education, housing, relationships), helping to build connections with supportive individuals who will remain in the youth's life, and helping the youth to have a greater sense of power or confidence.
- Outcomes drive programmatic and organizational changes. Youth Villages' Research Department tracks youth and families during treatment and after discharge. Research staff identify trends in challenges and outcomes and can adjust service delivery accordingly.⁴
- Goal-oriented approaches drive service delivery. Youth Villages staff work collaboratively to assess the needs of the youth and their families, and to develop concrete goals for treatment.

Furthermore, Youth Villages believes that continuous performance improvement on the part of its staff, in addition to its outcome-based research activities, is essential to serving its clients successfully.

²For the purposes of the Transitional Living Evaluation, the target group was modified to include young people between 18 and 24 years of age who had been in Department of Children's Services custody in the state of Tennessee (juvenile justice or foster care) for at least 365 days (not necessarily continuously) after age 14 or at least one day after age 17.

³This number does not include residential centers.

⁴Outcomes that are typically tracked for 6, 12, and 24 months after discharge are: (1) Does the client live independently or with family (rather than in state custody)? (2) Has the client avoided trouble with law enforcement? (3) Is the client in school and has school performance been adequate, or has the client graduated from high school? (4) Has the client sustained gains in the areas of conduct difficulties, emotional difficulties, and peer problems, and has the client established positive behaviors that were addressed during treatment?

Youth Villages is a mission-driven organization and has a strong organizational culture; its vision is instilled in new employees from their first day on the job and is evident when talking to even the most seasoned staff person. Youth Villages has a strong branding presence — employees are encouraged to publicly display their affiliation with Youth Villages by wearing pins, clothing with logos, or even having Youth Villages license plates on their cars in Tennessee. Furthermore, staff invest in the mission by voluntarily contributing small portions of their salary (most contributions are 1 percent or less⁵) to an employee campaign that is designed to raise flexible funds for the organization. In turn, Youth Villages invests in its employees by offering tuition reimbursement, supporting efforts to get clinical licensure, maintaining physical fitness facilities, providing discounts to local fitness centers, and hosting an annual employee conference.

Organizational Structure of Youth Villages

A volunteer board of directors governs Youth Villages, and a group of seven individuals who report directly to the chief executive officer, all based in Memphis, make up the backbone of Youth Villages' leadership. (See Figure 3.1 for an abridged organizational chart.) This leadership team includes the Chief Clinical Officer, Chief Medical Officer, Chief Operations Officer, Director of Strategy, Chief Human Resources and Information Officer, Chief Financial Officer, and Chief Development Officer. The Chief Clinical Officer oversees the clinical services staff, a small set of staff who research, develop, and disseminate information about the Youth Villages program model and acceptable practices. The Research Department also falls under the auspices of the chief clinical officer. Staff in this department, with support from MDRC, launched and monitored the random assignment study in Tennessee. (Chapter 4 provides more details about the random assignment study.)

For operating purposes, Youth Villages divided the state of Tennessee into three regions: west (includes Memphis), middle (includes Nashville), and east (includes Knoxville and Chattanooga). Each region has a regional director who is responsible for overseeing all Youth Villages programs in that region, except for residential programs.⁶ There are several offices within each region. At least one office is based in each region's more urban area, while multiple satellite offices are distributed throughout the rest of the region.

At the local office level, regional supervisors provide administrative oversight to at least one program for a specific location. For example, a regional supervisor in Knoxville oversees the

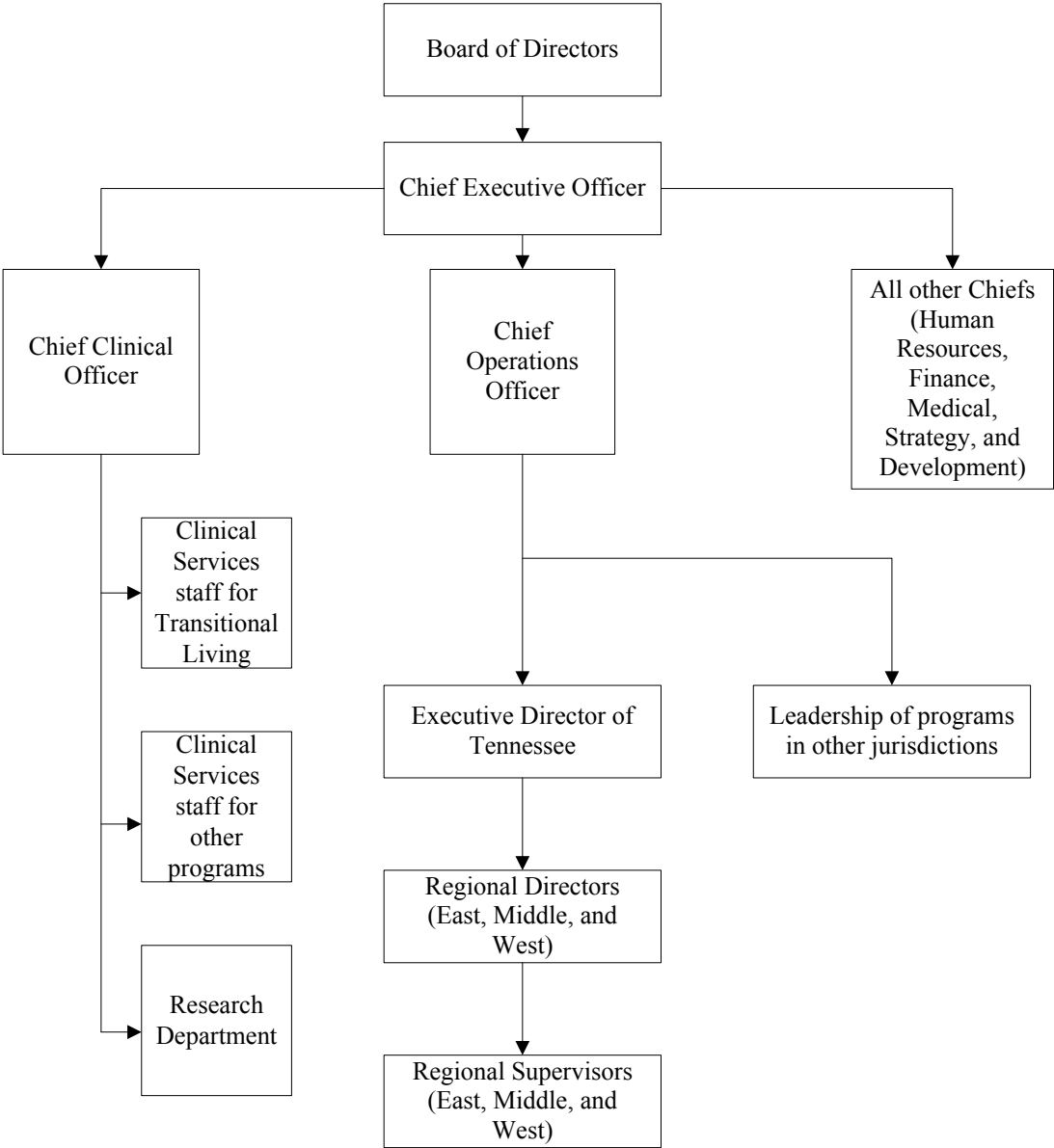
⁵This information is based on calculations provided by Youth Villages.

⁶In summer 2012, the regional directors started reporting to the newly established executive director for Tennessee. She oversees all Tennessee programs to unify the processes and create statewide consistency.

The Youth Villages Transitional Living Evaluation

Figure 3.1

Youth Villages Partial Staffing Chart



NOTE: This staffing chart represents a portion of the Youth Villages staff, showing only positions that are most relevant to the Transitional Living program.

Transitional Living and foster care programs for the Knoxville and Chattanooga offices, while a regional supervisor in Memphis oversees only Transitional Living for that office. Youth Villages staff members from various programs, particularly those in supervisory or leadership positions, often share supervisory responsibilities or support each other when in need of assistance. The Youth Villages program model (discussed below) and management-level staff training are designed to facilitate smooth transitions from supervisory roles in one program to another.⁷

Youth Villages operates many of its programs across the country. A key component of quality control and information dissemination is that the directors of all Youth Villages programs in all states meet weekly together with staff from the departments of Human Resources, Performance Improvement, Clinical Services, Public Relations, and others. The Youth Villages vision is further solidified because the organization rarely hires anyone into a supervisory position who has not worked as a frontline staff member, especially for clinical supervisory positions. Youth Villages' culture is propagated in new locations as experienced staff relocate for a period of time for the purpose of establishing the Youth Villages mission and vision.

Youth Villages Common Core Principles

Youth Villages uses practices that it has determined are sufficiently supported by evidence or that have been deemed “evidence-based practices” by external sources.⁸ These interventions are designed to address cognitive or psychological issues that underlie common troublesome behaviors, such as substance use or aggressive behavior, which prevent youth from reaching their full potential.⁹

All Youth Villages programs have the same philosophies and consistent processes; all programs have a similar hierarchical structure, with multiple checks and balances to gauge staff's performance improvement needs and to ensure that the proper treatment is being provided (as described in more detail below). Nonetheless, although each program approaches clinical treatment similarly, the intensity of services, the target age group, and treatment settings vary. Despite the programs' long-standing shared processes, a common clinical model was not formally articulated until about 15 or 20 years after Youth Villages was founded in 1986.

⁷Although Youth Villages operates in many states, this report focuses primarily on Tennessee operations, as the evaluation of the Transitional Living program is restricted to this state. Nevertheless, organizational structure is similar across all Youth Villages offices, regardless of location.

⁸An evidence-based practice is determined to be effective in producing impacts through randomized control outcome studies or meta-analysis of existing outcome studies; it is a guide that is often used for selecting interventions and effective therapies. See Barker (2003), for example.

⁹Throughout this report, the conversations and activities in which the Youth Villages staff and their clients engage to solve problems or achieve goals are referred to as “interventions” or “treatment.”

Youth Villages' programs are designed to offer a continuum of services if necessary. For example, a 12-year-old who just entered state custody and who is displaying behavioral problems may be placed in "treatment foster care" — that is, placed with specially trained foster parents as an alternative to residential treatment; if more intense treatment is needed, the young person can move into a residential setting. While the youth is in foster care or residential treatment, staff in Intercept, Youth Villages' intensive in-home treatment program, will identify and work with the youth's biological family to prepare them for his return home and will continue to work with them for three to six months after his return to ensure the home will provide a safe, stable, and permanent placement for him. Upon his seventeenth birthday, the same young man may be eligible for the Transitional Living program.

Within each of the programs, staff follow common core principles (which are explained in greater detail below): treatment planning, systematic assessment, strength-based treatment objectives, evidence-informed practices, and prioritizing safety. One way that the Youth Villages clinical model and core principles are perpetuated is through the Youth Villages Treatment Manual, an ever-expanding compilation of information to guide staff through the assessment and treatment planning processes. It also includes information about all the Youth Villages approved clinical protocols and evidence-informed practices, or activities to solve or prevent problems or achieve goals.

Treatment Planning

A formal treatment planning process is used with all youth. All programs developed by Youth Villages follow the same treatment planning cycle. The four stages of treatment planning are assessment (plan), implementation (do), evaluation (check), and revision (update). Staff are asked to think like scientists: assess an issue, develop and test a hypothesis, and then reassess. All treatment planning goes through monthly cycles, so assessment and planning occur on a regular basis. Direct service staff are heavily supervised throughout the treatment planning process, including working closely with clinically licensed staff, to ensure that the most appropriate course of treatment is planned. The treatment plan captures information about the youth's problem history, diagnosis, treatment issue, desired outcome of addressing the treatment issue, and intervention steps that will be taken to achieve the desired outcome. Safety interventions are included separately in the treatment plan. As a client progresses through treatment, the treatment plan is updated to capture new information about treatment progress and emerging issues. Appendix A includes a copy of the treatment plan template.

Systematic Assessment

The first step in the treatment planning process is to establish, through a systematic and holistic assessment, why certain behaviors or issues are present and what needs must be fulfilled

for long-term success. All characteristics of the youth are considered in the assessment such as biological, social, psychological, spiritual, and environmental factors related to home, school, health, and other aspects. Assessment begins before program enrollment (referred to in this report as the “pre-admission assessment”) and continues throughout engagement in services through the use of formal assessment tools and informal observations by staff.

The primary tool that is used to identify drivers of behavior is a “fishbone diagram” (so named because of its resemblance to a fishbone), which is designed to illustrate cause and effect and then guide staff to determine what interventions should be attempted, based on the behavioral determinants or referral issues that have been identified. Common issues for which a fishbone diagram has been developed by Youth Villages include attention-deficit/hyperactivity disorder, alcohol and drug use, housing instability, self-harm or suicide ideation, depression, and lack of employment. Figure 3.2 provides an example of the fishbone diagram used for addressing lack of employment. Along the top, five dimensions are listed: community, school, peer, family, and individual. Known reasons for, or drivers of, lack of employment are listed along each of these five dimensions in the top half of the fishbone. Each driver for lack of employment is accompanied by a corresponding treatment goal listed in the bottom half of the fishbone. Staff complete a “why/what” assessment grid in conjunction with the fishbone to help them systematically think through and justify specific issues to address, the primary reasons for those issues, and accompanying treatment goals. (Reasons for issues and treatment goals are pulled directly from the fishbone). Staff also use the form to outline their steps to achieving the desired outcome.¹⁰

Strength-Based Treatment Objectives

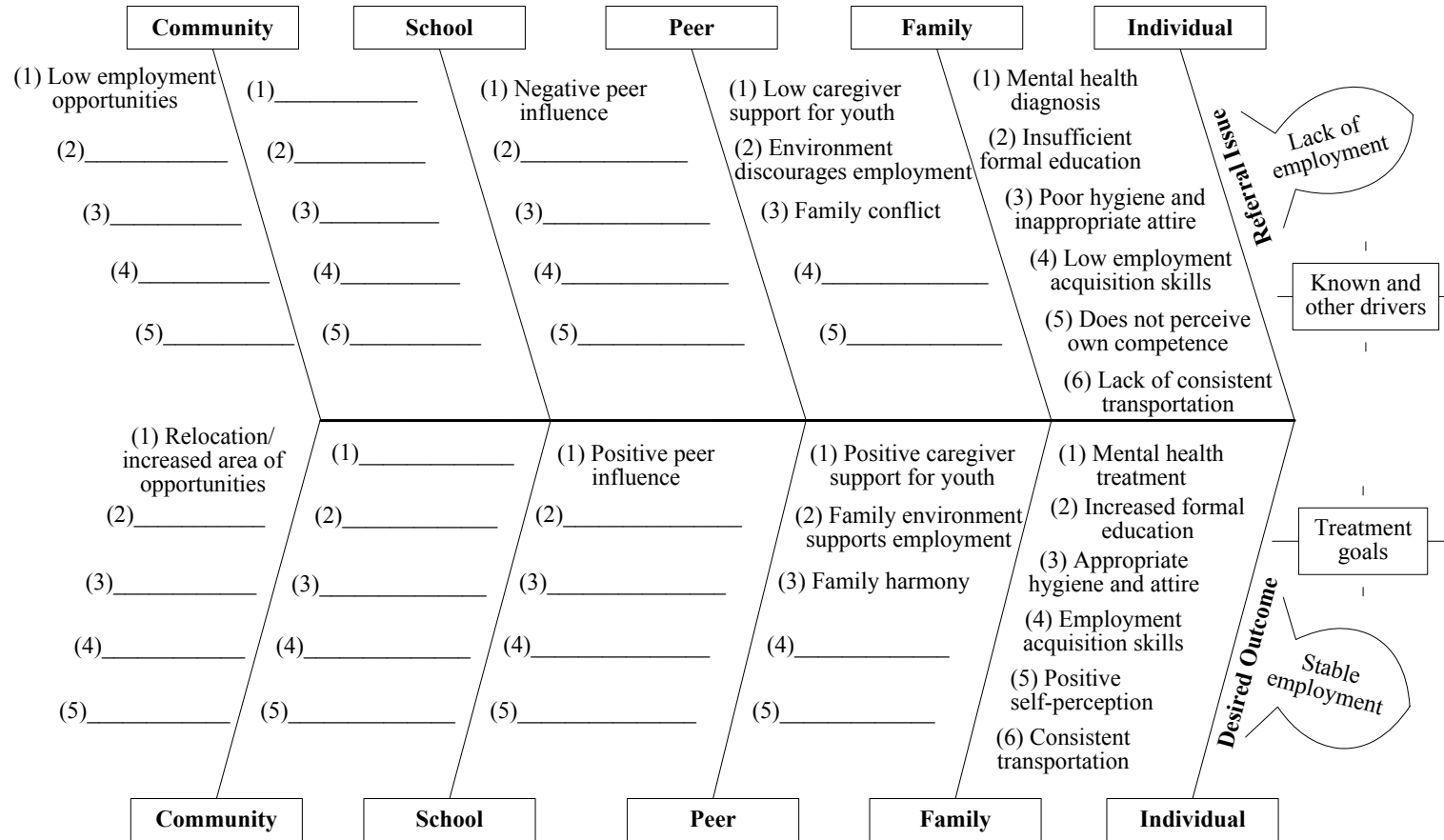
Treatment objectives are developed with an emphasis on the resources, capabilities, motivations, and needed skills that may help youth and their families achieve positive outcomes over the long term. An example of a strength-based treatment objective is “to establish family support by increasing positive caregiver support to increase mood stability.” The plan that was associated with this objective was to increase the youth’s sense of support and decrease his loneliness by identifying and reuniting him with extended family, which would ultimately, it is theorized, improve his mood. Another example of a strength-based treatment objective that was

¹⁰Systematic assessment can also refer to Youth Villages’ continual emphasis on monitoring performance and taking corrective action to improve it. A “scorecard” is used to quantify a TL Specialist’s performance, primarily with regard to assessing documentation that is critical to fulfilling contractual agreements, and helps the supervisors keep track of staff who are not performing up to standard. Scorecards are developed for each direct service staff member, the results of which are aggregated to generate the assessment for each of their supervisors and then aggregated again for the regional supervisor. Scores indicate which areas of performance require improvement.

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Figure 3.2

Fishbone Diagram for Addressing Lack of Employment



used in the Transitional Living program is “to increase self-perception, hopefulness, and positive outlook to achieve a substance-free lifestyle.” Both examples, taken from an actual Youth Villages Treatment Plan update, emphasize the development of positive traits rather than the elimination of negative traits.

Evidence-Informed Practices

Interventions that are used to achieve treatment objectives must be informed by research that prescribes what a practitioner can do to produce a desired outcome. Only clinical practices that the Clinical Services Department approves are permitted as treatment in any Youth Villages program. As a means to promote consistency in clinical practices, all acceptable approaches are included in the Youth Villages Treatment Manual; each Youth Villages program draws from the same set of approved practices, though staff are trained to tailor them to fit each target population. Chapter 5 includes a discussion about these practices as they apply to the Transitional Living program.

Prioritizing Safety

The final common core principle — prioritizing safety — is embedded throughout all of Youth Villages’ work. All programs prioritize safety concerns through the treatment planning process and during the course of treatment. The safety of staff and youth is of equal concern, including potential harm from community or domestic violence, or self-harm. A formal safety planning process occurs simultaneously with the monthly treatment planning process.

History and Development of the Transitional Living Program

The Transitional Living program is the newest program developed by Youth Villages and the only one targeting individuals 17 years of age and older. The goal of Transitional Living is to provide young people who have been in Tennessee state custody or who otherwise find themselves unprepared for adulthood with the tools to build independent and productive lives.¹¹

The Youth Villages Transitional Living program was developed in 1999 with funds from the Memphis-based Day Foundation to address a need identified by Youth Villages: support foster care youth who do not have any options for permanent housing and support upon exit from custody. Before Transitional Living was developed, youth who were involved in Youth Villages exited its programs and state custody and were then expected to navigate the

¹¹The Transitional Living model targets young people age 17 to 22 years, but the evaluation includes only those who are 18 years of age through age 24. The program also works with some youth who do not have a history with state custody, but they are also excluded from the evaluation.

world of adulthood without significant support. The Transitional Living program's structure, particularly supervision and consultation, was influenced by other Youth Villages programs, including its intensive in-home treatment program, Intercept.¹² The clinical aspects of the program model were influenced by an ecological perspective and systems theory, both of which emphasize the relationships and mutually influencing factors of people and their environments.¹³ Originally started in Tennessee, today Youth Villages also operates Transitional Living programs in Alabama, Georgia, Massachusetts, Mississippi, and North Carolina.

Though originally focused on supporting former foster care youth, with the study the Transitional Living program's focus expanded to include young people with a history in the juvenile justice system, whether or not they were ever in foster care. The program rarely served youth who were involved only with the juvenile justice system before the study began — though, as described in Chapter 1, youth in foster care often have experience with the juvenile justice system.

Transitional Living Staffing Structure

The staffing structure for Transitional Living is regionally based, with regional supervisors overseeing the overall, day-to-day program implementation. See Figure 3.3 for an example of a staffing chart for one region. Clinical supervisors directly supervise a team of direct service staff — Transitional Living Specialists (TL Specialists) — and report to their respective regional supervisor. There is at least one clinical supervisor for each office; locations with larger numbers of Transitional Living clients have three or four clinical supervisors. Each clinical supervisor has a team of four to five TL Specialists whom they supervise and help with professional development.

The Transitional Living program operates under the clinical guidance and license of clinical consultants (one for each region), who are ultimately responsible for all youth under their care. It is the clinical consultant's responsibility to approve the approaches that TL Specialists propose to take with each case and to make sure all staff maintain fidelity to the model. Although each clinical consultant is directly supervised by the regional director, clinical services staff (recall Figure 3.1) also provide clinical oversight and opportunities for professional development through regularly scheduled meetings and trainings.

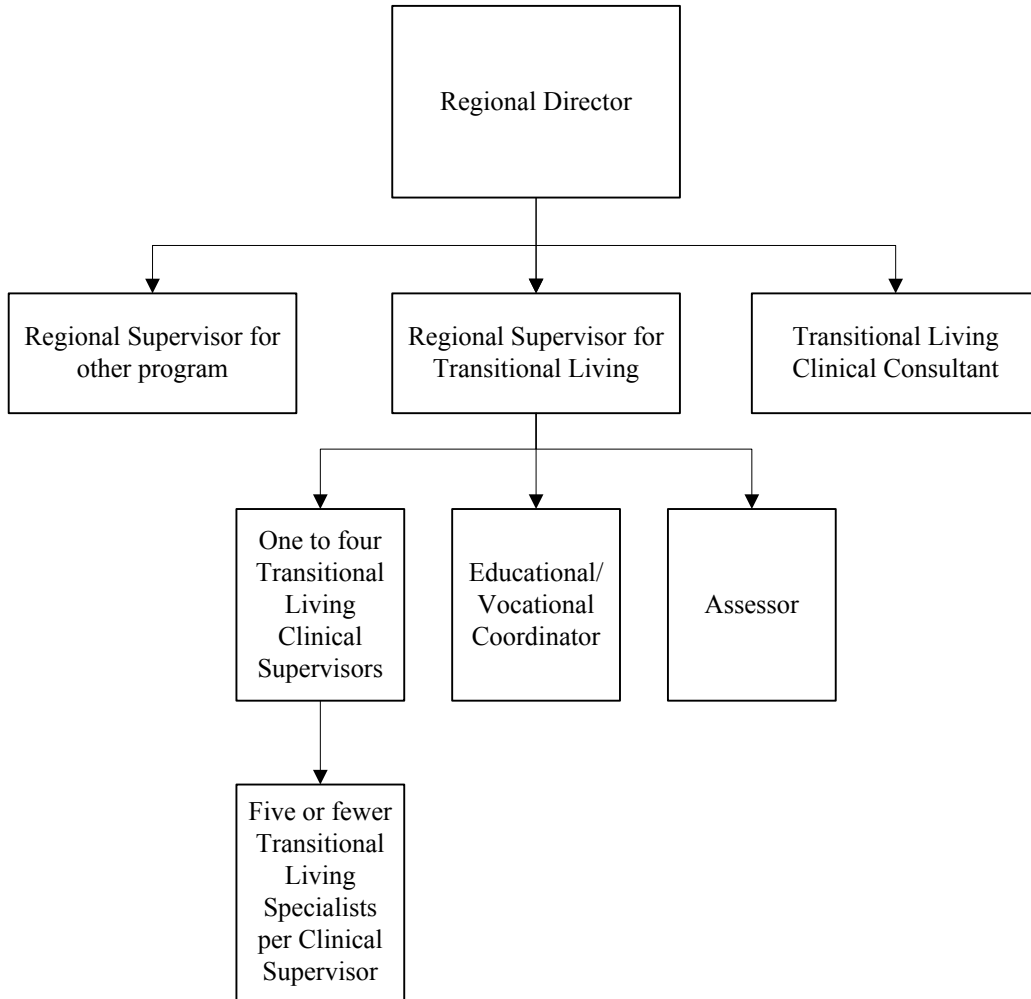
¹²The design of Intercept was influenced by Youth Villages' experience with the structure of Multisystemic Therapy (MST). MST is an intensive family- and community-based treatment model developed by the Medical University of South Carolina that focuses on chronic and violent juvenile offenders.

¹³Barker (2003).

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Figure 3.3

Transitional Living Staffing Chart for One Region



Two other positions associated with the Transitional Living program are assessor and educational/vocational coordinator (EVC). Assessors are assigned to each office (one assessor could be responsible for multiple offices) and are responsible for conducting eligibility assessments for potential Transitional Living participants; their role is described in more detail in Chapter 4. The EVC is a regional position, with one EVC each based in Memphis, Nashville, and Knoxville. This position was developed in 2007 to provide additional support for youth and TL Specialists in education, training, and employment issues.

Representatives from each state's Transitional Living program meet monthly to discuss enrollment numbers, hiring needs, and new administrative or clinical processes. Tennessee's Transitional Living leadership team, which includes regional directors and regional supervisors, meets every two weeks to discuss enrollment numbers, funding allocations, and programmatic or policy changes. This group monitored study activities, including the number of assessments conducted and random assignments completed.¹⁴

Staff Hiring and Qualifications

The Youth Villages Recruitment Department is responsible for developing the hiring policies as well as conducting companywide recruiting and applicant prescreening. The research team surveyed TL Specialists in May 2012 to gather information about their backgrounds, experiences with supervision and collaboration with Youth Villages staff, youth engagement, their sessions with youth, collaboration with outside service providers, common referrals made on behalf of clients, and management information system (MIS) usage.¹⁵ For over 25 percent of survey respondents, Youth Villages was their first real employer out of college, while others have completed graduate school and have some clinical experience. When asked about employment before joining Youth Villages, nearly 40 percent of survey respondents said they came from a behavioral or mental health field; other fields include substance use services, education, and child welfare.

Above the entry level TL Specialist position, nearly every staff person associated with Transitional Living has held a job directly beneath his or her current one (even if not in the same program). Since Youth Villages uses a common treatment manual for all programs and is highly structured, staff can make a smooth transition into roles in various programs without causing significant gaps in service delivery or supervision. Therefore, all supervisors have experience in those roles they are responsible for supervising. One regional supervisor in the middle region noted that she has a lot of respect for those above her because she knows they have been in her

¹⁴This group meets monthly to discuss Transitional Living issues specific to Tennessee.

¹⁵This was a Web-based survey for which an invitation was e-mailed to all 82 TL Specialists in Tennessee in May 2012. The list of staff was provided to MDRC by Youth Villages. Eighty percent, or 65 TL Specialists, responded to the survey.

position before; she said, “It fosters a sense of pride.” The structured clinical model also allows direct service staff to easily make the transition among Youth Villages programs. In fact, more than half of the 65 TL Specialists who responded to the survey in May 2012 reported that they had held other positions within Youth Villages before taking their current position. They had been TL Specialists in the Transitional Living program, on average, for at least two years before responding to the survey. In general, the Transitional Living program experienced low staff turnover, historically and during the study period, especially when compared with other Youth Villages programs. What turnover existed did not affect program implementation.

Regardless of their tenure with Youth Villages, TL Specialists come from a range of educational and professional backgrounds. Of the 65 staff who responded to the survey, about half had already earned a master’s degree; some common degrees were master’s in mental health counseling, rehabilitation counseling, licensed social work, marriage and family therapy, and criminal justice. The bachelor’s degrees are in similar fields: psychology, sociology, criminal justice, social work, and human development.

Since each Youth Villages office pulls applicants from different communities, there are some systematic differences in staff, mostly related to age and previous life experiences. Satellite offices that are located away from the urban areas and in communities with fewer colleges tend to be staffed with older TL Specialists who had other careers before they joined Youth Villages. Other offices are more likely to recruit from among recent graduates of local universities; as a result, these staff tend to be closer in age to their clients.

The Youth Villages Transitional Living Program Model

Though the Youth Villages Transitional Living program had been operating for over 10 years when the study began in 2010, the Transitional Living program model had only been formally articulated shortly before that. The Transitional Living Clinical Services team, with input from a committee of staff members throughout the Transitional Living program, formalized the program model in writing. The articulation of the program model did not significantly change the way the program operated, but it provided for a more systematic approach to monitoring to ensure that the program was being implemented as expected in each location. This section describes how the Transitional Living program is designed to work based on the formal model. A detailed description of the implementation of the program, as observed during the study period, is provided in Chapter 5.

Young people are typically referred to the Transitional Living program from the Tennessee Department of Children’s Services (DCS).¹⁶ The Transitional Living program is expected to begin with an assessment of each eligible youth by TL Specialists to determine the best course of treatment. TL Specialists are also expected to work with youth to develop goals for their time together. Through these processes, the TL Specialist develops a monthly treatment plan that outlines the youth’s behaviors and issues, and specifies what will be addressed each week throughout the month. TL Specialists meet individually with each of the approximately eight individuals on their caseload for at least one hour weekly; a missed session must be made up within one week. Clients who are pregnant, who have an infant, or who are “red-flagged” must meet twice a week.¹⁷ The TL Specialist’s plans are sometimes altered when a client experiences a crisis, such as losing a job, having a relapse of drug or alcohol use, or getting arrested, events for which the youth requires additional support. See Box 3.1 for an example of a TL Specialist’s experience with one youth on his caseload over a nine-day period.

Using a variety of approaches, TL Specialists provide support each week across numerous areas of focus, including helping the youth to secure stable housing, attain or maintain education, find employment and develop job-seeking skills, manage safe relationships, alleviate symptoms of poor mental health conditions, and develop life skills. Aside from the TL Specialist’s support, other resources are available for youth. TL Specialists have access to some flexible funds to support youth in need of money for expenses such as interview-appropriate attire or an apartment application fee. Youth are also encouraged to participate in monthly “Peer 2 Peer” meetings that provide them with opportunities to interact with others in the Transitional Living program.¹⁸ These group meetings, which are supported by DCS, also provide Transitional Living staff with additional opportunities to emphasize information about employment-readiness skills, postsecondary education plans, or other topics that are frequently addressed in Transitional Living sessions by way of guided small-group activities that take place in a Youth

¹⁶During the evaluation period, new participants were recruited from a comprehensive list provided by DCS that included all youth age 17 and older in the DCS database. Chapter 4 describes recruitment in more detail.

¹⁷Participants are “red-flagged” when Youth Villages determines that they require monitoring and support beyond the typical weekly contact. Red-flagging can be triggered by a discrete event (such as loss of housing or criminal justice involvement) or an ongoing situation (such as a potentially dangerous relationship or an unstable mental health condition). All youth are red-flagged for the first month of participation in Transitional Living services. During the remainder of treatment, Youth Villages uses a list of “critical events” to determine when assessment for red-flag status is appropriate. TL Specialists make the determination to red-flag a participant in collaboration with their supervisor and the clinical consultant. Regional-level supervisors review red-flagged cases on a weekly basis.

¹⁸Peer 2 Peer is not part of the official Transitional Living program model, but, rather, a service that Youth Villages must provide in Tennessee as a requirement of their DCS contract. Information about these meetings is recorded in Youth Villages’ MIS as a mechanism for generating reports to the state about attendance.

Box 3.1

Sample Activities of a Transitional Living Specialist

Day 1 (Wednesday): David, the TL Specialist, drove one half-hour to the home of Sam, his client, who had been prescribed psychotropic medication. The Transitional Living session lasted a little more than one hour, during which David used motivational interviewing techniques and conversational counseling methods to assess Sam's mental health status and determine the drivers behind his absence at work, provide Sam with phone numbers and strategies for contacting a primary care doctor, and develop a strategy to support Sam in learning how to use public transportation. Following this session, David drove the half-hour back to the Youth Villages office, where he updated Sam's treatment plan to reflect the events of the session, and submitted it for review.

Days 2 to 5 (Thursday to Sunday): Over the course of the next four days, and before the next Transitional Living session planned for the following Monday, David spoke with Sam on the telephone every day and stopped by his home to check on him once. They were also in contact between these instances via text message. In addition, David spoke with two adult supports in the same time period: Sam's psychiatrist and a staff member at the faith-based organization that manages Sam's apartment complex.

Day 6 (Monday): The weekly Transitional Living session began at Sam's home. After about a half-hour, David drove Sam to the cell phone store, where they spent 30 minutes addressing an issue with Sam's account. Afterward, David drove Sam to the grocery store, where they spent another half-hour buying groceries and discussing budgeting. David then drove Sam to a mental health appointment. David contacted other clients while he waited for Sam's appointment to conclude. Following this appointment, Sam became violent and began to express feelings of worthlessness, which then turned to suicide ideation. David managed Sam's emerging suicide ideation by taking him to a mental health crisis center for evaluation. Sam refused the recommended hospitalization, so David brought Sam home, where they developed a safety plan to address his suicide ideation. Because Sam's suicide ideation constituted a "critical event" and moved him to "red flag" status (triggered by any event that indicates the youth needs additional monitoring and support, beyond the usual Transitional Living services), David wrote a narrative of the afternoon's events and circulated it to his clinical supervisor, clinical consultant, and regional director in the 24 hours following the incident. David also updated Sam's treatment plan and submitted it to his clinical supervisor.

Days 7 and 8 (Tuesday and Wednesday): The next day, David attended his weekly group supervision session with his clinical supervisor. He subsequently updated Sam's treatment plan based on feedback from the clinical supervisor. David went to Sam's home to monitor Sam's psychotropic medication adherence. The following day, he spoke with Sam on the phone after Sam was arrested and subsequently released for a misdemeanor.

Day 9 (Thursday): David spent an hour in clinical consultation with his team of TL Specialists and the clinical consultant. He then updated Sam's treatment plan based on feedback from the clinical consultant.

Note: Pseudonyms are used to protect the privacy of Youth Villages' staff and clients.

Villages conference room or other space. Youth who require additional support for finding vocational training or employment opportunities can also work with the educational/vocational coordinator in each region.

Throughout the time that TL Specialists work with a youth, they are closely supervised to make sure they are implementing the Transitional Living program as prescribed. One significant part of implementation is completing and submitting various documentation in hard copy and electronic versions, including notes about each interaction with the youth. Staff are held accountable for meeting many deadlines, especially within the first days, weeks, and month that a new youth is enrolled into the Transitional Living program. For example, the initial treatment plan must be entered into the MIS within 72 hours of enrollment. In addition, new clients must sign a host of forms within 72 hours, including the consent for treatment, consent for emergency medical or surgical treatment, and authorization to participate in group activities, among many others. Within 14 days of enrollment, TL Specialists must have documented information about all supportive adults in the client's life and requested information from other agencies and medical records. Within 30 days, the TL Specialist must have conducted a sexual health assessment, the Ansell-Casey Life Skills Assessment, and a psychosocial assessment.¹⁹ There are also weekly paperwork deadlines; notes about each Transitional Living session must be entered into the MIS within 72 hours after the session, and one other contact between the youth and the TL Specialist is also required each week and it must be entered within 72 hours of its occurrence. TL Specialists are also asked to update their clinical supervisors about each of their clients daily or weekly by e-mail. Treatment and safety plans are due every month, although treatment plans for red-flagged cases should be updated weekly. Furthermore, discharge plans are also due monthly; these include a summary of what the youth accomplished each month and an enumeration of the goals that the TL Specialist believes the youth needs to achieve before discharge. The youth signs the safety and discharge plans monthly.

Key Practice Elements of the Youth Villages Transitional Living Model

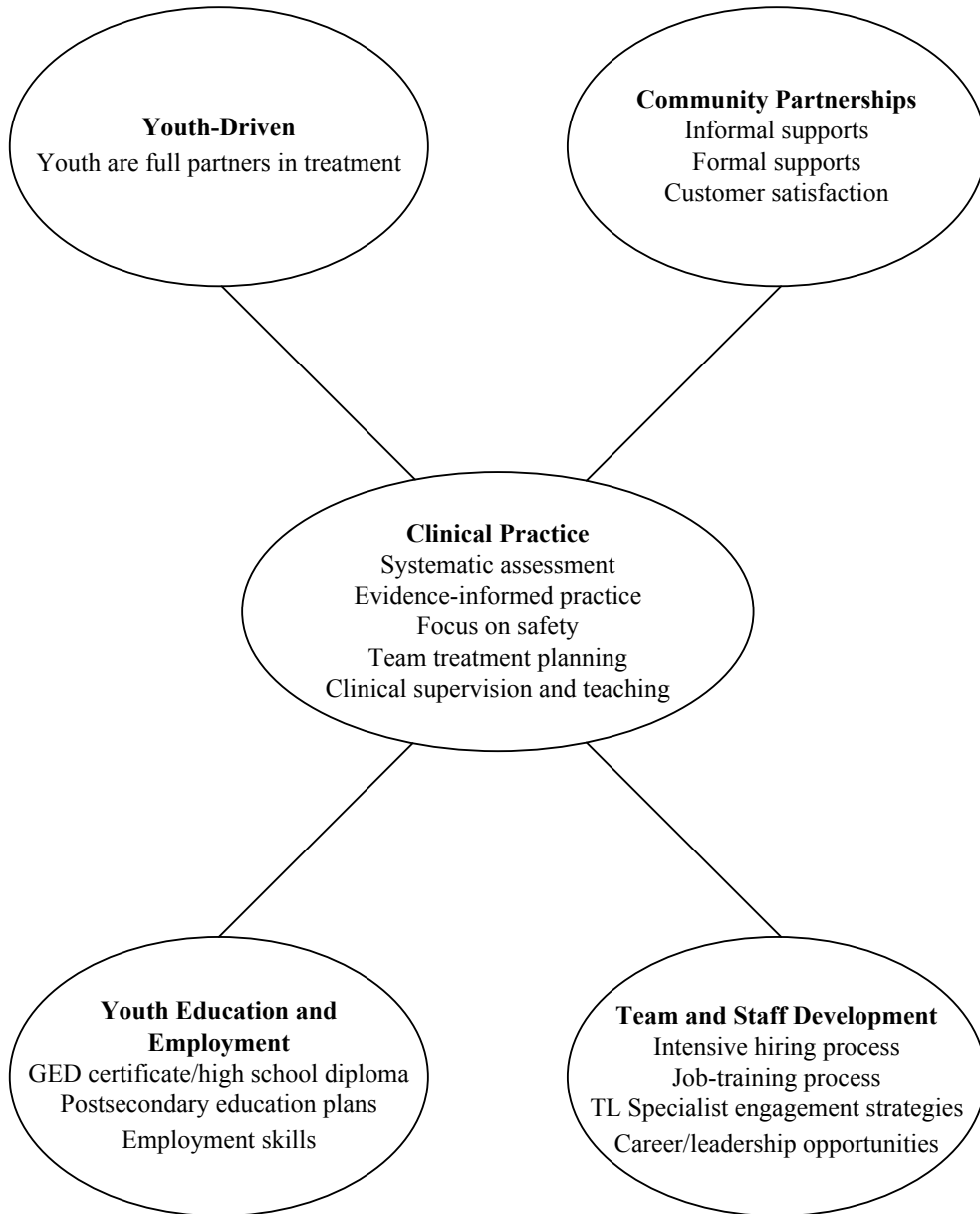
When developing the Transitional Living program model, Youth Villages determined that five key “practice elements” were critical for the program's success: clinical practice, a youth-driven approach, youth educational and vocational activities, community partnerships, and team and staff development. Figure 3.4 depicts these key practice elements, with clinical

¹⁹The psychosocial assessment is one document that is used to collect information regarding the client's problem history, previous treatment history, substance use history, current and former legal issues of youth and family members, medical (immunizations, medications) and nutritional profile, mental health status assessment, profiles of family members with histories of mental health issues, family dynamics, education and employment histories, peer relations, and recommendations for treatment.

The Youth Villages Transitional Living Evaluation

Figure 3.4

Transitional Living Key Practice Elements



practice shown as the central component in the model and the other four practice elements supporting it. The key elements primarily involve the TL Specialists' work with youth, but staff development is also emphasized. Although housing is a critical issue that is addressed with all youth in Transitional Living, it is not listed as a key practice element in the model because building capacity for youth to secure housing independently is subsumed under community partnerships, youth-driven approach, and clinical practice.

Key Practice Element 1: Clinical Practice

The first key practice element is clinical practice, which encompasses much of the Youth Villages core principles described earlier. This element is broken down into five smaller pieces, which are outlined below. The program cycle involves ongoing assessment and goal planning, which is a cornerstone of clinical practice. This includes weekly sessions between TL Specialists and their clients, where evidence-informed assessment and counseling practices are used, and additional meetings in the event of a red-flag event. The content of the weekly session informs the monthly treatment and safety planning. In turn, the plans that are developed each month direct the weekly sessions and ongoing assessment. The processes of weekly meetings, monthly planning, and ongoing assessment and goal planning are cyclical throughout the course of treatment.

Systematic assessment

As stated earlier, systematic assessment involves a holistic evaluation of the youth; it includes all biological and social characteristics of the youth, as well as environmental and other factors that might play a role in treatment. TL Specialists are expected to use a variety of formal clinical assessment tools to inform treatment planning and goal identification. The TL Specialists use the psychosocial assessment (which is part of the overall systematic assessment and, as noted above, is due within 30 days of enrollment) to compile information about the youth based on information from the pre-admission assessment, discussions with the youth, and other assessments.

Evidence-informed practice

All approved interventions are in the Youth Villages Treatment Manual. If a TL Specialist wants to try something that is not in the treatment manual, it must go through an approval process with Clinical Services. TL Specialists are responsible for providing their clinical supervisor with treatment plans for any newly enrolled youth or treatment plan updates for youth who are at their monthly enrollment anniversary. The initial treatment plans and monthly updates include information about the intervention strategies that the TL Specialist plans to use in the coming month, based on the youth's presenting issues and constant formal and informal assessment.

Focus on safety

A cornerstone of the treatment planning process is to develop plans that identify safety concerns for the youth or the TL Specialist. Safety plans are expected to be updated monthly by the TL Specialist and reviewed by the clinical supervisor and clinical consultant. For example, the safety plan might include advice for the youth on navigating the community, such as not walking outside at night or alone and keeping house and car doors locked, or meeting in the TL Specialist's car if the staff person does not feel safe in the youth's home, or safety practices in the home such as having functioning smoke detectors. The safety plan also includes behaviors that the youth should follow or avoid — for example, staying away from a cousin who is a known drug dealer. Parenting safety plans are also developed, as appropriate.

Team treatment planning

The fourth component of clinical practice is team treatment planning. One group meeting each week is known as “group supervision,” during which clinical supervisors meet with the four or five TL Specialists for whom they are responsible. The goal of group supervision is to make sure that the TL Specialists' clinical skills are adequate and that they meet the expectations of the Transitional Living program model, adhering to all policies and procedures. These meetings occur in person for approximately 60 to 90 minutes. Each meeting starts with an update of red-flagged cases, which is typically completed in 10 to 15 minutes, depending on the number of such cases. The rest of the meeting is largely dedicated to review of new treatment plans or treatment plan updates, whereby the clinical supervisor and TL Specialists troubleshoot how to approach challenging cases. The clinical supervisor walks through the treatment plans or updates to discuss anything that is challenging or needs correction. TL Specialists are encouraged to get advice from the other members on the team. The clinical supervisor also uses this time to make sure that necessary assessments or other documentation are complete. The clinical supervisor documents the conversations, decisions that are made, and what revisions the TL Specialist must make to the treatment plan. Copies of all the plans and notes are provided to the clinical consultant.

The second group meeting of the week, known as the “consultation,” follows a day or two after the first group meeting and lasts about 60 minutes. It includes the same people from group supervision and the clinical consultant, who runs this meeting, typically on the phone. Like the first meeting, it starts with a review of the red-flagged cases; the clinical consultant recommends courses of action if they are warranted. During the remainder of the meeting, the clinical consultant leads a discussion about each of the treatment plans presented in the earlier meeting and offers recommendations, if different from what the TL Specialist proposes. Cases that involve youth who are difficult to engage or support often generate discussions about possible interventions or techniques that should be tried.

Clinical supervision and teaching

The last component of clinical practice is clinical supervision and teaching. Aside from the two weekly group supervision meetings described above, the clinical supervisor accompanies different TL Specialists to Transitional Living sessions several times a month to observe their clinical technique. As the clinical consultant's eyes and ears, the clinical supervisor assesses whether the interventions approved by the clinical consultant are being implemented as they are designed. Observations are also used to help troubleshoot challenging cases. These visits also allow the clinical supervisors to get better acquainted with youth, which is useful if they have to step in unexpectedly. TL Specialists are also occasionally asked to make audio recordings of the Transitional Living sessions for the clinical supervisor to review; this is another way to determine how the TL Specialist is implementing the program model or to troubleshoot challenging cases.

A critical component of the supervision system is the clinical supervisor's monthly review of documentation for which the TL Specialist is responsible, to ensure its quality and its timely completion by the TL Specialist. Clinical supervisors use Youth Villages' scorecard system to quantify the TL Specialists' performance, which helps the supervisors keep track of who is not performing up to standard. A form is used to track how well each TL Specialist fulfills paperwork requirements. The results for each team of TL Specialists are aggregated to generate the assessment for each clinical supervisor and aggregated again for the regional supervisor. Development issues (related to both job performance and professional development) that the clinical supervisor identifies are addressed in the regular one-on-one meeting with each TL Specialist (which are discussed in more detail below).

Key Practice Element 2: Youth-Driven

The second key practice element is that Transitional Living is a youth-driven approach, which means that youth are full partners in their treatment. That is, the youth's perspective on treatment issues is valued and the treatment goals are driven by the youth's needs and desires, which may not always align with issues that the staff believes are important. Youth are also held accountable for taking an active role in achieving their goals, and they are fully informed of this expectation when they enter the program and receive the Transitional Living Handbook, which provides information about the responsibilities of the youth and the program. Once treatment begins, participants are usually given assignments to complete on their own between sessions. Youth Villages emphasizes the importance of youths' engagement and alignment with the program, which includes accepting responsibility for achieving their goals and working independently toward those goals in the days between meetings with the TL Specialist. If there is a problem with their alignment with the program, the TL Specialist must work to get them to once again see the value of the program and take ownership of the treatment, often with the

support of the clinical supervisor or clinical consultant. This might involve stepping back from the treatment plan and engaging youth to achieve a small but personally meaningful goal, such as looking at apartments.

Key Practice Element 3: Youth Education and Employment

The third key practice element is youth education and employment. Youth Villages believes that education and employment are the foundations for success and represent a means to independence, and therefore are emphasized in Transitional Living.²⁰ Treatment goals are based on the youth's goals, capabilities, or resources and could include a focus on receiving a General Educational Development (GED) certificate or a high school diploma, or on postsecondary education plans. The acquisition of employment skills is also valued, including employment readiness, job maintenance, or career advancement skills, which are identified as needs through assessment and taught and applied by TL Specialists. Many of the youths' other goals support the educational or vocational focus, or vice versa. Furthermore, educational/vocational coordinators are available in each region to provide additional supports related to education or vocational development, such as helping youth study for the GED test, search for the right college, or provide job leads.

Key Practice Element 4: Community Partnerships

The fourth key practice element of the Transitional Living program is community partnerships, which include connections with formal and informal supports. Youth are taught the value of having supportive adults to help prepare them for life after they are discharged from the Youth Villages Transitional Living program. Having informal support from adults allows youth to sustain the social and other skills they have developed in the program, when they no longer have constant contact with their TL Specialist. With the TL Specialist's assistance, youth seek new relationships and foster current relationships with key adults in their life as a support to reach their goals; these adults could be biological family members, foster family, or friends. Youth are also taught about formal supports in the community — such as social service providers or faith-based institutions — and how to maintain relationships with these networks as a means to maintain independence. The Transitional Living program also surveys youth and their informal supports to gauge their satisfaction with the work that TL Specialists are doing.

Key Practice Element 5: Team and Staff Development

The final key practice element, unlike the others, relates exclusively to the Transitional Living staff, the extensive hiring and job-training processes, their professional development and

²⁰All Youth Villages programs focus on education, but Transitional Living is the only Youth Villages program that targets an age group for whom employment is relevant.

training, providing career and leadership opportunities, and making sure that staff — especially new hires — are engaged in their work. Potential new hires receive clear expectations of the job to ensure that high-quality staff are retained once they are hired; the hiring process includes job shadowing so candidates can see for themselves what the job entails. Intensive and ongoing job training through formal training sessions provides support and direction to staff to ensure that they have a solid foundation in addition to learning in individual or group meetings. TL Specialists also attend training sessions, organized by each region’s clinical consultant, at least once each quarter. It is also important to Youth Villages that staff are aligned with the Transitional Living vision and the Youth Villages culture to ensure and promote cohesive teams.

Individual leadership strengths are assessed continually and training is provided to support job expansion opportunities and potential promotion. Staff at all levels develop plans with their supervisors that they review approximately monthly; these plans outline professional and educational goals and identify strengths, outline expectations for the staff member, and delineate areas for improvement. Clinical supervisors are largely responsible for the development of their TL Specialists. Aside from group supervision and consultation, clinical supervisors and TL Specialists meet individually, usually weekly. The clinical supervisors check on their own development with the clinical consultant, whose structured development track includes meetings with clinical services staff and the regional director or supervisor.

Adherence to the Model

At the same time that the Youth Villages Transitional Living program model was formalized, adherence measures were developed as a means to determine an office’s or region’s fidelity to the model. Clinical services staff review each state (or region, in the case of Tennessee) for a pre-specified six-month period, ideally every two years. Each of the key practice elements listed above has adherence measures. Numerical scores are primarily based on review of the documentation created by the TL Specialist, clinical supervisor, and clinical consultant in electronic and hard-copy formats. For example, to assess the extent to which a state’s treatment plans from the Transitional Living program are “youth-driven,” group supervision notes and consultation notes are reviewed to determine whether staff generally encourage youth to take responsibility and be accountable for their treatment activities. A score of zero would indicate that none of the notes reflected youth involvement in goal development, while a score of 100 would indicate that all the notes reflected such involvement. In addition, clinical supervisors or other leadership ask the youth to complete a paper survey about their Transitional Living experience. The youth are surveyed about whether they feel they are fully involved in the direction of their treatment; the percentage reporting that they are involved becomes the score. Other measures are less subjective and include, for example, the number of staff development plans submitted.

Numerical scores for each of the key practice elements are tallied to determine the level of fidelity to that element, with zero equal to no fidelity and 100 equal to complete fidelity. Concerns about a state's or a region's model fidelity are documented, and recommendations for improvement are provided in writing and in conversation with the leadership of the region or state.

Discharge Planning

Transitional Living is typically available to a youth for nine months, though some youth participate for slightly longer.²¹ The TL Specialist, clinical consultant, and clinical supervisor typically discuss the appropriateness of discharge approximately eight months after a youth is enrolled in Transitional Living. Youth who are meeting their goals and are stable (housing is reliable, youth has resources and supports in place) are likely to be discharged in their ninth program month, if not before, while youth who continue to experience instability or who need additional support stay in Transitional Living for up to several more months, until they are more prepared for independence. Some youth voluntarily stop participating partway through regardless of the goals they achieve. TL Specialists employ a variety of techniques to find these youths, such as calling, texting, trying to contact other adults in the youth's life, or driving by places the youth is known to frequent. When TL Specialists lose contact with a young person for one month, they send a certified letter requesting contact. Youths who do not contact the TL Specialist within two weeks are officially discharged from the Transitional Living program.

Conclusion

Youth Villages and the Transitional Living program are very prescriptive in their model. Specific quality control and model fidelity standards are built into the fabric of Youth Villages and its programs that work to maintain its culture. However, as Chapter 5 lays out, TL Specialists have a good deal of flexibility in the way they achieve their goals. The next chapter describes the study recruitment, assessment, random assignment, and enrollment processes used for the Transitional Living Evaluation, and a more detailed description of Transitional Living services is presented out in Chapter 5.

²¹An exception to the nine-month timeline is made for participants in the Youth Villages Scholars program. Youth who successfully complete one semester of college are eligible to apply for this highly competitive program. Select youth maintain involvement with Transitional Living until they earn their first college degree and receive significant financial aid for education, and until Youth Villages facilitates connections with a formal mentor and other resources.

Chapter 4

Study Recruitment and Enrollment

This chapter provides a detailed description of the steps that Youth Villages took to recruit potential study participants, the process by which Youth Villages determined whether youth were eligible for the study, and an explanation of how random assignment was conducted for those youth who were eventually found to be eligible. This information is based on interviews with Transitional Living staff, program observations, and assessment tracking data supplied by Youth Villages. Additionally, the chapter includes a description of the background characteristics and state custody histories of study participants based on self-reported information from youth at the time of random assignment.

Study Recruitment and Assessment of Eligibility

The process of identifying potential participants, assessing their suitability for the study, and ultimately enrolling those who were found eligible proved to be very demanding of the time, energy, and resources of Youth Villages staff. The high level of effort associated with these tasks reflected the thorough, in-depth assessment process that each potential participant was required to undergo. Additionally, the evaluation sample size requirement of 1,300 youth necessitated recruitment and assessment of a much larger group than was the case before the study.¹ The procedures that Youth Villages staff followed for this considerable undertaking are described below.

Transitional Living Recruitment and Assessment Procedures

Before the evaluation began, Youth Villages recruited new Transitional Living participants primarily via referrals from the Tennessee Department of Children's Services (DCS) Office of Independent Living staff, independent living specialists, or family service workers. Most often, DCS staff referred youth who were slated to age out of state custody upon turning age 18 whom they believed could benefit from Transitional Living services. To be eligible for DCS-funded Transitional Living services, youth had to have spent one continuous year in state custody after age 14 or at least one day after age 17. Private funding from The Day Foundation was used to provide services to youth who did not meet DCS criteria, but whom Youth Villages be-

¹Calculations determined that a sample of 1,300 youth was necessary to provide sufficient statistical power for the impact analysis. The expanded recruitment effort to meet this sample size requirement contributed both to the formation of a control group and to an increase in the total number of young people receiving Transitional Living services (via the program group) compared with pre-evaluation enrollment numbers.

lieved required services.² This could include any youths age 17 through 22 who found themselves unprepared for adult life, regardless of whether they had spent time in state custody (though the vast majority of Transitional Living participants had). Youth must also have had no serious mental health issues or substance use problems, no history of severe violence or criminal involvement, and no significant developmental delays, and they must have been willing to engage in program services, all of which was determined by Youth Villages Transitional Living staff as part of a comprehensive assessment protocol known as the Pre-Admission Assessment. Additionally, a more subjective balance of “rule-out criteria” versus “protective factors” was considered in determining a youth’s suitability for the program. This meant that the severity of a youth’s criminal involvement, violent behavior, ongoing mental health problems, substance use, intense emotional issues, and developmental delays (the “rule-out” criteria) would be weighed against the existence of “protective factors” like strong community, school, or familial supports. A decision was then made as to whether a youth’s protective factors were strong enough to counteract the effects of the rule-out criteria and enable the youth to benefit from the program. The most extreme cases required more intensive services than Transitional Living, which is intended to support independent living, could likely provide. Safety concerns for Youth Villages staff were also considered in determining a youth’s eligibility for the program.

At the other end of the spectrum, there were no explicit eligibility restrictions that disqualified youth from receiving services because they were too high-functioning and therefore did not need services. Overall, however, the assessment process aimed to strike a balance between adhering to Youth Villages’ philosophy of serving the neediest youth while remaining grounded in the practical need to select young people who were best positioned to gain from Transitional Living services given their histories, risk factors, willingness to engage with the program, and other life circumstances.

Procedural Modifications Driven by the Evaluation

For the purposes of the study, several adjustments were made to the general recruitment and assessment procedures, though Youth Villages’ overarching service philosophy remained unchanged. First, instead of recruiting new participants via direct referrals from DCS staff, potential study participants were identified primarily through a comprehensive monthly list provided by DCS that included all youth age 17 and older in the DCS database, referred to as the “master list.” Youth Villages also conducted some additional recruitment beyond the DCS list via targeted outreach to organizations serving the study-eligible population and through more broadly disseminated marketing materials, strategies they had not employed before the study began. Additional youth were identified through their previous participation in other Youth Vil-

²Regardless of the funding source, all youth received the same services.

lages services; still others were self-referred. Some self-referred youth were aware of Youth Villages because they had received services in the past, and they contacted the organization once again when they found themselves in need of further assistance; others learned about Transitional Living through friends, significant others, or general word of mouth.

In addition to changes in recruitment practices, eligibility criteria for Transitional Living were broadened as a result of the study. Youth Villages worked with DCS to expand eligibility to include youth who had spent at least one year in custody after age 14, even if not continuously, because they believed that youth who met this slightly modified criterion could also benefit from Transitional Living services. Additionally, youth could now be anywhere between 18 and 24 years of age at the time of Transitional Living service receipt. Youth who were younger than 18 years of age were not eligible for the study, as parental consent would be required for their participation, adding additional complications to an already challenging recruitment and enrollment process.

The evaluation also provided Youth Villages with the opportunity to serve a greater number of youth who were already receiving Post-Custody Services (known as “Extension or Re-establishment of Foster Care” since 2012) from DCS, even though this was not a result of an explicit change in program eligibility criteria. Previously, a relatively small number of this group participated in Transitional Living because DCS would not fund the same youth to receive two sets of services simultaneously. In order to serve youth who were receiving Post-Custody Services, Youth Villages had to use private funding from The Day Foundation. However, Youth Villages believed that those who were receiving Post-Custody Services were also in need of Transitional Living services and that the study could demonstrate this point. For this reason, Youth Villages decided to fund all Post-Custody youth who were otherwise eligible through funds from The Day Foundation.³

A few more modifications to prior assessment procedures were made for the purposes of the study. For one, Youth Villages hired and trained designated assessor staff to conduct eligibility assessments for potential Transitional Living study youth, allowing clinical supervisors and TL Specialists to focus on service delivery. Additionally, the Pre-Admission Assessment was augmented through the formalization of several of its elements. These elements included a housing plan to help youth maintain or find stable housing; documentation of the contents of DCS, juvenile court, and mental health records; and a write-up of protective factors and youth’s interest in services. While these elements had always been part of the assessment process, for study purposes they were given a more official structure, and assessors were held to a higher

³An increase in grant funding from The Day Foundation midway through random assignment aided Youth Villages in its efforts to serve a larger number of youth who were already receiving Post-Custody Services. See Youth Villages (2011).

standard of accountability for completing them. Finally, Youth Villages staff developed a complex tracking system to document each youth's progression through the recruitment and assessment process. This statewide synthesis of information from all service regions allowed staff to identify bottlenecks in the assessment and enrollment process, enabling them to troubleshoot problems and increase efficiencies.

Though study-related changes to recruitment and assessment procedures generated increased workloads, Transitional Living staff at all levels said they believed that these changes benefited the program by helping them to more accurately, efficiently, and thoroughly identify suitable Transitional Living participants. For example, the assessment tracking system helped staff identify which cases to continue assessing and which to drop when youth did not respond to contact attempts, permitting them to make informed decisions when deciding how best to allocate resources. Additionally, the enhanced Pre-Admission Assessment provided a large amount of background information about youth that previously would have been obtained only after a few Transitional Living sessions had occurred. When TL Specialists already possessed this information at the outset, they could complete enrollment paperwork more quickly, as well as shape service delivery to more effectively meet youths' needs at the start of their participation. Details of the assessment process are discussed in greater depth in the next section.

The Assessment “Funnel”

All potentially eligible youth who were identified through any means — whether the DCS master list, outreach and marketing, prior engagement in other Youth Villages services, or self-referral — were entered into the assessment tracking system mentioned above. Figure 4.1 draws on information from this tracking system, as well as interviews with Transitional Living staff, to illustrate the assessment “funnel” process.

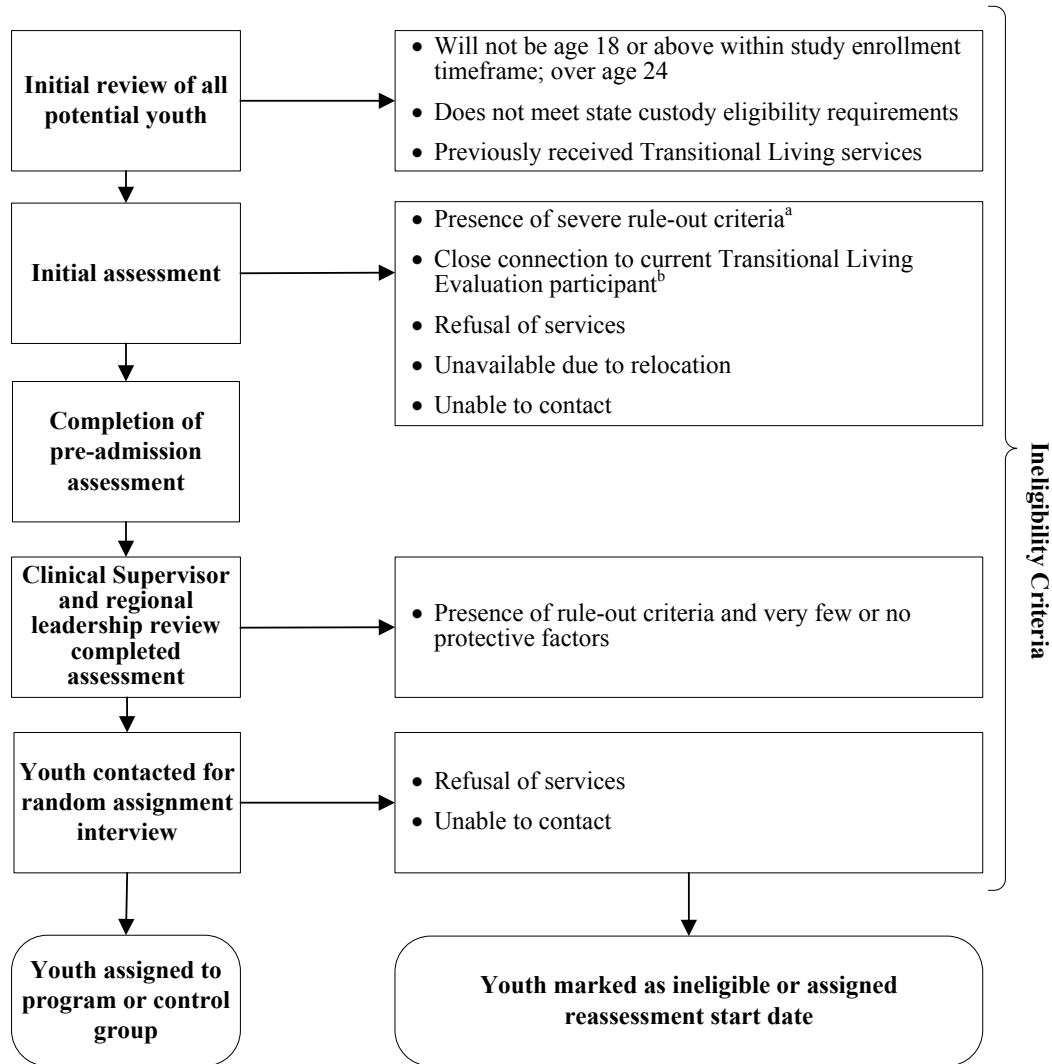
Initial Review and Assessment

The first step in the assessment process was an initial review of potentially eligible youth to ensure they were between 18 and 24 years of age (or would be turning 18 within the study enrollment timeframe), met the basic custody eligibility requirements, and had not previously received Transitional Living services. This initial determination of eligibility was usually made using information from the DCS master list and Youth Villages' records. Following this review, youth who met these more straightforward eligibility criteria were assigned by regional supervisors to assessors in their geographic region. The number of assessor staff varied by region and office in accordance with assessment demands, ranging from one assessor shared among two to three offices in some rural areas and up to three assessors per office in certain urban areas.

The Youth Villages Transitional Living Evaluation

Figure 4.1

Youth Villages Transitional Living Study Assessment Process



NOTES: Youth could drop out of the assessment process for a variety of reasons; the figure reflects the stages where particular reasons occurred most frequently.

^aSevere rule-out criteria include a history of serious violence or criminal involvement, severe substance use issues or mental health conditions, intense emotional problems, and/or developmental delays.

^bYouth with a close connection to a study sample member are excluded from study eligibility because their participation could bias results. Strong ties are required to be considered a close connection, limited to siblings, roommates, or significant others.

Assessors continued the task of determining eligibility with an initial assessment, often by contacting DCS staff to discuss a youth's case, obtain updated contact information, and gain access to detailed DCS records.⁴ Alternatively, some assessors opted to reach out to youth first, either directly or by attending the DCS Child and Family Team meeting, a meeting set to take place 30 days before the youth's eighteenth birthday, during which interested parties discussed plans for the youth's discharge from custody. Regardless of the route taken, at this point assessors began the process of completing the Pre-Admission Assessment to determine whether remaining youth met the more subjective Transitional Living eligibility criteria. Completing the Pre-Admission Assessment required assessors to compile information across a number of different areas, including:

- youth's current custody status, placement status, and level of care
- names and contact information for caseworkers and/or probation officers
- custody history
- current or pending criminal charges, probation status, and history of gang involvement
- mental health diagnoses, health care providers, and prescribed medications
- whether the youth was pregnant and/or had children
- previous receipt of Youth Villages' services
- suicidal, homicidal, or psychotic behavior
- inappropriate sexual behavior
- physical aggression
- history of unstable housing/high mobility
- domestic violence
- alcohol and/or drug use
- school/academic issues
- physical health concerns
- plans for youth at age 18
- employment status

Assessors leveraged multiple sources to gather all of this information, including the youths themselves, biological parents, foster parents, other service providers involved in the

⁴Assessors reported difficulty obtaining correct contact information for youth, which increased the amount of time it took to move forward with assessments. There was variation across regions in terms of the strength of connections between assessors and DCS staff; in some instances, assessors had to expend a great deal of effort to procure correct contact information and other necessary information from DCS staff who were particularly hard to reach.

youth's life, DCS records, juvenile court records, and mental health records.⁵ Not all Pre-Admission Assessments were completed; an assessor who learned of information that made a youth ineligible had to consult with the clinical supervisor (and sometimes regional supervisory staff as well, depending on the circumstances) to discuss closing the case. If supervisors agreed with the assessor and approved the case closure, the assessor would stop gathering information.

If assessors collected the necessary information from DCS staff or through direct contact with youth, they were at this point able to eliminate those with severe rule-out criteria, including sustained criminal involvement, a significant history of violent behavior, serious substance use issues, ongoing mental health conditions, intense emotional problems, or developmental delays. One youth who was deemed ineligible because of severe rule-out criteria, for example, was a young woman who expressed consistent homicidal and suicidal thoughts, yet was unwilling to take medication; another example involves a youth who was dealing drugs and owned multiple guns for protection.

As reflected in Figure 4.1, there were several additional reasons youth could exit the assessment process at this juncture. In fact, all of these circumstances could occur at any point throughout the rest of the assessment process, leading to potential drop-off up until study enrollment. First, some youth were found ineligible because they had a close connection to a youth who was already in the study. Youth with close connections to study sample members were excluded from the study because their participation could bias results. For example, if a potential new participant with a close connection to an individual in the program group was randomly assigned to the control group, this control group youth would likely benefit from regular interaction with the program group youth. Program group members receive a wide range of supports and helpful information that they would likely share with close connections in the control group, diluting potential program impacts. Strong ties are required to be considered a close connection, limited to siblings, roommates, or significant others.

Youth could also exit the assessment process at initial assessment if they refused services. While not commonplace, this did occur, and often for opposite reasons; some youth refused services because they were progressing well on their own and did not feel they needed help, while others demonstrated great need but were simply uninterested and unwilling to engage in services despite their troubling circumstances.

Third, some youth were unavailable either because they had moved out of the state (and therefore outside the service area of the study), had run away from their custody placement (and their whereabouts were unknown), were incarcerated, or were in another residential placement.

⁵Similar to their difficulties gathering information from DCS staff, assessors also reported difficulty gathering information from other outside providers. Assessors reported that it could take up to three weeks to get responses from some partners, severely hampering their ability to complete assessments in a timely manner.

Finally, some youth simply could not be reached despite assessors' best efforts. It was common for assessors to have tremendous difficulty getting in touch with youth initially because of faulty contact information.⁶ After trying all phone numbers and known connections, assessors employed various strategies to contact youth, from LexisNexis and Spokeo searches to Facebook messaging to driving by the youth's last known address.⁷ In other situations, young people whom assessors had previously managed to reach stopped responding before a full assessment could be completed. Assessors called and sent text messages to nonresponsive youth regularly and drove by their homes to attempt to speak with them. Both cases where contact could not be made and cases where contact was lost were discussed at regular meetings of assessors, supervisors, and regional managers; a determination was then made at these meetings as to whether the assessor should continue to pursue the case or instead focus on other, more viable cases.

After the Initial Assessment

For youth who were still in the funnel following initial assessment, assessors continued working toward completion of the full Pre-Admission Assessment document. If an assessor had not already met a youth in person as part of the initial assessment, a face-to-face meeting took place during full assessment. The goal of the in-person meeting and completion of the full Pre-Admission Assessment was to develop a comprehensive picture of the youth's history and circumstances, as well as to determine his or her level of motivation to participate in Transitional Living services. This depth of information allowed for a measured consideration of a youth's balance of protective factors versus rule-out criteria, with motivation level also taken into account; while Transitional Living staff were prepared to deal with engagement and motivational challenges, youth who seemed wholly unwilling to engage in services or who showed little interest in goal attainment were not likely to benefit from the Transitional Living program.

The final piece of the Pre-Admission Assessment was completion of a housing plan. For youth who had stable housing at the time of the assessment, assessors helped to develop budgets and back-up planning in case housing was lost. For youth who did not have housing lined up for when they turned 18 and for youth in unstable housing situations, assessors developed a plan for potential housing, as well as a budget based on the youth's needs. The housing plan doubled as an assessment tool and a service.

⁶Assessors across all regions reported that contact information was accurate only about 40 to 70 percent of the time, leading them to spend two to three hours, two to three days a week, attempting to locate youth, depending on the quality of the contact information and the availability of DCS staff to assist them.

⁷LexisNexis provides computer-assisted legal research services through its electronic database of legal and public records-related information. Spokeo is a social network aggregator Web site that aggregates data from many online and offline sources, including demographic and other data.

At the end of the completed Pre-Admission Assessment document, assessors made a written recommendation as to whether they believed a youth was appropriate for services based on the entirety of information they had collected. Completed Pre-Admission Assessments were sent to supervisors for final decisions; the clinical consultant may have been asked to review certain cases if eligibility was highly questionable. Cases reaching this very final stage of assessment often required a subjective weighing of risk factors versus protective factors. For example, one youth with bipolar disorder, a criminal record, a history of gang involvement, and a very high-conflict relationship with his mother was found eligible despite these risk factors because he was highly motivated, had a supportive extended family, and was willing to receive mental health treatment and take medication regularly. On the other side of the spectrum, a youth who was consistently using drugs, had been found with materials to make methamphetamine, and had no mitigating protective factors was deemed unsuitable for Transitional Living services. Following final determinations by supervisors, study-eligible cases were ready for random assignment. Depending on the circumstances, youth who were deemed ineligible for the study may have been placed back into the pool for reassessment at a later date.

On average, 25 of every 100 potential study youth who were identified by Youth Villages were interested in participating, deemed eligible, and ultimately enrolled into the study. The most common reasons for potentially eligible youth not reaching enrollment were that they did not meet custody requirements, presented with one or more severe rule-out criteria, or could not be contacted.

The implementation of new study-related assessment procedures, including an expanded recruitment effort, a formalized and more detailed assessment protocol, and oversight of a large, statewide assessment tracking system, placed a significant burden on the time, energy, and resources of Youth Villages staff. Staff members expended a great deal of effort in order to maintain these new procedures and keep study recruitment, assessment, and enrollment moving forward. That just one-fourth of potentially eligible youth ultimately became part of the sample underscores the intensive efforts required by staff to meet the study sample size goal of 1,300 youth. Ultimately, however, the Youth Villages staff effectively managed the process of recruitment and assessment and exceeded the target sample size. Beyond this, staff believed that adjustments to the eligibility criteria and recruitment and assessment procedures strengthened overall operations and service delivery. For this reason, Youth Villages continued to use these amended criteria and procedures even after the study assessment period had ended.

A Note on Sample Generalizability

As discussed above, youth eligibility for the study was determined on a case-by-case basis, often through subjective assessment of a youth's history and characteristics. Unfortunately, no data are available to broadly characterize youth who dropped out of the "funnel" because

they refused services or could not be contacted. These circumstances make it difficult to speak definitively as to exactly what subset of the target population was ultimately served by the Transitional Living program. However, based on the rule-out criteria, the fact that youth were not required to exhibit any level of need to be eligible, the requirement that youth show motivation to engage in services, and the possibility that youth who could not be reached may be more transient and unstable than those who could, it may be conjectured that the Transitional Living program served a somewhat higher-functioning group, with stronger social connections, than is representative of the general population of foster care or juvenile justice youth.

Random Assignment and Enrollment

Once a youth's eligibility was confirmed, the assessor's role was complete and responsibility for conducting random assignment and enrollment fell to the TL Specialists.⁸ This arrangement made it possible to place program group youth on the Transitional Living caseload of the same TL Specialist who randomly assigned them. This streamlined approach allowed TL Specialists to quickly engage youth in services, helping to avoid potential drop-off between random assignment and enrollment in Transitional Living services.

Eligible youth met with a TL Specialist on or shortly after their eighteenth birthday to begin the random assignment process. During the random assignment meeting, the youth completed a consent form, contact sheet, and Background Information Form for the purposes of the study. The Transitional Living staff contacted MDRC to carry out random assignment over the phone, or, less frequently, used MDRC's online system. Results were available immediately.

A total of 1,322 youth were enrolled into the study between October 2010 and October 2012, with 788 assigned to a program group, which received Transitional Living services, and 534 into a control group, which did not receive those services. As noted above, individuals who were assigned to the program group were engaged in services very quickly and began to work with their assigned TL Specialist immediately or were scheduled for an enrollment session within a few days. The focus of the enrollment session was to complete some initial paperwork and to open the initial treatment plan (covered in greater depth in the next chapter). Youth who were assigned to the control group were provided with a list of local social service resources. Transitional Living staff could customize or highlight specific resources based on information from the Pre-Admission Assessment. Additionally, control group youth were given their completed housing plan to assist them in their efforts to maintain or procure stable housing.

⁸There was one exception to this approach: in Nashville, assessors conducted random assignment because management wanted the TL Specialists to focus solely on providing services without taking on any additional responsibilities.

Characteristics of Study Participants

This section provides an overview of the background characteristics and state custody histories of study participants. While most of the available information about study youth before random assignment is quantitative in nature, Box 4.1 offers short vignettes about the lives of three participants before study enrollment based on qualitative data. These data were collected via interviews with program group members; however, because the captured information is about program group members' lives before they enrolled in Transitional Living, these vignettes are likely to be illustrative of control group members' experiences as well. A few individual youths' stories, though not necessarily representative of the entire sample, may provide a more holistic sense of the backgrounds of study participants before aggregate statistics are described.

Background Characteristics

Table 4.1 presents selected background characteristics of the study sample. These characteristics are based on data from the Background Information Form, which all study participants completed at the time of random assignment (described above). As expected in a random assignment design, there are very few significant differences in background characteristics between the two research groups. Where differences do exist, they are minor and likely occurred by chance.

In line with the study eligibility requirements, all sample members were at least 18 years of age at the time of random assignment, with over 70 percent at 18 years old exactly, nearly 20 percent at age 19, and the remainder falling into the 20- to 24-years-of-age category. There were more males than females in the sample (52 percent versus 48 percent), which is also true of the overall population of youth in custody in Tennessee.⁹ In fact, nearly 63 percent of youth in custody in Tennessee between the ages of 13 and 18 (the most comparable age group for whom demographic information is available) are male, largely as a result of the gender imbalance in juvenile justice placements.¹⁰ A majority of the sample is white/non-Hispanic (51 percent), while a significant minority is black/non-Hispanic (37 percent), and the remainder is evenly divided between the Hispanic and other/non-Hispanic categories (6 percent each). This racial/ethnic distribution differs slightly from the overall 13- to 18-year-old youth custody population in Tennessee, which has a higher proportion of white/non-Hispanic

⁹Tennessee Department of Children's Services (2011).

¹⁰The study eligibility restriction excluding youth with more serious histories of violence, many of whom were likely in juvenile justice placements and therefore more likely to be male, may explain why the study sample is not as skewed toward males as the overall custody population in Tennessee.

Box 4.1

Life Before Youth Villages Transitional Living: A Sample of Program Participants' Histories

Nina: Immigrating from West Africa to Tennessee

Nina and her brother immigrated to Tennessee from a country in West Africa at a young age, leaving much of their immediate biological family behind. They were placed into foster care because they were abandoned. Nina was moved to a second foster home placement a few years later, where she was abused by her foster mother's boyfriend. Around this time, Nina developed a relationship with her high school teacher, Ms. Betty. Ms. Betty was able to get Nina removed from her foster home after learning of the abuse, and subsequently adopted her. Their bond strengthened and Ms. Betty became one of Nina's main supports. Nina lived with Ms. Betty until shortly after graduating from high school. Although she was relatively high-functioning, Nina had the requisite custody history and no rule-out criteria, so she was eligible for Transitional Living because she could still benefit from the program's services.

Amanda: A History of Violent Behavior

Amanda had a history of physical aggression against her mother. She was sexually assaulted by her uncle at a young age and felt that her mother did not protect her. Her mother was unaware of the sexual assault at the time but, nonetheless, this seemed to be the reason for Amanda's strained relationship with her mother. Amanda was charged with multiple misdemeanors, including theft (which resulted in probation), probation violations, and a runaway charge. As a preteen, she was also charged with an aggravated assault when she pulled a knife on her mother. She was subsequently admitted to a Youth Villages residential treatment facility for approximately one month. About five years later, Amanda was remanded into Tennessee state custody because of continued behavioral problems.

Robert: Multiple Placements and Sex-Related Criminal Behavior

Robert moved around between a foster home with his great aunt in rural Tennessee and the homes of various relatives and family friends, all of whom had limited ability to financially support him. Robert was remanded into state custody at age 17 for a sex-related delinquency charge. He remained in custody for nearly two years. During this time, he was formally charged with a sex-related felony and put on probation for approximately one year, at which point he exited custody. Robert spent time in multiple placements during his time in state custody, including a group home, an outpatient mental health facility, and a foster home.

NOTE: Pseudonyms are used to protect the privacy of Youth Villages' staff and clients.

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Table 4.1

Characteristics of Sample Members at Baseline

Characteristic	Program Group	Control Group	Full Sample	Sig.
Age categories (%)				
18 years old	71.8	70.8	71.4	
19 years old	18.4	20.8	19.4	
20-24 years old	9.8	8.4	9.2	
Gender (%)				
Male	52.4	51.5	52.0	
Female	47.6	48.5	48.0	
Race/ethnicity (%)				
Hispanic ^a	5.0	7.1	5.8	
White/non-Hispanic	51.6	50.4	51.1	
Black/non-Hispanic	38.0	35.7	37.1	
Other/non-Hispanic	5.5	6.8	6.0	
Where participant lived (%)				
Own apartment/house	5.5	5.6	5.5	
Home of biological parent(s)	27.7	30.1	28.7	
Home of other relative(s)	19.8	18.7	19.4	
Home of friend(s)	11.0	10.7	10.9	
Foster home	22.6	18.4	20.9	
Homeless/living on the street	0.9	3.0	1.7	
Supervised independent living arrangement	1.6	2.1	1.8	
Group home, halfway house, or residential treatment center	4.7	3.9	4.4	
Other	6.2	7.5	6.7	
Ever employed (%)	52.5	56.4	54.1	
Employed at baseline (%)	18.8	19.9	19.2	
Educational attainment and school enrollment (%)				
No high school diploma or GED certificate, not enrolled in school	16.5	18.5	17.3	
No high school diploma or GED certificate, enrolled in school	38.8	41.7	40.0	
High school diploma or GED certificate, not enrolled in postsecondary school	29.8	27.9	29.1	
High school diploma or GED certificate, enrolled in postsecondary school	14.9	11.9	13.7	
Ever repeated a grade or been held back a grade (%)	43.3	43.3	43.3	

(continued)

Table 4.1 (continued)

Characteristic	Program Group	Control Group	Full Sample	Sig.
Ever been suspended from school (%)	79.9	81.5	80.5	
Ever been in special education (%)	26.3	24.6	25.6	
Contact with biological mother (%)				*
Every day	41.9	44.9	43.1	
At least once a week but not every day	15.9	17.2	16.4	
At least once a month but not every week	7.0	8.8	7.7	
Less than once a month	9.5	6.0	8.1	
Never	25.8	23.0	24.7	
Contact with biological father (%)				
Every day	14.8	18.7	16.4	
At least once a week but not every day	13.4	12.7	13.1	
At least once a month but not every week	8.0	7.3	7.7	
Less than once a month	11.5	8.6	10.3	
Never	52.4	52.6	52.5	
Had contact with any other relatives at least once per month (%)	90.2	85.8	88.4	**
Pregnant at baseline (%)	3.9	4.3	4.1	
Had any children (%)	17.2	16.4	16.9	
Ever arrested (%)	64.1	65.0	64.4	
Received psychological or emotional counseling in past year (%)	55.3	56.3	55.7	
Attended substance abuse treatment program in past year (%)	31.0	31.3	31.1	
Sample size	788	534	1,322	

SOURCE: Youth Villages Transitional Living Baseline Data Sheet.

NOTES: In order to assess differences in characteristics across research groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables. Statistical significance levels (Sig.) are indicated as follows: *** = 1 percent; ** = 5 percent; * = 10 percent.

^aSample members are coded as Hispanic if they answered "yes" to Hispanic ethnicity.

youth (56 percent), offset by lower proportions of Hispanic youth (2 percent) and other/non-Hispanic youth (3 percent).¹¹

Turning to participants' living situations at baseline, nearly 30 percent of participants reported living in the home of their biological parents. This figure is higher than that found

¹¹Tennessee Department of Children's Services (2011).

among young people in studies of comparable populations, including the Midwest Evaluation of the Adult Functioning of Former Foster Youth, one of the largest and most frequently cited studies in this research area.¹² It is likely that this difference is largely a result of the inclusion of juvenile justice youth in the Transitional Living Evaluation, many of whom were removed from their homes because of delinquency and behavioral problems rather than parental abuse or neglect, making them more likely to return to their biological parents after their time in state custody concluded. Twenty-one percent of study youth were still living in a foster home at baseline, while 19 percent lived with other (non-parent) relatives, and 11 percent lived in the homes of friends. Slightly fewer than 2 percent were homeless. The remainder lived in their own residence, a group home, a halfway house, a residential treatment center, a supervised independent living arrangement, or another place of residence.¹³

As anticipated based on existing research pertaining to youth who have spent time in state custody, sample members struggled in terms of employment. Fifty-four percent of the sample indicated having been employed at some point in their lives, but only 19 percent held jobs at baseline. This figure is about half that of the general population of 18- and 19-year-olds in the United States, 37 percent of whom are employed.¹⁴

In terms of educational attainment and engagement, 17 percent of sample members had not received their high school diploma or General Educational Development (GED) certificate and were not enrolled in school at baseline, while an additional 40 percent had not yet completed high school or received their GED certificate but were still attending school. Twenty-nine percent had earned their high school diploma or GED certificate but were not pursuing postsecondary education at baseline, whereas the remaining 14 percent had received a high school diploma or GED certificate and were enrolled in postsecondary schooling.¹⁵ Among the general population of young people in the United States ages 18 to 24, 43 percent were enrolled in postsecondary education in 2009-2010.¹⁶ The vast majority of study youth were only 18 years of age at baseline and so may finish high school or obtain their GED certificate and enter postsecondary education as they complete their teenage years and move into their twenties; however, the data indicate that they were not well positioned at baseline to reach the postsecondary en-

¹²Courtney and Dworsky (2005).

¹³Some examples of “other” places of residence include the homes of significant others and their families, the homes of adoptive parents, and college dormitories.

¹⁴See U.S. Department of Labor, Bureau of Labor Statistics (2012).

¹⁵A very small number of youth held a technical certificate or associate’s degree at the time of random assignment.

¹⁶See “Enrollment” under “Postsecondary and Beyond” on the National Center for Education Statistics *Fast Facts* Web page: <http://nces.ed.gov/fastfacts>.

rollment numbers of their peers who did not have state custody histories.¹⁷ Given the abundance of research underscoring the importance of a college degree to ensure employment and a financially stable future in the present economy, this deficit is of great concern. Moreover, 43 percent of study youth had repeated a grade or been held back, 81 percent had experienced a suspension, and over one-fourth had been in special education at some point. These figures illustrate the difficulties and setbacks experienced by many members of the study sample in their educational pursuits and are typical of youth with foster care and juvenile justice backgrounds.¹⁸

Contact with biological parents among sample members was fairly polarized for both maternal and paternal contact, though regular contact was much more common with mothers. Sixty percent of the sample reported contact with their biological mother once a week or more, but 25 percent had no contact at all with their mothers; relatively few fell in the intermediate range between these two extremes. Meanwhile, 30 percent reported contact with their biological father once a week or more, but 53 percent reported no contact. Again, relatively few fell in the middle range. Nearly 90 percent had contact with other relatives at least once per month.

Approximately 9 percent of females in the sample were pregnant at baseline (not shown in table) and 17 percent of the full sample already had children. Sixty-four percent had ever been arrested; this is more than double the rate found among the general population of those 23 and younger, 30 percent of whom have ever been arrested.¹⁹ Fifty-six percent of study participants had received psychological or emotional counseling at some point in the 12 months before random assignment and 31 percent had attended treatment programs for drug or alcohol use during that same time period.

State Custody Histories

Table 4.2 provides self-reported information on the state custody history of sample members. As in Table 4.1, these data are from the Background Information Form and were collected from study participants at the time of random assignment.

Sixty-one percent of the sample reported having been in custody because they had been neglected, abused, or adjudicated as unruly (which indicates placement in foster care), while 52 percent reported having been in custody for delinquency (which indicates a juvenile justice placement). That these figures sum to over 100 percent highlights the fact that a portion of the sample has experienced custody for both foster care and juvenile justice reasons; as noted in the

¹⁷See “Enrollment” under “Postsecondary and Beyond” on the National Center for Education Statistics *Fast Facts* Web page: <http://nces.ed.gov/fastfacts>.

¹⁸See, for example, Courtney et al. (2004); Sedlak and McPherson (2010); Nellis and Wayman (2009).

¹⁹See Goode (2011).

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Table 4.2

State Custody History of Sample Members at Baseline

Characteristic	Program Group	Control Group	Full Sample Sig.
Ever in state custody because of ^a (%)			
Neglect, abuse, or unruly adjudication (foster care)	61.4	61.1	61.3
Delinquency (juvenile justice)	52.1	51.6	51.9
Age in years at first custody entry (%)			**
0-5	7.4	5.1	6.5
6-10	6.8	5.7	6.3
11-14	25.5	19.8	23.2
15-16	30.7	34.5	32.3
17-18	29.6	34.9	31.7
Number of different custody placements (%)			
1 placement	33.1	37.3	34.8
2-5 placements	50.9	48.2	49.8
6-10 placements	10.1	9.4	9.8
More than 10 placements	5.9	5.2	5.6
Age in years at final custody exit (%)			
16 or under	4.4	5.4	4.8
17	27.0	28.4	27.6
18 or over	38.5	40.7	39.4
Still in custody at baseline	30.2	25.5	28.3
Sample size	788	534	1,322

SOURCE: Youth Villages Transitional Living Baseline Data Sheet.

NOTES: In order to assess differences in characteristics across research groups, chi-square tests were used for categorical variables and two-tailed t-tests were used for continuous variables.

Statistical significance levels (Sig.) are indicated as follows: *** = 1 percent;

** = 5 percent; * = 10 percent.

^aAn unruly adjudication occurs because children are determined to have behavioral problems serious enough that their health and safety are at risk or because they have committed an offense, such as truancy, that is applicable only to minors.

introductory chapter to this report, overlap between the foster care and juvenile justice populations is not uncommon, given that many of the same risk factors, including unstable or abusive family environments and poverty, are correlated with entry into both systems.

Turning to age at first custody entry, 7 percent of the sample were five years of age or younger at the time of their first placement. Another 6 percent were between 6 and 10 years of

age at first custody entry, while 23 percent were between 11 and 14, 32 percent were 15 or 16, and 32 percent were 17 or older.

Youth in state custody are often moved among placements, meaning they spend time in several different foster homes, group homes, or other facilities. Thirty-five percent of the sample reported just one placement, while half reported experiencing between two and five placements, 10 percent reported between six and ten placements, and 6 percent had been moved among placements more than ten times. Research has found the instability of multiple placements to be associated with various negative outcomes, including increased occurrence of mental health, emotional, and behavioral problems. Additionally, poor academic performance and school dropout are especially likely among youth with multiple placements as a result of school changes that occur when youth are relocated.²⁰

At the time of custody exit, just 5 percent of the sample were 16 years of age or younger. Twenty-eight percent were 17, 39 percent were 18 or older, and the remaining 28 percent of sample youth were still in custody at baseline.²¹

Conclusion

Despite the many challenges posed by an expanded recruitment and assessment effort, Youth Villages staff successfully recruited, assessed, and ultimately enrolled 1,322 youth into the Transitional Living Evaluation over a two-year period, exceeding the target sample size of 1,300. This number of study participants establishes the Transitional Living Evaluation as one of the largest random assignment studies of youth who have spent time in foster care or juvenile justice custody. Further, many Youth Villages staff believed that the changes to the recruitment, assessment, and enrollment procedures that were implemented for the study actually improved program operations and service delivery. For this reason, Youth Villages kept the changes in place even after the study enrollment period ended.

Background characteristics of the study sample indicate that study participants are struggling with a wide range of problems that place them at a great disadvantage relative to their peers in the general population as they make the transition out of state care and into independent

²⁰See Pecora et al. (2006); Rubin et al. (2004); Ryan and Testa (2005).

²¹There are a few different potential explanations for the proportion of sample youth still in custody at baseline: (1) juvenile offenders may remain in custody until age 19 depending on their sentence; (2) youth who were randomly assigned toward the end of study enrollment may have been affected by the changes in legislation (the Fostering Connections to Success and Increasing Adoptions Act) discussed in Chapter 1, which gave states the option to keep youth in foster care placements through age 21; and (3) even before the new legislation was passed, some youth in foster care in Tennessee remained in custody slightly past age 18, though the reasons for this are unclear.

living. These problems include low levels of employment, difficulties in the school environment, relatively low academic engagement, weak social support, a high incidence of young parenthood, mental health and substance use problems, and involvement with the criminal justice system.

Chapter 5

Implementation of the Youth Villages Transitional Living Program

The Youth Villages Transitional Living (TL) program provides intensive and individualized, clinically focused, and community-based case management, support, and counseling for young adults age 17 to 22 years who were formerly in foster care or juvenile justice custody. The goal of these services is to assist in participants' successful transition to adulthood. Based on interviews with Transitional Living staff and program participants, as well as staff survey responses and observations by the research team, this chapter describes how Youth Villages implemented the program during the Transitional Living Evaluation study period.

Overview of Service Delivery

Youth met with their TL Specialist very soon after random assignment, sometimes immediately afterward, and weekly thereafter. TL Specialists reported that often they spent the bulk of their first few weeks with a new client completing required enrollment paperwork, including various assessments and needs identification exercises that fed into the youth-driven goal planning process, as described earlier. The TL Specialist documented the goals and developed plans for addressing the goals in a treatment plan, which was updated monthly.

For the weekly sessions, TL Specialists met youth at their homes or in the community, often at school or at a fast food restaurant or coffee shop chain. TL Specialists described using food and a neutral setting to create a relaxing atmosphere that promoted rapport and engagement. Unless access to a computer or other space was needed, meetings were rarely held within Youth Villages' offices. Sessions typically lasted about one hour, though they sometimes went longer depending on what the youth and TL Specialist were working on.

The youth's efforts extended beyond the weekly sessions, however. TL Specialists often gave youth assignments to complete before their next meeting. A participant might be asked, for example, to submit a certain number of job applications, get paperwork together as required to break a lease without penalty, make a doctor's appointment for an annual physical exam, or complete a career assessment. Participants and TL Specialists also communicated frequently with each other throughout the week, often in the form of quick text messages to check on well-being or progress on assignments. In addition, youth were encouraged to participate in monthly "Peer 2 Peer" meetings with other participants from the Transitional Living program in their area. These guided small-group activities took place in a Youth Villages office, and the content took a variety of forms. In one meeting observed by the research team, the youth en-

gaged in activities to get to know their peers, and the Transitional Living staff celebrated the participants' graduation from high school by awarding them with frames for their high school diplomas. Other meetings focused on topics such as employment or college readiness; one youth reported learning CPR at one meeting and doing role-playing exercises to become more comfortable talking with and setting expectations with new college roommates at another meeting.

The format of each weekly session depended on what the TL Specialist planned to cover that day, the learning style and immediate needs of the youth, and the local context. Box 5.1 provides an example of a Transitional Living session. TL Specialists regularly chauffeured youth who did not have much support or who lived in areas without reliable transportation to appointments; sometimes the TL Specialist was the only source of reliable transportation in the youth's life. TL Specialists used the time in transit to work toward the youth's goals. Furthermore, youth could not always adhere to specific plans because they often experienced significant events that could derail their treatment progress. For example, a youth could get arrested, have an altercation with a family member, be hospitalized, lose a job, or have a substance use relapse. All of these events, and others, were considered critical events and required immediate attention. A youth who had a critical event was often deemed a "red flag" case, which required more intense monitoring and treatment, usually only temporarily until the youth's issue was resolved.

Key indicators for discharge were that the youth had stable housing and met school and employment goals. Youth were expected to participate in the program for about nine months, although some youth achieved goals sooner. As participants neared this mark, the TL Specialist, with input from the clinical supervisor and clinical consultant, determined whether discharge was appropriate.

The following sections describe what the TL Specialist works on with youth and how.

Transitional Living Sessions: The "What"

This section describes the Transitional Living sessions in more detail, beginning with enrolling a new client into the program and moving on to the goal planning and treatment planning process. It goes on to explain what youth and the TL Specialist work on by describing several common goal areas. TL Specialists who described to the evaluation team how they spent their time reported working well above the traditional 40-hour work week that is typically considered full-time employment;¹ staff had to balance working with youth and handling other administra-

¹The staff time study, also described in Chapter 1, was administered to 21 TL Specialists in 2012. The staff were asked how they spent their time over the course of one week.

Box 5.1

A Sample Transitional Living Session

To begin the session, David, the TL Specialist, talked informally with his client, Sam, to assess his mood and progress over the last week with regard to the goals they had been working on — employment, finances, and eating habits.

By probing Sam about his absences from work in the past week, David determined that Sam did not have transportation. David then led a discussion about alternative methods of transportation and, as a “quick fix,” provided Sam with a bus pass. Through conversation, David assessed Sam’s skills related to using public transportation and identified a need for skill development in this area. David committed to accompanying Sam along his bus route the following week to address this need.

The session then turned to a discussion of the client’s mental health. David asked Sam to fill out a clinical assessment worksheet from the Youth Villages Treatment Manual in order to identify Sam’s mood shifts over the course of the previous week as well as his current mood status. In conversation, Sam indicated that the stress that he experienced throughout the week was partly attributable to a lack of money to buy food. Turning to this issue of daily living, David provided Sam with the phone number of a local food pantry. Sam called the food pantry and put the call on speaker phone so that David could hear the conversation.

At the end of the session, David confirmed that Sam had a mental health appointment scheduled for the subsequent week. In the interim, David assigned Sam to schedule a physical examination with a health care provider so that he could join a local sports team. David also assigned Sam to contact adults who could help him with finances and transportation, after discussing who would be appropriate for such assistance.

NOTE: Pseudonyms are used to protect the privacy of Youth Villages’ staff and clients.

tive responsibilities. Staff reported spending about 12.5 hours during the week surveyed, on average, with clients or working on behalf of clients; this time included meetings with youth alone or including others, coordinating with outside providers on behalf of youth, or transporting youth to various appointments or other places.² The remaining time was spent primarily fulfilling paperwork requirements, including entering information into the Youth Villages management information system (MIS).

²A wide range of client-focused time was reported for the week, ranging from a low of 9 percent of a TL Specialist’s time to a high of 52 percent.

Enrollment

Enrolling a new client involved a good deal of administrative effort. Each TL Specialist organized the first few sessions somewhat differently but had to accomplish the same tasks. Generally, in the first session (the enrollment session) with a new client, the TL Specialist explained the program in detail, described the role of the TL Specialist, described the services available, and discussed what was expected of the client. Furthermore, the TL Specialist reviewed the Transitional Living Handbook with the client, provided the client with a copy, and required the client to sign a form acknowledging receipt of the handbook, which provides information about expectations of the client and the program. Clients were also given a copy of their rights and responsibilities, the Health Insurance Portability and Accountability Act (HIPAA) confidentiality document, and contact information for the TL Specialist in case of an emergency. The TL Specialist also often reviewed safety in the home and community, including assessing whether there were working smoke detectors in the home and education regarding fire safety precautions. In addition, the client signed other forms, including a consent-for-treatment form that explains safety in the home and asks the youth to confirm adherence to safety standards (for example, the installation of a smoke detector), release for audiotaping and publicity, medication safety agreement specifying that the youth keeps medications secure and takes only the prescribed amount, consent for emergency medical or surgical care, and releases for information for any number of adults in the youth's life, including other case managers, teachers, doctors, or housing supports. Youth also might have completed the Ansell-Casey Life Skills Assessment during this session. Box 5.2 provides more information about this assessment and other evidence-informed practices. Some TL Specialists had their clients complete the Ansell-Casey assessment on their own before their next session.

At this time, TL Specialists also worked on building and sustaining engagement with the client. They began to ensure that youth were aligned with the program, meaning that the youth believed in the program and would work independently outside of sessions. One way to build engagement and alignment was to help youth accomplish something almost immediately. TL Specialists described having to prove their credibility very early in treatment: “We have to prove to [youth] that we’re going to help them find housing,” said one TL Specialist in Nashville, for example. That goal was described as challenging, however, to balance with program requirements. Youths could disengage or discharge if they felt the sessions were spent on something useless.³

³Youths could ask to be discharged or just leave the program.

Box 5.2

Evidence-Informed Practices Approved by Youth Villages and Used in the Transitional Living Program

Cognitive Behavioral Therapy (CBT): CBT focuses on examining the relationships among thoughts, feelings, and behaviors. The treatment is problem-focused and goal-directed, and often requires homework or practice (or both) outside of the weekly Transitional Living sessions. One type of CBT is psychoeducation, which is the process of teaching about the nature of mental illness, including its causes, progression, consequences, and treatment.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT is a conjoint child and parent psychotherapy approach for children and adolescents who are experiencing significant emotional and behavioral difficulties related to traumatic life events. It is a treatment model that uses various approaches, each of which is sensitive to the client's experience of trauma, and combines them with cognitive behavioral, family, and humanistic principles and techniques.

Motivational Interviewing (MI): MI is a goal-directed and client-centered counseling style that is often used to help the youth become motivated to change his behavior.

Adolescent Community Reinforcement Approach (A-CRA): A-CRA is a behavioral treatment for alcohol and other substance use. Therapists assist adolescents with learning how to lead an enjoyable and healthy life without using alcohol or drugs while also working with families to reinforce a reduced use of alcohol and drugs or substance-free lifestyle.

Preparing Adolescents for Young Adulthood (PAYA): PAYA is a module-based curriculum developed by the Massachusetts Department of Social Services. Module topics include money, home, and food management; personal care, health, social skills, and safety; and education, job-seeking skills, and job maintenance.

Skill-Building: Skill-building materials include a compilation of resources from a variety of sources, including PracticeWise, which compiles clinical protocols based on evidence-based practices. Topics covered in Skill-Building include safety skills, anger management, communication skills, various social skills, job-seeking skills, assertiveness training, personal hygiene, and others.

Ansell-Casey Life Skills Assessment (ACLSA): This assessment is used to gauge a youth's independent living skills needed for daily living activities, self-care, relationships and communication, housing and money management, work and study life, career and education planning, and future goals.

Goal Planning and Treatment Planning

Though Transitional Living services are not entirely linear, goal planning typically follows enrollment, and that was the case during the study period. The TL Specialists tried to begin goal planning with their clients early on in their relationship, though they noted that the enrollment paperwork demands often left little time to talk about or work on the youth's goals immediately. Youth interviewed by the research team also mentioned their frustration with the amount of paperwork that they were required to complete. Sometimes TL Specialists worked in conversations about goals and existing supports in the first meeting, but in other cases the discussion did not occur until later. Nevertheless, and definitely within the first month of working together, TL Specialists helped youth identify goals they wished to achieve and established a timeline for achieving them. The goal planning process was largely client-driven; youth were typically able to articulate what they wanted to work on. When youth were not able to articulate goals, the TL Specialist made suggestions based on information from discussions, the Ansell-Casey Life Skills Assessment, or other assessments such as a strengths and needs assessment to determine a youth's strengths and areas for improvement.

Goals were also sometimes hard to disentangle because they were interrelated. If a youth wanted a car, one TL Specialist explained, she must have a job first to pay for the car. Furthermore, some participants identified a certain goal but, through their conversations, the TL Specialist could determine that the goal was misstated. For example, one youth expressed interest in getting a driver's license, but it became clear to the TL Specialist that this youth actually had no intention of driving and really just wanted state identification. The latter is a much easier goal to achieve because it does not require testing or access to a vehicle.

By using strategic approaches to goal planning, the process could serve the dual purpose of facilitating engagement with the program and promoting independence. Engagement was facilitated by letting youth drive the process, which gave them a stake in the treatment. Engagement was also facilitated by giving priority to goals that were achieved easily and early in treatment ("quick wins"), demonstrating to participants that the TL Specialist really was there to help them and that they could benefit from treatment. One frequently cited example of a quick win was getting a driver's license or creating a résumé. Independence was promoted by encouraging youth to think logically about the sequence of steps that they would have to take to get there. For example, to get a driver's license, the client first needed to obtain a study guide, secure legal documents such as a birth certificate, have money to pay fees, and have access to a vehicle for the driving test.

For the initial treatment plan, the TL Specialist developed a strategy for addressing goals based on the interventions provided in the Youth Villages Treatment Manual. The initial month of program enrollment also resulted in the development of a psychosocial assessment,

which was described in Chapter 3. Throughout treatment, TL Specialists had flexibility to adjust the treatment plan to address any emerging issues. They also had latitude to change their session plans to appeal to the interests and personality of youth or if they believed the youth needed something else more immediately.

Common Goal Areas

TL Specialists and youth worked on any number of goals and sometimes multiple goals in a session. The Transitional Living program primarily addressed issues to promote self-sufficiency related to housing, employment, education or job training, and physical and mental health. The goals identified within these categories were varied and often required participants to deal with other underlying needs. For example, some medications given to treat mental health conditions cause drowsiness. Therefore, in order to be job-ready, a youth would need to adjust his medication regimen to allow for getting up and to work on time. While addressing the needs and goals, TL Specialists promoted independent thinking and self-sufficiency, often by helping youth to establish connections with family or community supports, such as with an uncle to provide transportation or an organization that offered free meals. Working toward goals often meant providing referrals. TL Specialists who were surveyed reportedly made frequent referrals for General Educational Development (GED), high school, or postsecondary opportunities, as well as employment, housing, and behavioral health.

A survey of TL Specialists found that the most frequently discussed topics at weekly sessions were related to employment, housing, and receipt of a high school diploma or GED certificate. Postsecondary education and financial issues were also addressed. However, the results of the staff time study suggest that youths' lives change frequently, so what is addressed during any given week is much more varied. For example, staff in the middle region reported spending a significant amount of time addressing transportation issues during the week they were surveyed, but when just looking at sessions in which youth were involved, employment and housing were more prevalent. Though these areas may seem straightforward, TL Specialists also uncovered and dealt with underlying behaviors that posed challenges to goal attainment, such as substance use or mental health issues. Box 5.3 illustrates how one client and her TL Specialist were able to work through a variety of goals.

Employment

TL Specialists addressed a range of employment-related issues with their clients, from introducing them to the working world to techniques needed to keep their jobs. Some youth had no work experience and needed basic work-readiness skills, such as how to dress appropriately, how to fill out an application or develop a résumé, or understanding proper workplace etiquette.

Box 5.3

Services Received in Transitional Living: A Success Story

“When I got kicked out of my mom’s house, I didn’t have anything. I didn’t know how I’d get to school because I didn’t have a car. I didn’t know how I’d get a job, because I had no experience. I didn’t know how to do these things because there was no one to help me.” These were Tanya’s thoughts at 18 years old, after her mother decided that she could no longer live with her. Tanya spent a short time in foster care, during which a case worker from Tennessee’s Department of Children’s Services encouraged her to apply for the Youth Villages Transitional Living program. Once she was deemed eligible for the Transitional Living Evaluation, she was randomly assigned to receive program services and had her first session six days later with her TL Specialist, Roxanne. Over the course of the first nine months, they had 40 Transitional Living sessions, averaging approximately two hours in length. Outside of the weekly sessions, Tanya communicated with Roxanne via text message, explaining, “If I have something on my mind I’ll ask her about it.” Tanya also attended Peer 2 Peer meetings each month.

In their first session, Tanya and Roxanne completed enrollment paperwork such as reviewing the expectations of treatment and Tanya’s rights and responsibilities, as well as completing the Ansell-Casey Life Skills Assessment. Over the next few sessions, they identified Tanya’s goals and created a timeline to achieve them. Within six months, Tanya wanted to be in college, find a part-time job, and rent an apartment. Within one year of starting Transitional Living, Tanya wanted to complete two semesters of college and obtain a car by saving her money. Tanya also had a medical condition, and she and Roxanne discussed locating a specialist in the area to maintain her physical health.

One of Tanya’s major goals was to find a job, so she and Roxanne reviewed how to complete a job application correctly, created a résumé, and did mock interviews during their weekly sessions. Once Tanya understood how to complete an application properly, Roxanne had her apply for actual jobs as “homework.” Roxanne then provided transportation to and from the job interviews that Tanya got, and Tanya landed a job at a local grocery store. Roxanne also helped Tanya and her boyfriend develop a budget and assess affordable housing options, and she informed Tanya that Youth Villages could help pay a deposit on an apartment and the first month’s rent if Tanya could create a detailed plan explaining how she would maintain the residence. They worked on this plan together, and Tanya received a \$380 support payment from Youth Villages for housing.

Enrolling in school was another top priority for Tanya. Roxanne took her on campus tours and helped her complete the Free Application for Federal Student Aid form and online applications. Roxanne also taught Tanya how to check the status of her application, financial aid, and transcripts, and discussed college-readiness skills with her. When Tanya was accepted into a local community college, Roxanne continued to be a support for her, providing academic help. Tanya performed so well in her first semester of college that Roxanne recommended that she apply for the Youth Villages Scholars program. Tanya was subsequently selected for the program and she is still involved with Transitional Living as a Youth Villages Scholar.

Other clients were more prepared for the workforce but needed assistance identifying prospective employers, coaching and mock interviewing to learn better interview techniques and behavior (such as making eye contact), transportation to the job interview, or acquiring appropriate clothing for the workplace. For young people who were looking for jobs, the TL Specialists encouraged them to plumb their connections by having them investigate whether any friends or family knew of job openings. Furthermore, the Transitional Living program had flexible funds with which TL Specialists could buy interview-appropriate attire or workplace uniforms for youth in need.

The community context also influenced the job search. Participants who lived in rural areas with no transportation and no employers within walking distance had to be creative in developing employment opportunities. For example, one youth without other prospects borrowed his uncle's lawn mower and mowed his neighbors' lawns to earn money. Additionally, job search could be hindered for individuals without access to the Internet, since many applications are online only. In these cases, the TL Specialists worked with their clients to teach them about public libraries and Internet access.

Youth with jobs typically needed support to resolve conflicts with supervisors or coworkers, or to get guidance on job maintenance skills, how to move into a different position, or ask for more hours. Employed youth also needed supports to help them overcome the influence of drugs or alcohol, or mental health problems, on their ability to perform well on the job. Sometimes youth were fired for being late or argumentative with management, and they needed to talk through the reasons for termination in order to avoid such incidents in the future.

The TL Specialist sometimes involved the educational/vocational coordinator (EVC) in employment-related work to reinforce skills that the youth still might not have acquired or to provide more expert support than the TL Specialist could offer. The EVC often ran mock interviews, since participants were not as familiar with this person and it would more closely mimic a real job interview. The EVC took the youth shopping for appropriate clothing or linked the youth to other organizations in the community that could provide additional supports, such as the local American Job Centers.⁴ EVCs also provided TL Specialists with information about job announcements and job fairs or linked youth up directly with an employment opportunity by working their contacts in the community.

⁴American Job Centers (formerly referred to as "One-Stop Career Centers") are designed to provide a full range of assistance to job seekers under one roof. Established by the U.S. Department of Labor under the Workforce Investment Act, the centers offer training referrals, career counseling, job listings, and other employment-related services.

Employment was not a stand-alone issue, however, as it often related to or brought up the need for other goals. When Tanya,⁵ whose case is described in Box 5.3, entered the Transitional Living program, her main focus was to obtain employment so she could make enough money to buy a car and move into independent housing with her boyfriend; she needed the car to drive to school. Not only did Tanya need support with the job search, but also with money management and budgeting so she could save and spend wisely.

Housing

Unlike some other transitional living programs, Youth Villages' Transitional Living program does not provide housing to its clients. Rather, TL Specialists help youth to identify housing needs and solutions, which frequently required staff to make referrals or work with other case managers in the youths' lives. Some youth had stable living situations when they entered the program, such as with family or friends. The TL Specialists helped youths who were living with others to develop a "living agreement" with their housemates, including family members. This agreement outlined expectations from both parties. For example, Tanya lived with her boyfriend and his family, but the family was not pleased that she did not do her share of the chores. Tanya and her TL Specialist made a plan with the family to make sure Tanya completed her chores each day.

Other youth required help to find new housing arrangements. TL Specialists helped their clients identify friends or relatives with whom they might be able to live or alternative housing options from which they could choose. This included touring apartments with their clients to find the best location as far as type of area, safety, and price. Depending on the community, some youth had few affordable housing options; TL Specialists might suggest that youth in the more rural areas move to a town with more access to affordable housing or jobs. The TL Specialists also worked on budgeting related to housing so their clients could understand the financial requirements of any living situation, including costs for utilities, food, and rent. If a youth was falling short on paying the bills, the TL Specialist assisted with applying for energy or other utility assistance. With flexible funds, the TL Specialist could pay for any number of housing needs, including utilities, a rental deposit, rent for a month, or furnishing and home goods for those youth considered responsible and in short-term need; Transitional Living would not pay a rental deposit for someone who chronically moved or did not have a steady source of income. Youth who were involved in Tennessee's Department of Children's Services (DCS) Extension or Re-Establishment of Foster Care (EFC) Services (formerly Post-Custody Services)

⁵All names are pseudonyms.

could also receive housing supports from DCS.⁶ For such cases, TL Specialists coordinated with DCS case workers to maximize the benefit to youth and avoid duplication of efforts.

Safety in a living environment was always a top priority. TL Specialists talked through personal and community safety with their clients beginning in their first meeting and continuing throughout treatment. This included discussions about fire safety, locking doors, traveling in pairs, and not going out at night. It also included child safety in the home, such as installing child safety gates and electronic outlet covers when necessary. If a TL Specialist was not comfortable in a youth's home, other arrangements for meeting were made.

High School Diploma or Equivalency

Youth who were formerly in foster care or juvenile justice custody experience difficulties and setbacks to their education that the general population is less likely to experience.⁷ The Transitional Living Evaluation study sample is no exception, as many enrollees had fallen short of their expected educational attainment at the time of random assignment. TL Specialists worked with participants who were still in high school to successfully meet the requirements for graduation. This included providing direct tutoring support or referring their clients to tutors, helping clients to work with teachers to complete assignments, or working with school staff to address other issues with which youth might be struggling. For example, John's TL Specialist went with John when he met with the attendance officer at school, because John tended to lose his temper easily and he often skipped classes.

For clients looking to earn a GED certificate, TL Specialists helped them get study materials, tutored them, and helped them to sign up for classes or to take the required series of GED tests. TL Specialists even helped youth to decide if pursuing a GED certificate was the best course. Educational/vocational coordinators also helped youth with their efforts to meet high school graduation requirements or to pass the GED test through tutoring or other support.

Postsecondary Education

TL Specialists also worked with clients to help them pursue postsecondary education opportunities either in two- or four-year colleges or in vocational training programs, but, according to staff survey responses, they focused more on high school equivalency and employment. For participants who were questioning their next step after high school, TL Specialists provided help identifying interests and researching possible education or training programs. As

⁶Launched under the Fostering Connections Act of July 2012, EFC Services offer the option to continue receiving foster care services, including a supported placement, until the age of 21.

⁷Courtney, Piliavin, Grogan-Kaylor, and Nesmith (1998); Courtney (2009); Reilly (2003); Nellis and Wayman (2009); Sedlak and McPherson (2010).

an example, together with his DCS family service worker and his Youth Villages TL Specialist, John determined that starting at community college would be a better option than pursuing admission to a four-year college, given his low grade point average. Postsecondary options in some regions were very limited, requiring youth to consider relocating or choosing a different educational path than initially desired.

Once a decision for pursuing further education was made, TL Specialists helped youth to identify and learn about potential colleges to which they could apply; in some cases this included identifying schools with programs that are targeted to young people with a custody history. TL Specialists also helped their clients fill out the Free Application for Federal Student Aid (FAFSA) form, toured colleges of interest with them, requested that transcripts and test scores be sent to institutions, talked about class schedules, reviewed school assignments or provided support if the youth was confused about school work, and discussed how to approach professors and ask for assistance if necessary. TL Specialists also offered test-taking tips such as relaxation exercises to prevent anxiety.

The EVC was also available to help youth with education or job training needs to supplement the TL Specialist's help, and the EVC's help sometimes overlapped with the TL Specialist's work. For example, EVCs advised youth about school options, helped them complete the FAFSA, and tutored them for SAT, ACT, or college entrance exams. The EVCs were also knowledgeable about community resources, local agencies, and training programs that might interest clients.

Flexible funding was also available for youth who were pursuing postsecondary education opportunities, and TL Specialists could purchase books or other educational necessities for their clients. As with the other goal areas, TL Specialists coordinated with DCS case workers or other agency case managers to maximize the benefit to youth involved with multiple providers. That is, DCS or Youth Villages could provide funds to support the youth; for example, DCS would pay for books and Youth Villages would buy a laptop. In addition, youth who successfully completed one semester of college were eligible to apply for the highly competitive Youth Villages Scholars program, which provides significant financial and other supports, such as connections with a formal mentor and extended eligibility for Transitional Living services.

Life Skills and Other Topics

Some clients or TL Specialists identified needs in the areas of general life skills, parenting, management of safe and healthy relationships, or substance use to address during treatment. While working on life skills and other issues, TL Specialists frequently helped youth to identify friends or family members who could provide various supports, or community agencies that would be a good resource when Youth Villages was not available.

General life skills that youth and TL Specialists worked on together included cooking and shopping for groceries; money management, including learning to review expenses to determine where money was going and learning strategies for spending wisely; or opening a bank account and learning how to use an ATM. If a youth was interested in buying a car, the TL Specialist would provide information about interest rates, taxes, registration fees, gas expenses, and budgeting for monthly payments. Along the same lines, TL Specialists worked with youth to make connections to community supports, particularly government supports that would be available after their discharge from the Transitional Living program. For example, TL Specialists helped youth without health insurance to apply for public insurance; they also helped them to apply for Social Security disability benefits, Temporary Assistance for Needy Families cash benefits, Supplemental Nutrition Assistance Program benefits (formerly food stamps), and Women, Infants, and Children assistance. If a youth ran short on food, the TL Specialist worked with the young person to identify community resources, such as food pantries. TL Specialists could also use flexible funds to purchase food for youth in need.

Given that about one-fifth of the participants were young parents, TL Specialists also addressed parenting issues with their clients. For example, one TL Specialist worked with her client, Lynne, to teach her about the developmental stages of childhood and how to investigate child care options. The topic of safety precautions as it relates to children was addressed monthly with young parents; using child safety gates, plugs for electrical outlets, and car seat safety were some other specific topics addressed. If needed, TL Specialists could use flexible funds to buy diapers, food, or other necessities for the child.

The TL Specialists also addressed managing safe and healthy relationships with peers or family members. This included discussions about boyfriends or girlfriends and how youth maintain healthy relationships with them. The TL Specialists were required to address sexual behavior each month, including discussions about safe sex strategies and pregnancy prevention, sexually transmitted diseases and other medical issues related to sexual health, sexual orientation, and awareness of sexual violence and prevention techniques. Youth came to expect their monthly talk. Lynne recalled, “One time every month you have to have a sex education time — she has to inform me of the safety things about sex — she did some research about things I didn’t know — she didn’t make me feel like a child.”

Finally, substance use was frequently covered. Often it is an underlying cause of difficulties related to employment, school, and relationships with others, or a symptom of problems in other parts of a youth’s life. One participant admitted to a TL Specialist to using drugs as a means to escape feelings of loneliness caused by a lack of strong family connections or support. In order to curb the youth’s drug use by building a stronger support network (to address feelings of loneliness), the TL Specialist helped the youth to solidify a connection with a local church and to establish better connections with extended family members. TL Specialists also assessed

youth for eligibility for the Adolescent Community Reinforcement Approach (A-CRA), which select Youth Villages staff were trained to administer. Box 5.2 contains a description of this evidence-informed practice and other practices approved by Youth Villages. TL Specialists could also connect youth with other substance use treatment options in the community.

Mental and Physical Health

Mental health was an underlying issue for many Transitional Living clients in the study sample, and it made employment, school, and relationships with others extra challenging. Although Youth Villages does not diagnose mental health conditions, TL Specialists referred youths to therapists in the community for evaluation, helped to identify a mental health care provider who accepted the youth's insurance, and assisted with medication management; when clients lived in more remote areas without transportation, TL Specialists often drove them to mental health appointments. TL Specialists, with permission from their clients, also communicated with the therapists to actively monitor progress. More often, however, TL Specialists helped youth to understand their mental illness and manage their symptoms and triggers. If a youth struggled with anger that caused irrational or impulsive thoughts and behaviors, the TL Specialist explained how coping skills such as deep breathing and the "cognitive triangle" could be used to avoid escalation.⁸ If a youth had a history of self-harm, then the TL Specialist helped her understand her emotional "thermometer" in order to monitor her mood and potential for self-harm, talked about triggers for depressive symptoms, and explained techniques that could prevent her from becoming overly despondent. In cases where youth were identified as having a history of trauma, their TL Specialist assessed them to determine whether Trauma-Focused Cognitive Behavioral Therapy, an evidence-based practice that many TL Specialists are trained to administer, would be appropriate. When appropriate, youth undergo a 12- to 20-week course of therapy to address the trauma in addition to their weekly Transitional Living sessions.

As with many of the other areas in which TL Specialists and youth worked, development of community or personal connections was critical for mental and physical health. For example, when a youth needed a health care provider, the TL Specialist did not do the research for providers alone, but showed the youth how to do it independently. Similarly, TL Specialists educated youth about the resources available in the community in the event they needed to find help on their own. Youth also identified family members or friends and developed stronger rela-

⁸As described in the Youth Villages Treatment Manual, the cognitive triangle is used to help youth understand how their behaviors are influenced by their thoughts and feelings; thoughts, behaviors, and feelings make up the three points of the triangle. The TL Specialist asks the youth to identify a recent issue that was upsetting or provoked violence and then to identify the first thoughts in his or her head right before the incident occurred and the feelings it generated. The youth then describes the behavior that followed. The TL Specialist then asks the youth to explore different possible reactions to the same event and how the outcome could have been altered.

tionships with them so they could rely on them if their mental health needs became too great to handle alone. For youth living in rural areas, TL Specialists had limited access to resources, so they were forced to be creative in the development of community and personal connections.

Transitional Living Sessions: The “How”

TL Specialists addressed their clients’ issues through a wide range of strategies, which can be summarized in three broad categories: explicit use of evidence-informed tools; counseling, or conversation-based interventions; and action-oriented activities. Given the variety of issues addressed and the methods used, TL Specialists assumed different roles with youth throughout treatment. Though most treatment was one-on-one, TL Specialists had many resources to support their efforts. This section starts with a description of these roles and then describes the three categories of strategies used by TL Specialists.

TL Specialist Roles

TL Specialists played multiple roles — as a mentor, case manager, and clinician — depending on the needs of the youth. As a mentor, the TL Specialist was a supportive adult, offering advice and helping clients to strengthen their relationships with others. As a case manager, the TL Specialist connected the client to other services, such as therapy, community college, government supports, or employers; assisted with basic needs such as food or housing resources; and taught life skills. As a clinician, the TL Specialist had youth complete assessments, used cognitive behavioral therapy to address an issue, or used Trauma-Focused Cognitive Behavioral Therapy to treat youth, as deemed appropriate, who suffered from post-traumatic stress disorder (PTSD).⁹ Though TL Specialists played multiple roles, they did not need to be experts in every area because of the supports available through their clinical supervisor, clinical consultant, educational/vocational coordinator, and peers.

In interviews with the research team, study participants often expressed their comfort with their TL Specialist and acknowledged the unique roles they played. John said he thought of his TL Specialist as a “brother, bro’, friend”; they did not have an “awkward case worker relationship.” John felt comfortable talking to his TL Specialist and could tell him “just about anything.” Similarly, Lynne described how her TL Specialist was not much older than she was, which seemed to help the relationship: “She got how I was feeling about stuff sometimes and she didn’t chastise me like a child... We took care of what we needed to take care of but she

⁹The term “clinician” is used here to describe one role of TL Specialists, but they were not required to be licensed therapists. They worked under the clinical license of the clinical consultant. To administer Trauma-Focused Cognitive Behavioral Therapy, TL Specialists had to have their master’s degree and go through specialized training.

talked to me like we were friends — that’s what I like.” For Marcus, the Transitional Living program was much more than a program to learn skills. He said, “TL is like my family — they’re all I got. . . When I started to get to know him [his TL Specialist], he seemed more like a friend than a helper, but then he helped me achieve my goals.”

The needs and goals of the youth largely drove the TL Specialist’s role in treatment. For example, youth with a smaller or weaker support system needed the TL Specialist to play a larger mentor role than someone with a solid support network. Many youth, particularly those with no adult supports, relied on their TL Specialist for basic needs and for emotional support, as Marcus described. Meanwhile, youth with stronger connections to caring adults needed more of a clinician or case manager. Sometimes TL Specialists “presented” as a mentor to “disguise” a more clinically focused treatment session and build rapport.

Frequent goal assessment allowed TL Specialists to shift their role as needed throughout the youth’s time in services. However, the variety of concurrent and frequently changing needs that the youth had sometimes made it challenging for the TL Specialist to determine which role should be prioritized (although they could play multiple roles in one session, time permitting). If a youth was using drugs and needed employment, should the TL Specialist don a “clinical hat” to address the substance use issue or act as a case manager to assist in a job search and employment skill development? Often, the clinical focus of the model posed challenges for TL Specialists to act in the role that they believed would best facilitate youth engagement, which was always a concern. For example, TL sessions that heavily emphasize safety planning may compromise engagement, as a youth may be unwilling to disclose the sensitive information that is required for the TL Specialist to develop a safety plan. This could be information regarding historical sexual behavior, drug use, or suicide ideation. Direction from the clinical consultant, which TL Specialists were required to follow, along with administrative requirements to complete safety plans and clinical assessments, often placed bounds on the TL Specialist’s latitude in individualizing the weekly sessions and the focus of treatment. This direction enforced fidelity to the model and ensured adherence to clinical protocol, but the TL Specialists reported that it also could inhibit or even threaten engagement with the program.

The degree to which TL Specialists prioritized each of their roles seemed largely based on professional background, previous clinical training, and personal preference. Staff were honest with the research team about their preference for one role over the others. The direction and messages that clinical supervisors conveyed also played a large part in the choices that TL Specialists made in this regard, as did the goals of treatment and planned strategies and the level of accountability and responsibility demonstrated by their clients. Regardless of their strengths, TL Specialists were not working in isolation; they had resources from their clinical supervisor, the clinical consultant, and peers from whom they could get advice about dealing with a particular

case or information about a particular area in which they had less expertise (like job development, for example).

Strategies

The Youth Villages Treatment Manual clearly lays out the interventions that TL Specialists and staff from all Youth Villages programs should consider using to address each issue through the treatment planning process; supervisors also checked to make sure that correct interventions were chosen.

The interventions that are outlined in the treatment manual can be described as three types of strategies, as noted above: (1) explicit use of evidence-informed tools, (2) counseling, or conversation-based interventions, and (3) action-oriented activities. Each strategy is described in more detail below. As the TL Specialists played several roles, they also used multiple strategies in their treatment sessions, and multiple strategies could be used to address the same issue. However, TL Specialists' efforts could be constrained by the youth's environment or a lack of available resources in the area — so one strategy that works in Nashville proper, for example, might not be realistic in a rural location outside of Morristown.

The survey of TL Specialists found that the most frequently used intervention from the treatment manual was by far the Preparing Adolescents for Young Adulthood (PAYA) modules (as described in Box 5.2). Skill-building was another frequently used intervention that was developed by Youth Villages using materials compiled from other resources. Cognitive Behavioral Therapy (CBT)-Psychoeducation was a distant third in the list of commonly used interventions. PAYA and skill-building are examples of a combination of explicit use of tools and counseling or conversation-based interventions, while CBT-Psychoeducation is a counseling or conversation-based intervention.

Strategy 1: Explicit Use of Evidence-Informed Tools

The explicit use of evidence-informed tools refers to the use of very prescriptive documents, forms, or techniques with youth. The documents can be pulled directly from the Youth Villages Treatment Manual or from PAYA materials and used in a session. Examples include forms to teach youth how to budget, keep track of medication, or develop a résumé. The application of an evidence-based practice, such as Trauma-Focused Cognitive Behavioral Therapy, is also included in this category, since it is a highly prescribed treatment that must follow a particular protocol.¹⁰

¹⁰TF-CBT could also be considered counseling, but its very prescriptive nature qualifies it as an evidence-based tool.

The fishbone diagram in Figure 5.1 illustrates possible determinants of alcohol and drug use, among them alcohol and drug use by a youth's peers, which is shown in the upper portion of the diagram. According to the corresponding lower portion of the fishbone, the peer-related treatment goal for addressing alcohol and drug use is to develop a "pro-social peer group" — that is, friends who expose the youth to good behaviors. One way to work toward developing a pro-social peer group is through a functional analysis of pro-social behavior to identify its effects. Such an analysis entails clarifying what constitutes pro-social behavior and how it makes the young person feel when engaged in it, with an emphasis on the positive consequences. This exercise and its accompanying conversation with the TL Specialist is designed to lead to lifestyle changes whereby the youth associates only with individuals who have a positive influence, which can lead to a substance-free lifestyle. In another example, the youth could be assessed for treatment via the Adolescent Community Reinforcement Approach.

Sometimes it was necessary for program participants to go through formal treatment to address trauma or substance use. When a youth's assessment indicated a need for Trauma-Focused Cognitive Behavioral Therapy or the Adolescent Community Reinforcement Approach, for example, it sometimes required the youth to work with another Youth Villages staff person who was trained in that intervention (if the assigned TL Specialist was not trained); this treatment also required additional formal treatment sessions each week.

Strategy 2: Counseling or Conversation-Based Interventions

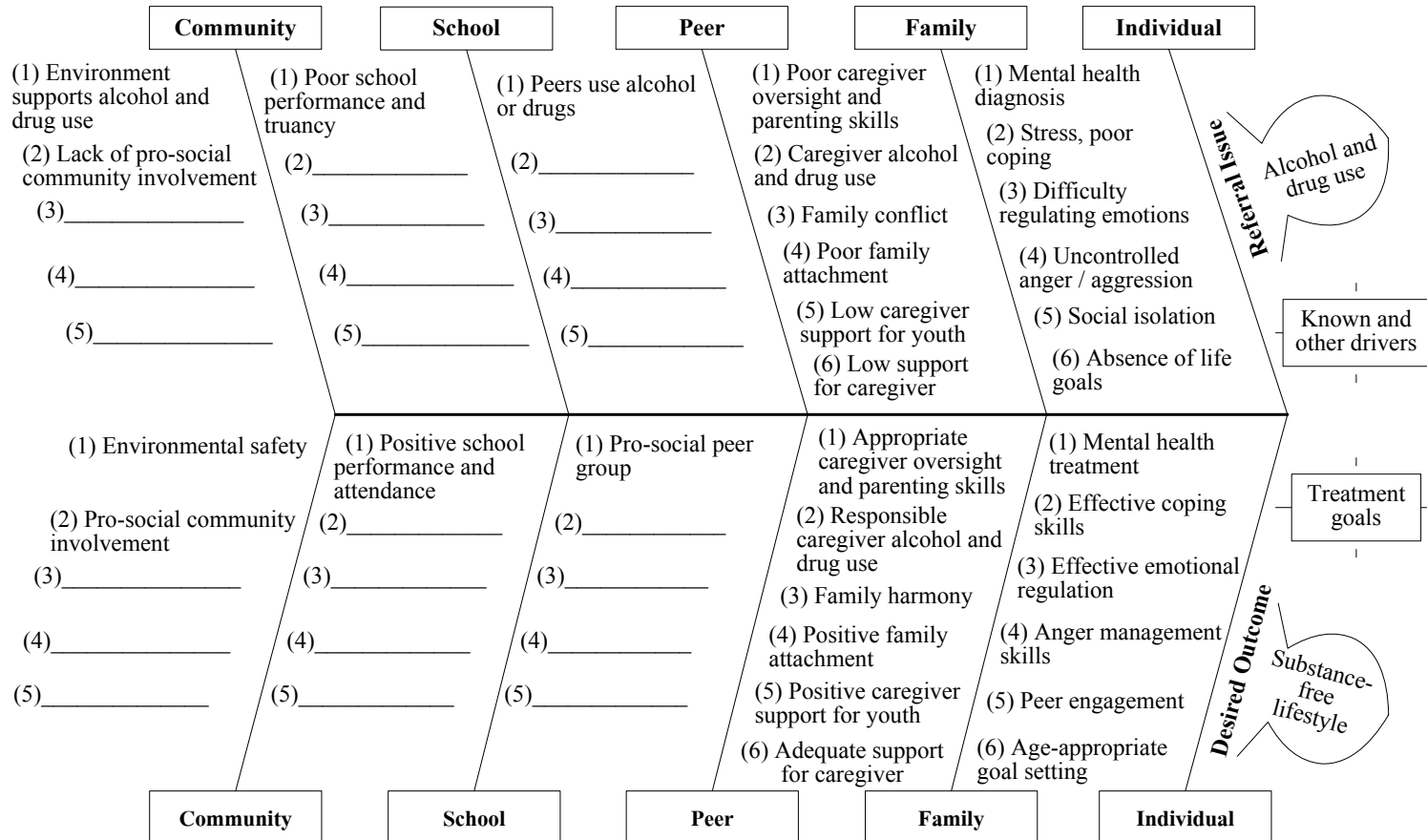
Counseling, or a conversation-based intervention, most closely resembles what one thinks of as traditional counseling, when a client and clinician talk about particular issues that exist in the client's life or as they arise. Staff often used formal tools from the Youth Villages Treatment Manual, such as CBT-Psychoeducation materials, as guides for their counseling or conversation-based sessions.

When using this strategy, a TL Specialist and youth could simply talk through any issues the youth was having. For example, if a youth was struggling with anxiety, they could talk about how anxiety works and how it could be affecting the youth's life. The TL Specialist could also teach relaxation skills for the next time the youth was in a stressful situation. Both of these interventions are examples of CBT-Psychoeducation that the Youth Villages Treatment Manual provides, and they exemplify the clinical role that TL Specialists must play. In another example, a youth might describe her trouble in school, worries about dynamics with friends, or challenges in interacting with coworkers to the TL Specialist, who would then offer suggestions for navigating these situations. Among the various roles that a TL Specialist can play, this one is most like a mentor.

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Figure 5.1

Fishbone Diagram for Addressing Alcohol and Drug Use



These counseling or conversation-based sessions often took the form of motivational interviewing, which is a goal-directed and client-centered counseling style that is often used to help the client become internally motivated in order to encourage behavioral change.¹¹ TL Specialists used a question-and-answer format to encourage goal recognition, strength identification, and forward momentum toward goals, again through conversation and not by using specific materials (such as evidence-informed tools) with the youth.

In another example, a youth might engage in inappropriate sexual behavior because of PTSD or other symptoms of trauma. In such a case, the treatment goal could be mental health services, effective medication management, or alleviation of PTSD symptoms. Interventions could include CBT-Psychoeducation related to the mental health diagnosis. If the inappropriate sexual behavior was a result of uncontrolled anger or aggression, the TL Specialist would work on a de-escalation plan, anger management, and assertiveness training with the youth.

One final example is when TL Specialists talked with young parents about their children, providing tips to control tantrums, ways to avoid yelling at their children, or teaching about the different developmental stages their children go through. Often the TL Specialists used materials from the Youth Villages Treatment Manual to prepare for a meeting but did not use them directly with the client. For example, if the goal of a Transitional Living session was to provide psychoeducation for a young person starting treatment for depression, the TL Specialist would study the psychoeducation materials about depression in the manual to get ideas about how to structure the session. The TL Specialist could also study material in the section of the treatment manual that deals with cognitive behavioral therapy and cognitive processing, to help clients understand how their thoughts influence their moods and to introduce coping strategies.

Strategy 3: Action-Oriented Activities

Action-oriented activities involve taking the youth to or meeting at a designated location in the community to complete a task during a weekly session. There are many examples of this type of experiential learning, which often was accompanied by one of the other strategies.

Rather than having a conversation about budgeting or filling out a budget worksheet (examples, respectively, of a conversation-based intervention and an evidence-informed tool), when one youth wanted to incorporate more expensive food items into her budget, the TL Specialist took her to the grocery store so she could see for herself how much things cost. Another youth was interested in buying a car, so the TL Specialist took him to a car lot so he could understand the car-buying process. During a site visit, a research team member accompanied a TL

¹¹Miller and Rollnick (1991).

Specialist and youth to a bank, where the youth opened a new account. One TL Specialist met her client at the Social Security Administration office to help the client order a replacement card for herself and her son. Yet another TL Specialist drove a client to the local community college to get information about classes and to meet with an adviser. Other examples of action-oriented activities include a TL Specialist riding the public bus with a youth who needed to learn how to navigate the public transportation system, or picking up and filling out job applications together.

TL Specialists also integrated action-oriented activities into goal planning. For example, one youth was interested in arts and crafts, so the TL Specialist had her make a three-dimensional poster of her goals, which helped the youth to visualize her goal and action timeline.

Coordination with Other Providers

In addition to working directly with youth, the TL Specialist coordinated with other providers in the youth's life; according to Transitional Living staff who were surveyed in May 2012, they most frequently interacted with DCS staff and high school personnel. If a young person was in DCS Extension or Re-Establishment of Foster Care services, the TL Specialist coordinated with the DCS family services worker or other DCS case workers so their efforts were complementary rather than duplicative. Many TL Specialists indicated that they helped enroll youth into EFC who were not eligible at their eighteenth birthday but became eligible later, indicating that some youth may not have accessed DCS services without the aid of a Transitional Living staff member. TL Specialists also coordinated with other programs and case managers that clients were involved with, so their work was complementary; for example, one agency could work on or pay for college tuition while the other could work on or pay for college textbooks. They often spoke (in person or over the phone) with their clients' mental health care providers to monitor progress. If a client was trying to obtain his or her citizenship, the TL Specialist worked with the lawyer or advocate who was helping the client. The TL Specialists' communication with other providers served the dual purpose of facilitating the youth's connection to a supportive adult and tracking progress in treatment.

Youth Accountability

While TL Specialists found the need to prove themselves to their clients early in the treatment process, clients also had to prove themselves to their TL Specialists. Nearly every week, TL Specialists gave youth assignments to work on before their next meeting. For instance, the TL Specialist might ask the youth to gather a birth certificate and social security card, complete an assessment, fill out a job application, talk with an adviser about classes, or submit an application to rent an apartment, among other things. It was important that youth showed initiative and were working toward their goals independently. However, since all clients

are 18 years of age or older, the Transitional Living program staff cannot force them to do anything. As noted in previous sections, TL Specialists were also always trying to help the youth identify other adults in their lives to assist them in the future, especially in the event that Youth Villages was no longer supporting them. As described earlier, this kind of help took the form of identifying family members or family friends with whom the youth could develop better connections, or developing relationships with responsible community members through other organizations, such as churches or social service agencies.

Sometimes, TL Specialists found that the requirements of the program counteracted the goal of promoting client independence. For instance, having frequent check-ins with red-flagged youth seemed to run counter to the training on encouraging independence, at least for some TL Specialists, as such frequent check-ins could enable or even encourage youth to continue dependent behaviors. Similarly, because TL Specialists had to drive by locations where they were likely to find youth who had been out of touch, they were not holding such youth responsible for their own whereabouts.

Conclusion

Though the Transitional Living program has significant structure, the TL Specialists have a lot of flexibility to personalize the weekly sessions and relationships with the youth on their caseload. Youth got support across any number of issues, including employment, housing, high school diploma or GED certificate attainment, postsecondary education, life skills, and mental and physical health. TL Specialists adapted the strategies used in the weekly sessions in a highly individualized manner to capitalize on the strengths of each youth. In general, strategies fell within three broad categories: explicit use of evidence-informed tools, counseling or conversation-based interventions, and action-oriented activities. TL Specialists were adept at navigating among the multiple roles they played and the strategies they used to best address the conditions of the youth during each session. The work was not limited to one day each week, however; it was critical that youth take responsibility in their own development as they completed assignments between sessions. TL Specialists also frequently checked up on youth between sessions and youth also participated in monthly Peer 2 Peer meetings. Aside from their work with youth directly, TL Specialists also coordinated with other providers and supports on behalf of the youth, and were able to provide financial assistance for youth in need. Despite the differential levels of access to services across the state of Tennessee, Transitional Living program implementation and service provision seemed to remain consistent.

Chapter 6

Participation in Transitional Living Program Services

Earlier chapters of this report present details of the Youth Villages Transitional Living (TL) program model and the implementation of the program, as described by program staff and participants, and as observed by the research team. This chapter presents findings on program group members' rates, timing, and duration of participation in program services. These findings are based on data from Youth Villages' management information system (MIS), in which Youth Villages staff recorded information about program participants' receipt of Transitional Living services, such as participation in the weekly Transitional Living sessions, receipt of financial supports, and enrollment and discharge information.

The findings presented below provide information only about those program services that are captured in the Youth Villages MIS in a way that can be quantified. Therefore, some services that were provided to clients are not shown in the tables in this chapter, because they could not be measured with existing data. In particular, the types of interventions and counseling strategies employed by TL Specialists, such as cognitive behavioral therapy or Preparing Adolescents for Young Adulthood (PAYA) modules, are not easily captured by the MIS data. The results below should therefore be understood not as a complete measure of all services that program group members received, but rather as an assessment of only measurable services.

Length of Participation in the Transitional Living Program

A substantial portion of the program group received services at the expected frequency and intensity — or “dosage” — of the Transitional Living program model. About two-thirds participated in Transitional Living services for at least five months, and about half participated for the expected program length of at least nine months. These results are illustrated in Figure 6.1, which presents program group members' monthly rates of participation in Transitional Living services in the year after random assignment.¹

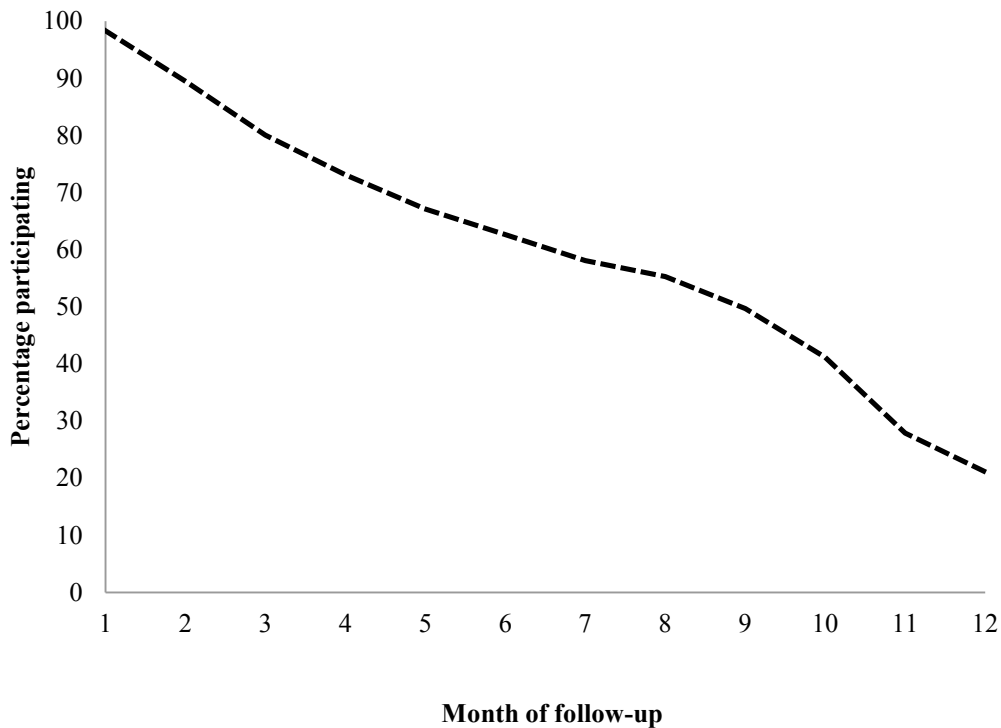
As the figure shows, nearly all program group members participated in Transitional Living services during the first month after random assignment, but the rate of participation dropped relatively steeply in the early months, falling to about 80 percent in month 3. This de-

¹The participation rate for each month is calculated only among those for whom data are complete through that month. Because a full 12 months of data are not available for some sample members, the number of individuals included in the calculation for each month declines as the length of the follow-up period increases.

The Youth Villages Transitional Living Evaluation

Figure 6.1

Monthly Participation in Transitional Living Services



SOURCE: MDRC calculations based on data from the Youth Villages management information system.

NOTE: Individuals were considered to have participated in Transitional Living (TL) services in a given month if they participated in at least one of the following: an enrollment session, a weekly TL session, a psychosocial assessment, an initial treatment plan, or a Peer 2 Peer meeting. Only those with complete data through a given month are included in the calculation for that month.

cline suggests that some individuals who were enrolled in the program or who participated in an initial treatment plan or initial Transitional Living session stopped participating fairly quickly. This drop-off may reflect the difficulties, expressed by both staff and participants, with engaging youth early in the program while much of the interaction between staff and participants involved filling out paperwork. (Chapter 5 provides a more detailed description of challenges to early program engagement.) However, despite this issue, the number who left

the program in the first two months represented only about 19 percent of those who participated in the first month.

After month 3, program participation rates declined more gradually through month 9, when about 50 percent of program group members were still participating in the Transitional Living program. This time frame matches the expected length of the program for those who are meeting their goals and who are considered stable. In addition, as described below, some individuals left the program after less than nine months of participation because they were doing especially well and were no longer in need of services; it is not clear how many individuals were in this category. This finding indicates that about half of program group members participated for the full, expected program length, with some additional individuals successfully “completing” the program early. In addition, the data that are currently available for the later follow-up period indicate that some individuals remained in the program past month 9, with about one-fifth of program group members still participating 12 months after random assignment.

Participation in Key Transitional Living Program Services

The overall rate of participation in the Transitional Living program in the nine-month follow-up period was high, with nearly all program group members participating in at least one Transitional Living service and at least one Transitional Living session. Table 6.1 shows program group members’ participation in core Transitional Living program services. The results in this table, and in subsequent tables in this chapter, are calculated using data for only those sample members for whom nine complete months of follow-up data were available for this report; therefore, the calculations include data only on those who were randomly assigned from October 2010 through June 2012 (83.8 percent — 660 out of 788 — of all program group members in the study).²

The first row in the table shows that 98.5 percent of program group members participated in at least one Transitional Living service. These services included enrollment sessions, the initial treatment plan, the psychosocial assessment, the weekly Transitional Living sessions, and Peer 2 Peer meetings.³ The high rate of participation may have resulted from the efforts of pro-

²As noted in Chapter 1, random assignment into the study took place from October 2010 to October 2012.

³Peer 2 Peer meetings are guided, small-group activities with other participants from the Transitional Living program in their area, conducted in the Youth Villages office. The meetings are not part of the official Transitional Living model, but a service that Youth Villages must provide in Tennessee as a requirement for its Department of Children’s Services contract. Attendance is recorded in the MIS as a mechanism for reporting to the state.

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Table 6.1

Participation in Transitional Living Services, Months 1 to 9

Outcome	Program Group
Any service ^a	
Participated in any Transitional Living (TL) service (%)	98.5
Average days from random assignment (RA) to first service (among those with any service)	1.7
Enrollment session	
Participated in an enrollment session (%)	83.5
Average days from RA to enrollment session (among those with an enrollment session)	3.3
Initial treatment plan	
Completed initial treatment plan (%)	97.7
Average days from RA to initial treatment plan (among those with an initial plan)	6.4
Psychosocial assessment	
Completed assessment (%)	83.9
Average days from RA to assessment (among those with an assessment)	30.4
Weekly TL sessions	
Participated in at least one session (%)	95.3
Average days from RA to first session (among those with a session)	8.4
Average number of sessions	23.2
Other contacts with TL specialist ^b	
Any contact between TL specialist and client outside of weekly TL sessions (%)	89.5
Average number of short contacts	8.5
Average number of long contacts	0.9
Average number of contacts of unknown duration	1.5
Peer 2 Peer meetings	
Participated in a meeting (%)	51.2
Average number of meetings	1.6
Discharged from the program (among those who ever participated) as of month 9 ^c (%)	50.3
Sample size	660

SOURCE: MDRC calculations based on data from the Youth Villages management information system.

NOTES: Calculations include all program group members who were randomly assigned between October 2010 and June 2012 (N = 660).

^aIndividuals are considered to have participated in at least one service if they participated in at least one of the following: an enrollment session, a weekly TL session, a psychosocial assessment, an initial treatment plan, or a Peer 2 Peer meeting.

(continued)

Table 6.1 (continued)

^bShort contacts are those that lasted for 15 minutes or less. These contacts include communications that were made via e-mail, text, and phone, and include communications in which the TL specialists left messages for the youth but did not speak directly with the youth. Long contacts include contacts that lasted for more than 15 minutes. These contacts include in-person meetings that were not official TL sessions, in-person activities (such as a TL specialist driving a participant to an appointment), and phone calls lasting more than 15 minutes.

^cSome individuals were temporarily discharged from the program, but returned within 9 months of random assignment. These individuals are not included in the percentage discharged.

gram staff to begin services immediately after random assignment, thereby enrolling youth and engaging them in weekly sessions as soon as possible. This effort is reflected in the short time period, about 1.7 days on average, between random assignment and receipt of the first program service. In fact, about 69 percent of program group members began receiving services on the day they were randomly assigned to the program group (not shown in table).

For many Transitional Living participants, the first service consisted of a program enrollment session. As the second panel of Table 6.1 indicates, about 84 percent of program group members participated in such a meeting. This number is lower than the total percentage of program group members who participated in the Transitional Living program, not because the enrollment paperwork was completed at a low rate, but because of the way these meetings were recorded in the Youth Villages MIS. In some cases, the enrollment paperwork and other early activities were completed during a weekly Transitional Living session rather than as a separate meeting, and in those cases, the TL Specialists did not record a separate enrollment session into the MIS data. For those who did have a separate enrollment session recorded, this meeting took place 3.3 days, on average, after random assignment, with about 57 percent of the program group enrolling on the day of random assignment.

Consistent with the Transitional Living program model, treatment planning and assessments formed much of the early part of program services, as TL Specialists learned about their clients' circumstances and worked with them to determine what issues would be addressed while they were in the program. The initial treatment planning came very quickly after random assignment. Nearly all individuals who participated in the Transitional Living program (or about 98 percent of program group members) completed an initial treatment plan. For those who did so, the plan was developed within one week after random assignment (about six days), on average. The psychosocial assessment usually occurred about 30 days after random assignment. About 84 percent of program group members completed the psychosocial assessment, suggesting that, because these assessments did not occur immediately, some participants did not reach the stage at which the psychosocial assessment would have taken place. Indeed, the aver-

age length of participation for those without a psychosocial assessment was less than three months (not shown in table).

As described earlier in this report, in Chapter 5, the bulk of Transitional Living program services are provided by TL Specialists during the weekly sessions with their clients. Not surprisingly, therefore, nearly all program group members (about 95 percent) participated in at least one session, beginning about eight days, on average, after random assignment. During the nine months following random assignment, program group members averaged about 23 Transitional Living sessions. More detailed information about these sessions, including their frequency and duration, as well as the topics that were addressed during these sessions, is described in the next section.

While contact between TL Specialists and participants occurred mainly during their weekly sessions, they also communicated at other times. As Table 6.1 shows, about 90 percent of program group members had at least one such additional contact with a TL Specialist. The bulk of these contacts were short communications, lasting 15 minutes or less, about things like reminders to meet for scheduled sessions or the youth's progress on assignments between sessions. Program group members averaged about nine such contacts, which took place over the phone (including by voice mail message), by e-mail, or by text, with their TL Specialist. In addition, some participants and TL Specialists communicated during more substantial phone conversations or in person, during other activities. For example, a TL Specialist might drive a client to an appointment. Program group members averaged about one of these "long" contacts with their TL Specialist during the nine-month follow-up period. TL Specialists also made an additional 1.5 contacts, on average, for which information about the duration of the contact is not available; it is likely that most of these contacts were short contacts. Overall, these findings suggest that TL Specialists checked in often with their clients, but that lengthier, substantive activities outside of the weekly sessions were fairly rare.

Transitional Living clients were encouraged to participate in monthly Peer 2 Peer meetings; however, the MIS data indicate that many clients did not attend any of these activities. While nearly all program group members participated in Transitional Living services, only about half participated in at least one Peer 2 Peer meeting. In addition, those who did attend Peer 2 Peer activities do not appear to have been attending on a monthly basis. Program group members participated in 1.6 Peer 2 Peer meetings, on average, with those who attended at least one time participating in about three Peer 2 Peer meetings (not shown in table).

As the final line in Table 6.1 shows, about half of those who participated in the Transitional Living services were officially discharged from the Transitional Living program within nine months of random assignment. According to Youth Villages staff, while most youth who were discharged from the program before the ninth month left the program without completing

it, in some cases these early discharges were considered “completers.” Such youth stopped participating because they were doing particularly well, and both staff and the participant believed that additional services were unnecessary. Unfortunately, data on the exact percentage representing these early completers are not available. Regardless, the data indicate that about half of program group members participated for at least the expected program length of nine months, with some additional participants having completed the program early.

Participation in Transitional Living Sessions

While individuals were participating in the program, the frequency and duration of the Transitional Living sessions were close to the expected level of one session per week, lasting an average of more than one hour per session. This finding is demonstrated by the data presented in Table 6.2, which shows detailed information about the frequency, number, duration, and location of the sessions, calculated only among program group members who participated in at least one session during the nine months after random assignment. These youth participated in about 24 sessions, on average, during this period, and spent a total of about 30 hours in those sessions. There is little information about how this level of service “dosage” (that is, frequency and intensity) might compare with what is received in similar programs, as other evaluations of programs for this population have not reported this information. However, compared with the expectations of the Transitional Living model, participants averaged about three-fourths of the expected hours in their weekly sessions. (One hour-long session per week for nine months sums to 39 hours of Transitional Living sessions.) Given that this calculation includes some participants who left the program fairly quickly, the results indicate that many youths received at least the expected dosage of Transitional Living sessions, if not more.

The fourth row in Table 6.2 shows that, during months in which program group members were participating in the Transitional Living program, the average rate of participation was 3.9 sessions per month. This rate is a little lower than the expected rate of one session per week (or about 4.3 sessions per month). This finding may indicate that some program group members participated less consistently in the program than expected, perhaps because staff and clients did not successfully reschedule every missed session, or because some individuals had gaps in their participation because of events like jail stays. Still, this rate is close to the frequency of sessions expected, based on the Transitional Living program model.

Consistent with the findings from the interviews with TL Specialists (which are presented in Chapter 5), nearly all Transitional Living sessions (95.9 percent) took place in person at the client’s home or in the community, as TL Specialists usually traveled to meet their clients. About half (48.4 percent) of each case’s weekly sessions took place in the client’s home, and nearly as many (47.5 percent) took place in the community. Very few sessions took place in the Youth Villages office (about 2 percent) or over the phone (about 2 percent).

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Table 6.2

Participation in Weekly Transitional Living Sessions, Months 1 to 9

Outcome	Program Group
<u>Among those who participated in at least one weekly Transitional Living (TL) session</u>	
Average number of sessions	24.4
Average total hours spent in sessions ^a	30.3
Average length of a single session (minutes) ^a	75.6
Average number of sessions per month between first and last service	3.9
Location of sessions	
Participated in a session that took place in person (%)	100.0
Average proportion of sessions that took place in person	98.1
Participated in a session that took place in the client's home (%)	95.9
Average proportion of sessions that took place in the client's home	48.4
Participated in a session that took place in the community (%)	91.1
Average proportion of sessions that took place in the community	47.5
Participated in a session that took place at a Youth Villages office (%)	23.7
Average proportion of sessions that took place at a Youth Villages office	2.1
Participated in a session that took place over the phone (%)	16.7
Average proportion of sessions that took place over the phone	1.9
Sample size	629

SOURCE: MDRC calculations based on data from the Youth Villages management information system.

NOTE: Calculations include program group members who were randomly assigned between October 2010 and June 2012.

^aThe duration for 2.3 percent of weekly TL sessions was missing. Therefore, the estimate of total time spent in sessions is likely to be slightly lower than the true amount of time spent in sessions. The average length of a single session was calculated using only those sessions for which a duration was available.

During the weekly sessions, participants and TL Specialists discussed a wide range of topics related to participants' needs, including education, employment, housing and economic stability, criminal justice issues, and health. Table 6.3 shows the percentage of participants in Transitional Living sessions who discussed various topics with their TL Specialists during the nine months after random assignment, and provides information about the frequency with

The Youth Villages Transitional Living Evaluation

Table 6.3

Weekly Transitional Living Session Topics, Months 1 to 9

Outcome	Program Group
<u>Among those who participated in at least one weekly Transitional Living (TL) session</u>	
Education	
Ever discussed education (%)	95.7
Average proportion of sessions in which education was discussed	56.2
Employment	
Ever discussed employment (%)	96.7
Average proportion of sessions in which employment was discussed	58.4
Housing and economic stability	
Ever discussed housing (%)	92.2
Average proportion of sessions in which housing was discussed	37.3
Ever discussed financial literacy (%)	77.9
Average proportion of sessions in which financial literacy was discussed	17.9
Ever discussed government supports (%)	78.1
Average proportion of sessions in which government supports were discussed	19.2
Criminal justice issues	
Ever discussed criminal justice issues (%)	68.2
Average proportion of sessions in which criminal justice issues were discussed	15.3
Health	
Ever discussed physical or mental health (%)	84.7
Average proportion of sessions in which physical or mental health was discussed	24.9
Ever discussed alcohol or drug issues (%)	63.1
Average proportion of sessions in which alcohol or drug issues were discussed	12.3
Ever discussed sexual health (%)	80.1
Average proportion of sessions in which sexual health was discussed	12.9
Sample size	629

SOURCE: MDRC calculations based on data from the Youth Villages management information system.

NOTE: Calculations include program group members who were randomly assigned between October 2010 and June 2012.

Discussion topics were determined based on a search, using statistical software, of words included in the case notes written by the TL specialist.

which those topics were discussed. Discussion topics were determined based on a search, using statistical software, of words included in the case notes that were written by the TL Specialist.⁴ Some topics, such as social supports and relationships with family members, were difficult to measure in this way and are therefore not included in these measures. As a result, the topics presented here do not make up a comprehensive list of the topics discussed during the sessions.

Consistent with the reports of TL Specialists (which are presented in more detail in Chapter 5), discussion of education and employment issues was especially common and frequent. Among those who participated in at least one Transitional Living session, nearly all discussed education issues (about 96 percent) or employment issues (about 97 percent) with their TL Specialist at least once. These issues were also discussed with some frequency, as education issues were discussed in about 56 percent of the sessions and employment issues were discussed in about 58 percent of the sessions. This finding suggests that education and employment were two of the most important and persistent issues facing Transitional Living participants. This is not surprising, as many youth were in school when they enrolled in the program, and others had goals to pursue postsecondary education or to obtain employment.

As expected, given that many youth were making the transition out of state custody placements or were in otherwise unstable housing situations, housing and economic stability were also common topics of discussion during the sessions. About 92 percent of participants in Transitional Living sessions discussed housing with their TL Specialist at least once. However, the topic came up in only about two-fifths (37 percent) of the sessions, suggesting that housing may not have been a lasting issue for some participants. TL Specialists also provided guidance related to economic stability and resources. More than three-fourths of session participants discussed financial literacy issues (78 percent), such as budgeting or maintaining a savings account. In addition, 78 percent discussed government support programs, such as Temporary Assistance for Needy Families cash benefits, Supplemental Nutrition Assistance Program benefits (formerly food stamps), and Women, Infants, and Children assistance. As with housing, the frequency of discussions about financial issues was low relative to discussions about education and employment, suggesting that concerns about economic stability were present, but perhaps not persistent, for many clients.

Compared with other topics, criminal justice issues, such as arrests, court appearances, and meetings with lawyers, were discussed by a smaller proportion of clients. This is not surprising, given that not all clients had criminal justice issues. Still, about two-thirds (68 percent) of participants in the Transitional Living sessions discussed criminal justice issues at least once,

⁴For example, following are some of the terms used to flag a TL session as including employment-related discussions: employment, job, Job Corps, résumé, mock interview, job interview, employer, job-seeking, career, wise staffing, workplace, coworker, temp agency, job tracker.

with those discussions occurring in about 15 percent of the sessions. Some clients may have been continuing to deal with prior contacts with the criminal justice system, as about 64 percent of them had ever been arrested and about half the sample had been in juvenile justice custody before entering the study (as shown in Tables 4.1 and 4.2 in Chapter 4). Others may have experienced new criminal justice events.

Finally, another very common category for discussion in Transitional Living sessions was health. About 85 percent of session participants discussed physical or mental health issues (or both), such as going to the doctor for a physical or dealing with issues of depression, in at least one weekly session. Altogether, these topics came up in about 25 percent of the sessions. In addition, about 63 percent of session participants discussed alcohol or drug use issues with their TL Specialist. This does not necessarily mean that 63 percent had problems with alcohol or drugs, as in many instances the TL Specialists were merely assessing whether substance use was a problem and finding that it was not. This may be the reason that substance use issues came up in only 12 percent of the sessions, as the topic may have been discussed only once with many of the youths. Finally, while 80 percent of the youths discussed sexual health with their TL Specialists, this topic came up only about 13 percent of the time. Given that TL Specialists were expected to discuss sexual health with their clients at least once a month, or in about one in every 4.3 sessions (about 23 percent of the time), this number is lower than expected. However, it is possible that some discussions were not recorded in notes that were included in the MIS.

Participation in Other Transitional Living Services

While the bulk of services that were part of the program were provided during the Transitional Living sessions, participants also received some additional services. These included additional contacts with TL Specialists, financial supports, and contacts between Youth Villages staff and the participant's family members, school officials, and other individuals who played important roles in the participant's life.

Other Contacts Between the TL Specialist and the Client

As discussed above, communication between TL Specialists and clients took place not only during official Transitional Living sessions, but also at other times between sessions. These contacts included some short conversations over the phone, lasting 15 minutes or less, and messages by voice mail, e-mail, and text; other contacts included longer phone conversations and in-person activities. Table 6.4 provides additional information about the frequency and length of such contacts, among those who had at least one contact. Short communications and messages were fairly common, with an average of about 10 such contacts for each of these youths. This finding suggests that TL Specialists frequently checked in with clients between sessions. How-

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Table 6.4

Contacts Between Youth and Transitional Living Specialists in Addition to Weekly Transitional Living Sessions, Months 1 to 9

Outcome	Program Group
<u>Among those with contact outside of weekly Transitional Living (TL) sessions</u>	
Short contacts ^a	
TL specialist ever had short contact with youth (%)	91.2
Average number of short contacts	9.5
Long contacts ^a	
TL specialist ever had long contact with youth (%)	45.5
Average number of long contacts	1.0
Average length of a single long contact (minutes)	47.5
Contacts of unknown duration	
TL specialist ever had contact of unknown duration with youth (%)	40.1
Average number of contacts of unknown duration	1.7
Sample size	591

SOURCE: MDRC calculations based on data from the Youth Villages management information system.

NOTE: Calculations include program group members who were randomly assigned between October 2010 and June 2012.

^aShort contacts are those that lasted for 15 minutes or less. These contacts include communications that were made via e-mail, text, and phone, and include communications in which the TL specialists left messages for the youth but did not speak directly with the youth. Long contacts include contacts that lasted for more than 15 minutes. These contacts include in-person meetings that were not official TL sessions, in-person activities (such as a TL specialist driving a participant to an appointment), and phone calls lasting more than 15 minutes.

ever, contacts lasting more than 15 minutes were less frequent. About half (46 percent) of those who had at least one contact had a long contact with their TL Specialist; they averaged only about one long contact, which lasted about 47.5 minutes. This finding suggests that it was rare for TL Specialists and clients to communicate or meet for long periods of time outside of their usual weekly sessions. This is not surprising, given that TL Specialists usually incorporated activities of longer duration, such as going to the grocery store or visiting a school, into the Transitional Living sessions themselves. Lengthier contacts between sessions may have occurred when participants experienced critical events that needed to be addressed outside of the sessions. Finally, those with a contact outside of a Transitional Living session averaged about two

contacts for which the data do not indicate the duration; based on a subsample of these cases, it appears that most, but not all, were short contacts (not shown in table).

Receipt of Financial Supports

In addition to the other services already described, the Transitional Living program provided financial support to participants on an as-needed basis using the program's flexible funds. These support payments went toward basic needs and living expenses, such as clothing, food, tickets for public transit, housing, and utility bills. Table 6.5 shows the frequency, amounts, and purposes of these payments. As the table shows, most clients did not receive financial support; about 36 percent of program group members received at least one support payment. However, those who received at least one payment received about three payments, on average, for a total of about \$365, suggesting that some clients did receive a moderate amount of financial support.

The most common purpose of the support payments was to provide clients with funds for food, clothing, and other basic needs; among those receiving at least one payment, 56 percent received a payment for this reason. In total, those receiving basic needs support were provided with \$162 during the nine months following study enrollment. Funds given for transportation needs, such as tickets for public transit or funds for driver's license fees, were also common. About half of those receiving support received at least one such payment, and those receiving transportation support were provided with about \$154, on average, in such support.

Unlike some other independent living programs, the Transitional Living program does not provide housing directly to clients. However, for clients who were in need of financial support in order to obtain their own housing, Youth Villages provided funds for security deposits and rent. Among those receiving any financial support, about 25 percent received financial support for a housing need. Not surprisingly, given the high costs of housing, those who received such support were provided with sizable amounts, averaging \$580 in total.

Other reasons for financial support payments were less common. Some individuals, about 13 percent of those receiving any financial support, received support for education. These payments were made for things like college application fees, vocational training fees, and test fees. On average, those receiving such support received \$60 in total. About 10 percent of those receiving support received a payment to go toward utility bills, such as bills for electricity or gas. These individuals received \$324 in such support, on average. Finally, some individuals (about 9 percent of those receiving support) received support payments for other, rarer reasons, such as fees for obtaining identification cards and child care assistance. These payments totaled \$152, on average.

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Table 6.5

Program Participants' Receipt of Support Payments, Months 1 to 9

Outcome	Program Group
Ever received support payment (%)	35.8
Among those who received support payment (N = 245)	
Average number of support payments received	3.1
Average total amount received in support payments (\$)	365
For food, clothing, or basic needs	
Ever received (%)	56.4
Average total amount received, among those who received (\$)	162
For transportation	
Ever received (%)	50.4
Average total amount received, among those who received (\$)	154
For housing needs	
Ever received (%)	24.6
Average total amount received, among those who received (\$)	580
For education	
Ever received (%)	12.7
Average total amount received, among those who received (\$)	60
For utilities	
Ever received (%)	9.7
Average total amount received, among those who received (\$)	324
Other	
Ever received (%)	9.3
Average total amount received, among those who received (\$)	152
Sample size	660

SOURCE: MDRC calculations based on data from the Youth Villages management information system.

NOTES: Calculations include program group members who were randomly assigned between October 2010 and June 2012.

TL Specialist Contacts with Other Individuals in the Client's Life

Besides the Transitional Living program services that directly involved the client, TL Specialists frequently contacted others, such as family members or school personnel, who were involved in a youth's life. According to information that was gathered during site visits, the purpose of these contacts varied. They were made to gather information about youth early on as part of the assessment, to coordinate services, to find youth who were out of touch, to discuss problems at school or work, and for other reasons. Table 6.6 shows the types and frequency of these contacts made by Transitional Living staff. However, the available data often do not provide a clear indication of whether a conversation took place or whether the contact attempt simply resulted in a message being left. Therefore, the findings that are presented represent contact attempts.

For about 92 percent of the program group members, Transitional Living staff members contacted other relevant adults, averaging about nine such contacts per program group member. Among those with contacts, Transitional Living staff contacted a family member of 64 percent of the participants, averaging about three such contacts. This suggests that for most youths, Transitional Living staff believed it was important to involve family members in treatment, perhaps as part of the effort to reconnect youth with family or to strengthen existing family relationships, or perhaps in an effort to reengage out-of-contact youth in services. As discussed in Chapter 5, one important focus of Transitional Living staff was to help youth build or rebuild relationships with family members whenever possible and desirable. These contacts may have been made as part of this effort.⁵

Contacts with staff at the Tennessee Department of Children's Services (DCS) were also common, suggesting that Transitional Living staff found it helpful to touch base with DCS caseworkers regarding their clients. Such contacts were made in about 73 percent of clients' cases. In addition, TL Specialists often contacted other community-based organizations on their client's behalf. These contacts were made for about 63 percent of participants. In about 34 percent of cases, Transitional Living staff contacted school personnel, perhaps as part of the effort to help students continue with their education. Contacts with a range of other individuals and institutions, such as the police, hospitals, foster parents, and lawyers, were also made in about half of client cases (53 percent).

⁵In some cases, family members also participated in Transitional Living sessions with the youth and TL Specialist. Unfortunately, the data on participation by third parties in Transitional Living sessions is not complete, and it is therefore not possible to measure the percentage of sessions in which family members were present.

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Table 6.6

Transitional Living Specialists' Contact with Third Parties, Months 1 to 9

Outcome	Program Group
Ever attempted to contact third party (%)	92.4
Number of times attempted to contact third party	9.4
Among those with third-party contacts (N = 610)	
Ever attempted to contact participant's family member (%)	63.6
Number of times attempted to contact participant's family member	2.7
Ever attempted to contact DCS staff (%)	73.3
Number of times attempted to contact DCS staff	2.3
Ever attempted to contact community-based organization (%)	63.4
Number of times attempted to contact community-based organization	2.4
Ever attempted to contact school personnel (%)	33.8
Number of times attempted to contact school personnel	0.9
Ever attempted to contact other ^a third party (%)	53.4
Number of times attempted to contact other third party	1.9
Sample size	660

SOURCE: MDRC calculations based on data from the Youth Villages management information system.

NOTES: Calculations include program group members who were randomly assigned between October 2010 and June 2012.

Contacts with third parties include those in which Transitional Living (TL) specialists communicated with the third-party individuals in person, over the phone, or by e-mail, as well as those in which the TL specialists left a message for the third party.

DCS = Tennessee Department of Children's Services.

^aOther third-party contacts include communications with police, hospitals, employers, foster parents, lawyers, Department of Human Services staff, and other individuals.

Conclusion

The results presented in this chapter show that a substantial portion of the program group in the Youth Villages Transitional Living Evaluation received services at the expected dosage of the Transitional Living program model. About two-thirds participated in Transitional Living services for at least five months, and about half were still participating nine months after random assignment. In addition, the program group participated in the Transitional Living program at a

high rate. Nearly all program group members participated in at least one program activity, and 95 percent participated in at least one Transitional Living session. While they were involved in the program, youth participated in nearly one session per week, averaging over an hour per session. In total, program group members averaged about 23 weekly sessions during the nine months after random assignment. During these sessions, TL Specialists and participants covered a wide range of issues, with education, employment, and housing being the most commonly discussed.

Chapter 7

Discussion

The transition from adolescence to adulthood is a critical and often trying time for young people as they attempt to complete their education, obtain full-time employment, form their own families and households, and achieve financial independence. For youth who have spent time in state custody through the foster care or juvenile justice systems, this transition is particularly challenging. These youth contend with a myriad of issues much less commonly experienced by those their age with no history of state custody placement, yet they are often expected to make the transition to adulthood between 18 and 21 years of age with relatively little support from the government systems that acted as their guardians. Meanwhile, their peers in the general population often remain dependent on parental care and support well into their twenties, and sometimes even into their thirties.

Before the 1980s, little focus was placed on preparing foster youth for adulthood; however, in 1985 the Independent Living Initiative was established to provide federal funds to states to help adolescent foster youth develop the skills necessary for independent living. Since then there have been three instances when Congress passed major legislation providing services for young people who are making the transition from foster care to independent living. Most recently, in 2008, Congress passed the Fostering Connections to Success and Increasing Adoptions Act (Fostering Connections), which dramatically changed the nature of support for youth who are making the transition to adulthood from foster care in those states that elect to participate.

This chapter reviews some of the major findings from the analysis of the implementation of the Youth Villages Transitional Living (TL) program during the evaluation period, starting with a review of the program model, evaluation findings, and the factors that either facilitated or led to challenges in the implementation of the program model. This is followed by a discussion about the implications of these findings and how the implementation of the Transitional Living program model might be affected by different conditions in other contexts. The chapter concludes by considering the generalizability of these findings and of future results from this evaluation to other contexts and to the broader population of youth with experience in state custody arrangements.

Transitional Living Program Model

The Transitional Living program is intended to provide intensive and individualized, clinically focused, and community-based case management, support, and counseling to young adults who were formerly in foster care or juvenile justice custody, or who are otherwise unprepared

for adult life.¹ The goal of these services is to assist in participants' successful transition to adulthood. Through a mix of approaches that are detailed in Chapter 5, TL Specialists provided support in many areas of focus, including securing stable housing, education maintenance or attainment, employment and job-seeking skills development, mental health, and life skills development.

The Transitional Living program follows a model that shapes all aspects of program operations by specifying a systematic approach to service delivery, a robust supervision structure, and multiple avenues for quality assurance. Youth Villages places special emphasis on ensuring that the Transitional Living program adheres to this highly prescriptive model. Furthermore, Transitional Living operates under Youth Villages' common core principles, which emphasize systematic assessment and treatment planning, along with the delivery of only approved evidence-informed practices that are outlined in the Youth Villages Treatment Manual. The multiple levels of group and individual supervision and staff development opportunities support all aspects of the program's implementation.

Key Implementation Findings

Based on the analysis of information gathered from Youth Villages' staff and Transitional Living participants, and of data from the Youth Villages management information system (MIS), the research team concluded that the Transitional Living program was implemented as expected.

- Recruitment and enrollment procedures were intensified for the evaluation; these procedures benefited the Transitional Living program despite the additional demands placed on staff (and the additional resulting cost). Changes to the assessment process facilitated more accurate identification of appropriate Transitional Living participants, and the intensified procedures increased efficiencies over what had been in place before the study began.
- TL Specialists provided youth with services that incorporated the strategies prescribed by the Youth Villages Treatment Manual but that were also highly individualized to the needs and goals of each youth.
- During weekly Transitional Living sessions, TL Specialists addressed a range of issues, including employment, housing, attainment of a high school

¹Though Youth Villages Transitional Living typically targets youth with a relatively broad set of eligibility criteria, the evaluation focused on a subset of youth whom the program typically serves; it only included youth with histories in foster care or juvenile justice custody. (See Chapters 1 and 4 for more details.)

diploma or General Educational Development (GED) certificate, postsecondary education, life skills, and mental and physical health.

- Staff employed a variety of strategies, such as use of evidence-based tools, counseling or conversation-based interventions, and action-oriented activities, while they also played multiple roles, such as case manager, mentor, or clinician, depending on the situation and the youth.

The fidelity of the Transitional Living program to the model is particularly evidenced by the high level of participation that was observed.

- Data show that nearly all program group members participated in at least one Transitional Living service, while two-thirds participated for at least five months and half participated for at least nine months.
- As designed, participants were engaged in services shortly after random assignment and enrollment, and TL Specialists generally achieved the planned benchmarks in the time expected.
- The frequency and duration of TL sessions were close to the expected levels.

Although Tennessee opted into Fostering Connections part way through the Transitional Living Evaluation study period (as explained in Chapter 2), it appears that the changes to the state's policy had little effect on the study population. This is because the eligibility criteria were not extended enough to include significantly more youth with characteristics that were similar to those of the study population. The youth who were already eligible for Extension or Re-Establishment of Foster Care services (who include some of the study population), however, were able to take advantage of increased supports from Tennessee's Department of Children's Services (DCS), such as increased case management support, financial assistance for transportation, education and job training programs, an independent living allowance, and the option for extended foster care placement past age 18 until age 21.

Factors That Facilitated the Implementation of the Transitional Living Program

Lessons from the implementation of the Transitional Living program may be useful for other programs that serve youth who are making the transition from state custody to independent living. A number of aspects of the Transitional Living program model were identified as facilitators of program implementation through the research team's interviews with program staff and youth, observations, and analysis of the Youth Villages MIS data.

- **The Transitional Living model is clearly articulated and supported by Youth Villages' emphasis on promoting fidelity to the model and prescriptive supervision structure.** Furthermore, staff have access to extensive written materials that they can use as learning and reference tools, starting with materials from an extensive training process for new hires and including the Youth Villages Treatment Manual. The latter increases the ability of the organization to replicate the Transitional Living program in other locations. The program model operates the same way in North Carolina, for example, as it does in Tennessee; TL Specialists in each state follow the same Youth Villages Treatment Manual and are held to the same standards. Transitional Living programs in each state also undergo the same model review process. On account of the codified nature of Transitional Living, the research team was able to easily determine whether most aspects of the program in Tennessee were implemented with fidelity by analyzing the MIS data.
- **The Youth Villages hierarchical supervision structure, which supports the TL Specialists and ensures quality control and model fidelity, was critical to the proper implementation of the Transitional Living program.** Clinical supervisors monitored TL Specialists closely to ensure that they were properly implementing the interventions approved by the clinical consultant. Clinical supervisors also closely examined the documentation that their staff was required to submit. Any deviation from Youth Villages' expectations of timeliness and completeness was recorded and the subject of one-on-one supervision. Further program oversight was provided by regional supervisors and others within Youth Villages on a regular basis.

Challenges to Implementing the Transitional Living Program

The research team identified several aspects of the Transitional Living program model that were challenging to implement and could, in turn, influence its ability to improve youth outcomes. As these challenges are inherent to the model, they are likely to exist regardless of where the program is operating.

- **Attention to administrative deadlines and requirements (like submitting paperwork on time) made it difficult for some TL Specialists to build engagement and rapport early in treatment, which staff indicated was key to building youth's successful program engagement.**

Although the highly structured nature of the program model facilitated implementation on the one hand, it also introduced challenges to program implementation. As

a result of the clearly articulated model supervision structure, quality control mechanisms, and the clinical nature of the Transitional Living program, the TL Specialists had to complete a significant amount of paperwork throughout their time with the program participants, but especially in the first month of service provision. Although TL Specialists had some latitude in the way they organized their weekly sessions with youth, the administrative requirements for maintaining the clinical standing of the Transitional Living program sometimes constrained engagement and treatment.

- **The voluntary nature of Transitional Living services sometimes made it challenging for the TL Specialists to keep clients engaged.**

It can be difficult to keep participants engaged in any program that targets young adults. This was particularly challenging for the Transitional Living program staff compared with those in other Youth Villages programs, which work with minors and therefore have a parent's or guardian's leverage to help maintain participation. TL Specialists used a variety of tactics to reach or find youth who agreed to participate but were difficult to engage: making phone calls, sending text messages, driving by locations that youths were known to frequent, and communicating with supportive adults. Not surprisingly, the youth in Transitional Living — many who had recently turned 18 and had often just aged out of state custody — were often transient and difficult to contact. Also, as evidenced by the MIS data that are presented in Chapter 6, they did not always follow through with meeting their TL Specialist or accomplishing their assignments between the weekly sessions, which is not surprising for any teenage population. This made it challenging for the TL Specialists to make significant progress with some youth.

- **The multiple, often competing demands of the TL Specialist's role posed some challenges.**

The TL Specialists had to play a range of roles — mentor, case manager, and clinician. Deciding how to prioritize which role to play, and when, was challenging for some staff, especially when they had strengths in one area more than another or when a youth had a multitude of needs within multiple areas.

Context of Program Operations and Implications for Implementation in Other Locations

As a result of the Tennessee policies and funding structures for youth who are exiting foster care and juvenile justice custody, the Transitional Living program in Tennessee during the study period was largely supported by a contract with DCS and with private Day Foundation funds raised by Youth Villages. Given this structure, the pipeline of youth to Transitional Living start-

ed primarily at DCS. However, implementing the Transitional Living program model — including its comprehensive supervision structure and clinical oversight — in other contexts would require reliance on different funding mechanisms, which may influence the pathways through which participants are referred.

Even if the program model were operationalized in the same way with the same eligibility criteria, as Youth Villages does when expanding the program to a new location, changes in funding sources could alter the subpopulation that the program reaches. For example, Youth Villages Transitional Living also operates in North Carolina, where it is funded by the Division of Social Services in each county and by local mental health agencies. These entities contract with Youth Villages to serve a certain number of youth who have specific mental health diagnoses and who otherwise meet Transitional Living eligibility criteria. Meanwhile, Youth Villages covers costs for other youth whom they deem eligible and whom they wish to serve in the Transitional Living program through their Day Foundation funding. Youth Villages has other arrangements in the other states in which Transitional Living operates.

It is unclear how the funding environment could influence the implementation of the Transitional Living program, however, without further investigation into the different policy settings in which the program operates. One source of policy variation could stem from the organization that operates the program. If the Transitional Living program model was adopted by a different program operator — for example, by a public agency instead of Youth Villages — then certain mandates could be imposed that a private agency would not require. For instance, program participation time limits may not be allowed or individuals who are interested in services could not be turned away. Further, limitations on the schedules that staff keep each day or the number of hours they work each week could be influenced by unions or other legal directives and have direct implications for the agency's ability to implement the program in the same way that Youth Villages did in Tennessee.

Because Youth Villages has a clearly articulated model for the Transitional Living program, and because of its strong supervision structure and monitoring of program fidelity, the program model and overall intent of the Transitional Living program remain consistent in each of the locations in which it operates. However, the context in which TL Specialists provide services varies considerably among states, and as described in Chapter 2 for Tennessee, local context and service availability can vary widely within a state. These contextual features of the local area influence how the program is implemented and what TL Specialists can do with their clients. For example, in the Tennessee case, limited access to transportation was a serious challenge facing study participants and posed considerable barriers for youth in meeting their basic needs and in accessing community resources. This was of particular concern for those living in rural, isolated areas where youth needed to draw on adult supports for transportation. In those

areas, TL Specialists spent more time transporting clients than they did in more urban areas, where transportation was more accessible.

Another contextual feature with implications for implementation is service availability. There was a general paucity of social services available to the study population in Tennessee, though this varied across the state. Still, while rural areas had fewer services, participants in urban areas had to compete with more peers for the greater quantity of providers. While the Youth Villages Transitional Living program appears to fill a gap in services for the program group statewide, the general scarcity of services introduced additional challenges for TL Specialists, who needed to build connections to community resources and social supports for youth. Without the infrastructure from which to build connections with supportive adults and the community (recall the key practice elements described in Chapter 3), the sustainability of the progress that youth make with their TL Specialists could be compromised. Like transportation, this issue is not limited to Tennessee or to the study population, and it suggests that regardless of where the program operates, some program adaptation to the environment would be necessary.

Are the Evaluation Findings Generalizable?

While a number of different program models are designed to assist youth in the areas of housing, economic stability, educational attainment, life skills development, and criminal justice involvement, the research evidence on most includes few rigorous evaluations. Furthermore, these evaluations have found mixed results. Few random assignment evaluations have tested programs for foster care youth, and while there is mounting evidence for programs that target youth with experience in the juvenile justice system, little is known about programs for improving their adult outcomes, such as educational attainment or economic stability. Research like the Youth Villages Transitional Living Evaluation is needed to identify services that are effective in improving outcomes among young people with foster care or juvenile justice histories.

The next report for the Transitional Living Evaluation will present the one-year impact results of the Transitional Living program. These results will include the program's impacts on outcomes in education, employment, housing and economic stability, contact with the criminal justice system, and health. These impacts will be measured as the differences in mean outcomes between the program group and the control group. Because of the random assignment design, it will be reasonable to conclude with confidence that if there are significant impacts on these outcomes, those impacts can be attributed to the Transitional Living program. While it is not yet known what the estimated impacts for this study will be, it is important to consider the degree to which these findings might be generalized to other contexts or providers and to the broader population of former foster care and juvenile justice youth.

As discussed above, a number of contextual issues might influence the implementation of the Transitional Living program; these factors could also influence the impacts of the program elsewhere, even if it is implemented with fidelity to the model. For example, it is possible that the program's impacts could be bigger or smaller depending on the availability of other services in the area, including the availability of services and financial supports provided by the state custody agencies in other states. Similarly, it is possible that the impacts of the Transitional Living program are different when it operates in a context in which the cost of living is very high; guidance and limited rent assistance may not be enough to secure stable housing for many youth in these areas, and perhaps impacts on housing outcomes would be smaller in that context. In the end, the results from this evaluation cannot speak directly to whether the program's impacts would be the same or different in other contexts; however, the details discussed in this report about the program's implementation, and the ways in which contextual factors within Tennessee played a role in it may help practitioners and policymakers to theorize about the contexts in which the Transitional Living program model would be more or less effective.

A similar issue of generalizability is related to the particular youth in the study sample and how they may differ from the broader population of youth with foster care or juvenile justice histories. The study youth were not randomly selected from the full pool of potential participants; enrollment in the study was based on a number of factors such as the ability of assessors to contact the youth, youth being available to participate (for example, not incarcerated), youths' interest in participating in the study and program, the program's assessment of youths' strengths and needs, and a number of other factors that led to selection into the study sample. Because of this process, the sample may not be statistically representative of all youth in Tennessee who met the eligibility criteria for the study or statistically representative of former foster care and juvenile justice youth in other states. However, knowledge about the process of selection into the study provides some information about the characteristics of sample members compared with the general population. For example, as noted in Chapter 4, the study sample may include a subsample of youth who are relatively motivated (they volunteered for the program) and relatively stable (assessors were able to contact them), compared with the average for all state custody youth. This may mean that the problems experienced by Transitional Living staff in engaging some youth would be more prevalent if the program were to serve every eligible youth. This could also mean that the program's impacts would be smaller if all eligible youth were served.

In the end, it is not possible to calculate the extent to which the findings from this study would apply in other contexts and to the broader population of former foster care and juvenile justice youth. Regardless, given that the Youth Villages Transitional Living program being evaluated here was implemented as expected and that participation in the program was high among the program group, this study will provide a good test of the impacts of the program in Tennessee during this time period. Taking into account differences in contexts and participant characteristics, this evaluation will also provide important information for practitioners and policymakers about the potential impacts of the Transitional Living program in other contexts.

Appendix A

Sample Treatment Plan

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Appendix Figure A.1

Sample Treatment Plan



Client: **DOB:** **Gender:** **ID#:** **Intake:** (date) **Discharge:** (date)

Plan Information

Status:
Program:
Facility:
Type:

Treatment Cycle Information

Date Started:
Date Completed:
Ending date of treatment cycle:
Completed By:
Submit for additional review (yes or no):

Referral Issues / Problem History

Referral Issues / Problem History (Previously Identified):

Referral Issues / Problem History:

Referral Behavior / Treatment Issue Description of Behavior Start Date End Date or Projected End Date

Diagnosis

Diagnosis:

Axis Date Priority Priority Description Diagnosis DSMIV ICD9 GAF Score

Treatment Plan Area

Treatment Issue / Manifestation / Desired Outcome

Treatment Issue:
Manifestation:
Desired Outcome:
Status:
Status Date:

(continued)

Appendix Figure A.1 (continued)



Client: **DOB:** **Gender:** **ID#:** **Intake:** (date) **Discharge:** (date)

Prioritized Driver and Treatment Goal

Prioritized Driver:

Treatment Goal:

If Unique Driver/TG, please describe:

Why Assessment:

Status:

Status Date:

Treatment Objective

Treatment Objective:

Status:

Status Date:

Intervention Step

Intervention Step:

Status:

Status Date:

Specialized Safety Plan

Safety Issue:

Details of Safety Issue:

Safety Desired Outcome:

Functional Analysis:

Status:

Status Date:

Safety Objective

Safety Objective:

Status:

Status Date:

Safety Intervention Step

Safety Intervention Step:

Status:

Status Date:

YV Modalities

Modality:

of Sessions:

Duration of Sessions (hh:mm):

Per:

Status:

(continued)

Appendix Figure A.1 (continued)



Client: DOB: Gender: ID#: Intake: (date) Discharge: (date)

Status Date:

Treatment Cycle Update

- Progress:
- Struggles:
- New Information Relative to Treatment:
- Reprioritization of Drivers:
- Follow-up related to Incidents:
- Ongoing Medical and Developmental Needs:

Participating Staff Notes

Notes:

Staff Staff Duration System Entry Date Note

Participants

Relatives/Collaterals:

Participant Role Participant

Participating Organizations:

Agency Contact

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